



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: 2020-05-26

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

<b>Order Number:</b> CMA 0212 0212 PESTCTR18B	<b>Procurement Folder:</b> 467627
<b>Document Name:</b> DISTRICTS (2) - (10) - Statewide Contract for Pest Control	<b>Reason for Modification:</b>
<b>Document Description:</b> Master Agreement - Statewide Contract for Pest Control	CO#2 is issued to renew the original contract from 07/15/2020 thru 07/14/2021. No Other Changes
<b>Procurement Type:</b> Statewide MA (Open End)	
<b>Buyer Name:</b> Mark A Atkins	
<b>Telephone:</b> (304) 558-2307	
<b>Email:</b> mark.a.atkins@wv.gov	
<b>Shipping Method:</b> Best Way	<b>Effective Start Date:</b> 2018-07-15
<b>Free on Board:</b> FOB Dest, Freight Prepaid	<b>Effective End Date:</b> 2021-07-14

VENDOR	DEPARTMENT CONTACT
<b>Vendor Customer Code:</b> 000000201655 STANDARD EXTERMINATING CO 505 13TH ST  KENOVA WV 25530  US <b>Vendor Contact Phone:</b> (999) 999-9999 <b>Extension:</b> <b>Discount Percentage:</b> 0.0000 <b>Discount Days:</b> 0	<b>Requestor Name:</b> Mark A Atkins <b>Requestor Phone:</b> (304) 558-2307 <b>Requestor Email:</b> mark.a.atkins@wv.gov

INVOICE TO	SHIP TO
ALL STATE AGENCIES  VARIOUS LOCATIONS AS INDICATED BY ORDER  No City WV 99999  US	STATE OF WEST VIRGINIA  VARIOUS LOCATIONS AS INDICATED BY ORDER  No City WV 99999  US

**AGENCY COPY**

Total Order Amount	Open End
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*MA 05/26/2020*

<b>PURCHASING DIVISION AUTHORIZATION</b> <b>SIGNED BY:</b> <i>Tara Hyle</i> <b>DATE:</b> <i>MAY 27 2020</i> <b>ELECTRONIC SIGNATURE ON FILE</b>	<b>ATTORNEY GENERAL APPROVAL AS TO FORM</b> <b>SIGNED BY:</b> <i>[Signature]</i> <b>DATE:</b> <i>6/4/2020</i> <b>ELECTRONIC SIGNATURE ON FILE</b>	<b>ENCUMBRANCE CERTIFICATION</b> <b>SIGNED BY:</b> <i>Beverly Tolson</i> <b>DATE:</b> <i>JUN - 8 2020</i> <b>ELECTRONIC SIGNATURE ON FILE</b>
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**Extended Description:**

Statewide Contract for Pest Control - Open-End

CHANGE ORDER No. 02 Contract Renewal:

Change Order No. 02 is issued to renew the original contract according to all terms, conditions, prices, and specifications contained in the original contract including all authorized change orders.

Effective date of renewal 07/15/2020 through 07/14/2021.

Renewals Remaining: 1 year

NO OTHER CHANGES

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	72102100			SF	\$0.000000
	<b>Service From</b>	<b>Service To</b>			

**Commodity Line Description:** Pest Control per the attached Exhibit A Pricing Pages

**Extended Description:**

Pest Control per the attached Exhibit A - Pricing Page - District 2 - 9



ALLAN MCVEY  
CABINET SECRETARY

STATE OF WEST VIRGINIA  
DEPARTMENT OF ADMINISTRATION  
PURCHASING DIVISION  
2019 WASHINGTON STREET, EAST  
CHARLESTON, WEST VIRGINIA 25305-0130

W. MICHAEL SHEETS  
DIRECTOR

May 5, 2020

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

Subject: WV Statewide Contract No.: PESTCTR18B

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, 2020 through July 14, 2021. 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.

You will also need to provide a copy of your Commercial General Liability Insurance with \$1,000,000.00 minimum coverage and Commercial Automobile Insurance with \$100,000.00 minimum coverage. The State of WV must be included as an Additional Insured and Certificate Holder for the listed coverages per Section 8 of the General Terms and Conditions of the Contract.

*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.*

<u>Wendell Brown</u>	<u>Wendell Brown</u>	<u>General Manager</u>	<u>5-5-2020</u>
Print Name	Signature	Title	Date

Please call if you have any questions.

Very truly yours,

*Mark A. Atkins*

**Senior Buyer, WVPBC**  
West Virginia Department of Administration  
Purchasing Division  
2019 Washington Street, East  
POB 50130  
Charleston, WV 25305-0130

Phone: 304.558.2307  
Fax: 304.558-4115  
Email: [Mark.A.Atkins@wv.gov](mailto:Mark.A.Atkins@wv.gov)

Attachment



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/03/2019

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(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Insurance Partners Group Ltd 6457 Reflections Drive Suite 210 Dublin OH 43017		<b>CONTACT NAME:</b> Andy Schoener <b>PHONE (A/C No, Ext):</b> (614) 841-5200 <b>E-MAIL ADDRESS:</b> ASchoener@ipg.cc <b>FAX (A/C, No):</b> (614) 841-5207	
<b>INSURED</b> Standard Exterminating Company Inc PO Box 20490 Charleston WV 25362-1790		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Imperium Insurance Company NAIC # 35408 <b>INSURER B:</b> Motorists Insurance 13331 <b>INSURER C:</b> Cincinnati Insurance Companies 10677 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL199308509

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		IIC-GL-03871-05	08/26/2019	08/26/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input checked="" type="checkbox"/> WDI/O Inspections						MED EXP (Any one person)	\$ 10,000
	- Errors and Omissions						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
OTHER:	PRODUCTS - COMP/OP AGG	\$ 2,000,000						
B	AUTOMOBILE LIABILITY	Y		5000066680	08/26/2019	08/26/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			IIC-EX-00347-05	08/26/2019	08/26/2020	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 2,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					PER STATUTE	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Employee Dishonesty Bond			8422136	12/03/2017	12/03/2018	BOND AMOUNT	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.

**CERTIFICATE HOLDER****CANCELLATION**

State of West Virginia Purchasing Division  
 2019 Washington St E

Charleston

WV 25305-0130

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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