



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: 2018-04-16

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 TEMP16A		Procurement Folder: 235238
Document Name: Change Order 2 - STATEWIDE CONTRACT TEMP16A		Reason for Modification: CHANGE ORDER 2- TO RENEW CONTRACT UNDER SAME TERMS AND CONDITIONS. EFFECTIVE 7-15-18 THROUGH 7-14-19
Document Description: TEMPORARY STAFFING SERVICES (Original PF: 211609)		
Procurement Type: Central Master Agreement		
Buyer Name: Charles D Barnette		
Telephone: (304) 558-0145		
Email: charles.barnette@courtsww.gov		
Shipping Method: Best Way		Effective Start Date: 2016-07-15
Free on Board: FOB Dest, Freight Prepaid		Effective End Date: 2019-07-14

VENDOR		DEPARTMENT CONTACT	
Vendor Customer Code: 000000204796		Requestor Name: Charles D Barnette	
WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES INC 710 CENTRAL AVE		Requestor Phone: (304) 558-2566	
CHARLESTON WV 25302-1702		Requestor Email: charles.d.barnette@wv.gov	
US			
Vendor Contact Phone: (304) 205-7970 Extension:			
Discount Percentage: 0.0000			
Discount Days: 0			

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

**AGENCY COPY**

Total Order Amount	Open End
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713  
4-16-18

<b>PURCHASING DIVISION AUTHORIZATION</b> SIGNED BY: <i>Tara Hyle</i> DATE: <i>APR 16 2018</i> ELECTRONIC SIGNATURE ON FILE	<b>ATTORNEY GENERAL APPROVAL AS TO FORM</b> SIGNED BY: <i>[Signature]</i> DATE: <i>6/26/18</i> ELECTRONIC SIGNATURE ON FILE	<b>ENCUMBRANCE CERTIFICATION</b> SIGNED BY: <i>Beverly Toler</i> DATE: <i>JUN 26 2018</i> ELECTRONIC SIGNATURE ON FILE
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TEMP16A	<b>Document Phase</b> Draft	<b>Document Description</b> TEMPORARY STAFFING SERVICES (Original PF: 211609)	<b>Page 3</b> <b>of 3</b>
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



JOHN A MYERS  
CABINET SECRETARY

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

W. MICHAEL SHEETS  
DIRECTOR

April 13, 2018

Aaron Jones  
West Virginia Association of Rehabilitation Facilities, Inc.  
710 Central Ave  
Charleston, WV 25302

Subject: Contract# TEMP16A- Statewide Contract for Temporary Staffing Services

Dear Aaron Jones,

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are July 15, 2018 through July 14, 2019. 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.

Please call if you have any questions.

Very truly yours,

*Heather Bundrage*  
Heather Bundrage  
Buyer

Attachment

*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.*

*Aaron Jones*  
Name/Signature

*4/13/2018*  
Date

*Executive Director*  
Title



WESTVIR-26

CICMOSS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/23/2018

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).

**PRODUCER**  
Assured Partners Inc. of WV dba Commercial Insurance Services  
340 MacCorkle Ave. SE  
Charleston, WV 25314

**CONTACT NAME:** Christy Woody  
**PHONE (A/C, No, Ext):** (304) 345-8000 **FAX (A/C, No):** (304) 345-8014  
**E-MAIL ADDRESS:** christy.woody@assuredpartners.com

**INSURED**  
WV Association of Rehabilitation Facilities  
710 Central Avenue  
Charleston, WV 25302

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Philadelphia Indemnity Company	18058
INSURER B :	Hartford Ins Co of Midwest	37478
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

### COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSD WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		PHPK1700524	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK1700524	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB597511	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WV) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A If yes, describe under DESCRIPTION OF OPERATIONS below		40WECPX1511	12/30/2017	12/30/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Crime		PHPK1700524	07/01/2017	07/01/2018	Employee Theft \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
E/L Broad form is included under workers compensation policy. Thirty Day Cancellation Notice Applies other than 10 day notice for Non-Payment of Premium. Effective 06/01/18 the Employee Theft limit was increased from \$100,000 to \$1,000,000. A \$10,000 deductible applies for each Employee Theft Claim.

Thirty Day Cancellation Applies other than 10 day notice for non-payment of premium

### CERTIFICATE HOLDER

### CANCELLATION

State of West Virginia  
2019 Washington Street, East  
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