



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: 2020-02-04

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

Order Number: CMA 0212 0212 SYSFURN19	Procurement Folder: 543710
Document Name: SYSFURN19 - CO#1 Contract Renewal	Reason for Modification:
Document Description: SYSFURN19 - Statewide Contract for Systems Furniture	CO#01: Issued to renew the original contract and incorporate the Hon 2020 Catalog, per the attached documents. No Other Changes
Procurement Type: Statewide MA (Open End)	
Buyer Name: Mark A Atkins	
Telephone: (304) 558-2307	
Email: mark.a.atkins@wv.gov	
Shipping Method: Best Way	Effective Start Date: 2019-03-01
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2021-02-28

VENDOR	DEPARTMENT CONTACT
Vendor Customer Code: 000000200768 CAPITOL BUSINESS INTERIORS 711 INDIANA AVE  CHARLESTON WV 25302  US Vendor Contact Phone: (304) 343-7551 Extension: Discount Percentage: 0.0000 Discount Days: 0	Requestor Name: Mark Requestor Phone: (304) 558-2307 Requestor Email: 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
--------------------	----------

*MA 02/05/2020*

<b>PURCHASING DIVISION AUTHORIZATION</b> SIGNED BY: <i>Tara Kyle</i> DATE: <i>FEB 05 2020</i> ELECTRONIC SIGNATURE ON FILE	<b>ATTORNEY GENERAL APPROVAL AS TO FORM</b> SIGNED BY: <i>[Signature]</i> DATE: <i>[Signature]</i> ELECTRONIC SIGNATURE ON FILE	<b>ENCUMBRANCE CERTIFICATION</b> SIGNED BY: <i>Robert M Row II</i> DATE: <i>FEB 12 2020</i> ELECTRONIC SIGNATURE ON FILE
---	--	---

*2/12/2020*

**Extended Description:**

**CHANGE ORDER**

Change Order No. 01 is issued for the following:

- 1. To renew the original contract according to all terms, conditions, specifications, and discount pricing percentages contained in the original contract including all authorized change orders.
- 2. To incorporate the 2020 Hon Catalog (effective 03/01/2020 through 02/28/2021).

Effective date of renewal 03/01/2020 through 02/28/2021.

Renewal Years Remaining: (2)

All provisions of the original Contract and subsequent Change Orders not modified herein shall remain in full force and effect.

NO OTHER CHANGES

The Vendor shall provide systems furniture items, at the discount percentage provided on their pricing pages, in the Item Types and from the Catalog listed on the attached Summary.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	56111500	HON		LS	\$0.000000
<b>Service From</b>		<b>Service To</b>			

**Commodity Line Description:** HON Systems Furniture, by Separate Quote by Catalog Discount

**Extended Description:**

HON Systems Furniture, by Separate Quote by Catalog Discount.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	56111500			HOUR	\$50.000000
<b>Service From</b>		<b>Service To</b>			

**Commodity Line Description:** Systems Furniture, Reconfiguration Design, Hourly Rate

**Extended Description:**

All-inclusive, 24/7 hourly rate for designing reconfigurations of systems furniture

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	56111500			HOUR	\$35.000000
<b>Service From</b>		<b>Service To</b>			

**Commodity Line Description:** Systems Furniture, Reconfiguration Labor, Regular Rate

**Extended Description:**

All-inclusive hourly rate for labor to reconfigure systems furniture, M-F, between 7:00am and 5:00pm

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	56111500			HOUR	\$75.000000
<b>Service From</b>		<b>Service To</b>			

**Commodity Line Description:** Systems Furniture, Reconfiguration Labor, Overtime Rate

**Extended Description:**

All-inclusive hourly rate for labor to reconfigure systems furniture after hours, on weekends, or on State holidays

*Handwritten signature or initials in blue ink.*



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

January 29, 2020

Ms. Kelli Bragg, Sr. Sales  
Capital Business Interiors  
711 Indiana Avenue  
Charleston, WV 25302

Subject: WV Statewide Contract No.: CMA 0212 SYSFURN19

Dear Ms. Bragg:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and discount pricing percentages. The renewal dates are March 01, 2020 through February 28, 2021. If your company agrees to this renewal, please sign below and return the original to my attention as soon as possible. You may return all renewal documents via email to [Mark.A.Atkins@wv.gov](mailto:Mark.A.Atkins@wv.gov).

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

You will also need to provide a copy of your Certificate of General Liability Insurance & Certificate of Automobile Liability Insurance with \$1,000,000.00 minimum coverage for each with the State of WV as the Certificate Holder 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.*

Kelli D. Bragg  
Print Name  
1/31/20  
Date

Kelli D. Bragg  
Signature

Sr. Sales  
Title

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(s)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/29/2020

**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> Centurion Insurance Services 201 Pennsylvania Ave. N 3rd Floor Charleston WV 25302	<b>CONTACT NAME:</b> Diane Clyburn <b>PHONE (A/C, No, Ext):</b> (304) 877-8984 <b>E-MAIL ADDRESS:</b> diane.clyburn@centinssvc.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Capitol Business Interiors 711 Indiana Avenue Charleston WV 25302	<b>INSURER A:</b> Federal Insurance Co.	<b>NAIC #</b> 20281
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL2012901077      **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 (NSD)	SUBR (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		3605-33-81	11/01/2019	11/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOPAGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		73611846	11/01/2019	11/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See attached coverage forms.

Additional Insured With Regards to Furniture Contract. 30 Days Notice of Cancellation Provided.

### CERTIFICATE HOLDER

### CANCELLATION

State of West Virginia 1600 Kanawha Blvd Charleston WV 25305	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 
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.