



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: 2018-04-19

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 TEMP16C		Procurement Folder: 238470
Document Name: Change Order 2 - STATEWIDE CONTRACT TEMP16C		Reason for Modification: Change order 2- To renew the original contract according to all 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: Heather D Bundrage		
Telephone: (304) 558-0067		
Email: heather.d.bundrage@wv.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: 000000228419 EXPRESS SERVICES INC 47 RHL BLVD SOUTH CHARLESTON WV 25309 US Vendor Contact Phone: (999) 999-9999 Extension: Discount Percentage: 0.0000 Discount Days: 0	Requestor Name: Charles D Barnette Requestor Phone: (304) 558-2566 Requestor Email: charles.d.barnette@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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*HB
4-19-18*

PURCHASING DIVISION AUTHORIZATION SIGNED BY: <i>Tara Nyle</i> DATE: <i>JUN 14 2018</i> ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM SIGNED BY: <i>John D. Jay</i> DATE: <i>6/26/18</i> ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION SIGNED BY: <i>Beverly Toler</i> DATE: <i>JUN 20 2018</i> ELECTRONIC SIGNATURE ON FILE
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Extended Description:

Change Order 2 - 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: July 15, 2018 through July 14, 2019.

Renewals remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80111613			HOUR	\$0.000000
	Service From	Service To			

Commodity Line Description: TEMPORARY EMPLOYEE SERVICES

Extended Description:

TEMP16C	Document Phase Draft	Document Description TEMPORARY STAFFING SERVICES (Original PF: 211609)	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



JOHN A. MYERS
COMPTROLLER

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET, EAST
CHARLESTON, WEST VIRGINIA 25305-0100

W. MICHAEL SHEETS
DIRECTOR

April 13, 2018

Tom Wirts
Express Services, Inc.
47 RHL Blvd
South Charleston, WV 25309

Subject: Contract# TEMP16C- Statewide Contract for Temporary Staffing Services

Dear Tom Wirts:

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
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.


Name/Signature

4/19/18
Date


Title



CERTIFICATE OF LIABILITY INSURANCE

10/1/2018

DATE (MM/DD/YYYY)

9/21/2017

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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED 1352730	EXPRESS SERVICES, INC. DBA: EXPRESS EMPLOYMENT PROFESSIONALS 9701 BOARDWALK BOULEVARD OKLAHOMA CITY, OK 73162	INSURER A : New Hampshire Insurance Company 23841 INSURER B : Zurich American Insurance Company 16535 INSURER C : American Guarantee and Liab. Ins. Co. 26247 INSURER D : INSURER E : INSURER F :

COVERAGES EXPSE01 CERTIFICATE NUMBER: 12789879 REVISION NUMBER: XXXXXXXX

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> STAFFING SERVICE GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PRA5854213-05	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	PRA5854213-05	10/1/2017	10/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	UMB5498877-05	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$ XXXXXXXX
A	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	SEE ATTACHED POLICY #S	10/1/2017	10/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	<input type="checkbox"/> CRIME/FIDELITY STAFFING E&O COVERAGE	N	N	PRA5854213-05	10/1/2017	10/1/2018	CRIME/FIDELITY: 5,000,000 E&O OCC/AGG: 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 ALL INSURANCE CARRIERS SHOWN ON THIS CERTIFICATE HAVE AN A.M. BEST RATING OF A XV OR BETTER UNLESS OTHERWISE NOTED. LOCATION: 1538 - CHARLESTON WV / TYPE OF COMPANY: GOVERNMENT AGENCY / JOB DESCRIPTION: VARIOUS. STATE OF WV IS LISTED AS AN ADDITIONAL INSURED AS RESPECTS TO WORK PERFORMED BY TEMPORARY ASSOCIATES, AS PER WRITTEN CONTRACT AND/OR STAFFING AGREEMENT, EXCEPT FOR NEGLIGENCE OR WILLFUL MISCONDUCT OF STATE OF WV. ADDITIONAL INSURED DOES NOT APPLY TO WC, E&O OR FIDELITY. ALL POLICIES SHALL CONTAIN A WAIVER OF SUBROGATION IN FAVOR OF STATE OF WV EXCEPT FOR LIABILITY ARISING OUT OF NEGLIGENCE OR WILLFUL MISCONDUCT OF STATE OF WV, AS PER WRITTEN CONTRACT AND/OR STAFFING AGREEMENT.

CERTIFICATE HOLDER

12789879
 STATE OF WV
 ATTN: ROBERT P KILPATRICK
 2019 WASHINGTON STREET E.
 CHARLESTON WV 25305

CANCELLATION See Attachment

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

Express Services, Inc.
Workers Compensation Policy Schedule:
Policy periods: 10/1/17-18

American Home Assurance Company
Policy No. WC024780991
NAIC# 19380
States Covered: CA

Illinois National Insurance Co.
Policy No. WC024780992
NAIC# 23817
States Covered: ME

Illinois National Insurance Co.
Policy No. WC024780993
NAIC# 23817
States Covered: MA, ND, WI, WY

New Hampshire Insurance Company
Policy No. WC024780994
NAIC# 23841
States Covered: AL, AR, CO, CT, DC, DE, GA, HI, IA, ID, IN, KS, LA, MD, MI, MN, MO, MS, MT, NE, NM, NV, NY, OK, OR, RI, SC, SD, TN, TX, WV

New Hampshire Insurance Company
Policy No. WC024780996
NAIC# 23841
States Covered: AK, AZ, IL, KY, NC, NH, NJ, PA, UT, VA, VT

Illinois National Insurance Co.
Policy No. WC024780999
NAIC# 23817
States Covered: FL

National Union Fire Insurance Company of Pittsburgh, PA
Policy No. XWC9884017
NAIC# 19445
States Covered: OH

National Union Fire Insurance Company of Pittsburgh, PA
Policy No. XWC9884018
NAIC# 19445
States Covered: WA