

Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

State of West Virginia Master Agreement

Order Date: 2019-05-29

CORRECT ORDER NUMBER
MUST APPEAR ON ALL PACKAGES,
INVOICES, AND SHIPPING PAPERS.
QUESTIONS CONCERNING THIS
ORDER SHOULD BE DIRECTED TO
THE DEPARTMENT CONTACT.

Procurement Folder: 467627
Reason for Modification:
CO#1 is issued to renew the original contract from 07/15/2019 thru 07/14/2020 & update the Vendor's name on the contract.
No Other Changes
Effective Start Date: 2018-07-15
Effective End Date: 2020-07-14

VENDO	OR THE STATE OF TH	DEPARTMENT CONTACT
Vendor Customer Code: 000000 STANDARD EXTERMINATING 505 13TH ST		Requestor Name: Mark A Atkins Requestor Phone: (304) 558-2307 Requestor Email: mark.a.atkins@wv.gov
KENOVA	WV 25530	
US (204)	12-5200 Extension:	
Vendor Contact Phone: (304) 3-	2-0200 EXUMISION.	
Discount Percentage: 0.0000 Discount Days: 0		·

	INVOICE TO	SHIP TO				
ALL STATE AGENCIE	ES .	STATE OF WEST VIRGIN	IA			
VARIOUS LOCATION	S AS INDICATED BY ORDER	VARIOUS LOCATIONS AS INDICATED BY ORDER				
No City	WV 99999	No City	WV 99999			
us		us				



PURCHASING DIVISION AUTHORIZATION

SIGNED BY: DATE:

ELECTRONIC SIGNATURE ON/FILE 9 2019

ATTORNEY GENERAL APPROVAL AS TO FORM

SIGNED BY:

ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

SIGNED BY:

DATE:

ELECTRONIC SIGNATURE ON FILE

Date Printed: May 29, 2019 Order Number: PESTCTR18B

Page:

FORM ID :

FORM ID : WY_PRC_CMA_001 8/14



ALLAN MCVEY CABINET SECRETARY

STATE OF WEST VIRGINIA DEPARTMENT OF ADMINISTRATION **PURCHASING DIVISION**

W. MICHAEL SHEETS DIRECTOR

2019 WASHINGTON STREET, EAST CHARLESTON, WEST VIRGINIA 25305-0130

April 22, 2019

Mr. Wendell Brown, Contract Manager Standard Exterminating 505 13th ST Kenova, WV 25530

Subject: WV Statewide Contract No.: PESTCTR18A

Dear Mr. Brown:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are July 15, 2019 through July 14, 2020. If your company agrees to this renewal, please sign below and return the original to my attention as soon as possible.

Also attached is an Affidavit that is to be part of the purchase order and is required to be signed and dated.

We agree to renew the contract for the period as stated above under the same terms and conditions in the original purchase order and any change orders thereto.

Molell /Que Name/Signature

Please call if you have any questions.

Very truly yours,

Senior Buyer, WVPBC

West Virginia Department of Administration

Purchasing Division

Mark A. Athins

2019 Washington Street, East

POB 50130

Charleston, WV 25305-0130

Phone: 304.558,2307 Fax: 304.558-4115

Email: Mark.A.Atkins@wv.gov

Attachment



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/26/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

	he terms and conditions of the policy, ertificate holder in lieu of such endors		-		orseme	ent. A statem	ent on this c	ertificate does not confer	rights	to the
PRODUCER					NAME:	Andy Sc	hoener			
Insurance Partners Group Ltd					PHONE	_	841-5200	FAX (A/C, No):	(614) 842	1-5207
64	6457 Reflections Drive					SS: ASchoen	er@ipg.cc	[AUC, NO].		
Suite 210						INSURER(S) AFFORDING COVERAGE NAIC				
Dublin OH 43017						INSURER A: Imperium Insurance Company				35408
INS	JRED	INSURER B: Cincinnati Insurance Companies					10677			
st	andard Exterminating Company	Inc			INSURER C:				20077	
PO Box 20490						INSURER D:				
					INSURER E :					
Ch	arleston WV 25	362-	1790)	INSURER F:					
CC	VERAGES CEF	TIFI	CATE	NUMBER: CL18827077	/21			REVISION NUMBER:		
E E	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSF	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	X COMMERCIAL GENERAL LIABILITY	1	1					EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X WDI/O Inspections	x		IIC-GL-03871-04		8/26/2018	8/26/2019	MED EXP (Any one person)	\$	10,000
	- Errors and Omissions							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	X ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS			IIC-CA-01106-02	8/26/20	8/26/2018	8/26/2019	BEODEDE COMMOS	\$ \$	
								Medical payments	\$	5,000
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000
A	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	2,000,000
_	DED RETENTION \$	_		IIC-EX-00347-04		8/26/2018	8/26/2019		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below	_	_					E.L. DISEASE - POLICY LIMIT	\$	
В	Employee Dishonesty Bond			8422136		12/3/2018	12/3/2019	BOND AMOUNNT		\$10,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) West Virginia and elsewhere in the USA; Liability arising from the application of pesticides including properties under care, custody, and control. Certificate Holder and any entities required per written contract are additional insured in respect to general and auto liability for work performed by the insured. Any person, with intent or knowingly facilitating fraud against an insurer, submits an application or files a claim containing false or deceptive statements is guilty of insurance fraud. This document doesn't amend, extend, or alter terms of coverage in the policy referenced.										
CE	RTIFICATE HOLDER				CANC	ELLATION				
Mark.A.Atkins@wv.gov State of West Virginia Purchasing Division 2019 Washington St E					SHO	ULD ANY OF TH	ATE THEREOF	SCRIBED POLICIES BE CANC , NOTICE WILL BE DELIVERE PROVISIONS.		BEFORE
Charleston, WV 25305-0130						RIZED REPRESENT	TATIVE			
Anthony Jebbia/ANDY										