



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: 2018-04-26

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 TEMP16F		Procurement Folder: 236490
Document Name: Change Order 2 - STATEWIDE CONTRACT TEMP16F		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: 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 Customer Code: 000000231854 ADECCO USA INC PO BOX 371084 PITTSBURGH PA 152507084 US Vendor Contact Phone: (999) 999-9999 Extension: 1007 Discount Percentage: 0.0000 Discount Days: 0	Requestor Name: Charles D Barnette Requestor Phone: (304) 558-2566 Requestor Email: charles.d.barnette@wv.gov
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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
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Total Order Amount	Open End
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AGENCY COPY

*MB
6-11-18*

PURCHASING DIVISION AUTHORIZATION SIGNED BY: <i>Tara S. [Signature]</i> DATE: <i>JUN 15 2018</i> ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM SIGNED BY: <i>[Signature]</i> DATE: <i>6/26/18</i> ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION SIGNED BY: <i>Beverly Toler</i> DATE: <i>[Signature]</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				
	Service From	Service To		HOUR	\$0.000000
Commodity Line Description: TEMPORARY EMPLOYEE SERVICES					

Extended Description:



JOHN A. MYERS
CABINET SECRETARY

April 13, 2018

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

W. MICHAEL SHEETS
DIRECTOR

Melinda Brooks
Adecco USA, Inc.
PO Box 371084
Pittsburgh, PA 15250

Subject: Contract# TEMP16F- Statewide Contract for Temporary Staffing Services


Dear Melinda Brooks,

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

4/24/18
Date

Branch Manager
Title

PHONE: (304) 558-2308
FAX: (304) 558-4115

WVPurchasing.gov

E.E.O./AFFIRMATIVE ACTION EMPLOYER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/13/2018

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 Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: Adecco.certs@Marsh.com Fax: 212-948-0018		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
CN101540284-ALL-ALL-18-19 NO		INSURER(S) AFFORDING COVERAGE	
INSURED Adecco, Inc. & its subsidiaries 10151 Deerwood Park Blvd. Building 200, Suite 400 Jacksonville, FL 32256		INSURER A: AXA Insurance Company 33022	NAIC #
		INSURER B: National Union Fire Insurance Co Of Pittsburgh 19445	
		INSURER C: Insurance Company of the State of Pennsylvania 19429	
		INSURER D: New Hampshire Insurance Company 23841	
		INSURER E: American Home Assurance Company 19380	
		INSURER F: Hartford Fire Insurance Company 19682	

COVERAGES **CERTIFICATE NUMBER:** NYC-010302444-01 **REVISION NUMBER:** 4

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
		INSR	WVD				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	PCS002071(18)	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPOP AGG \$ 4,000,000
B	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 <input type="checkbox"/> AUTOS ONLY			7093432 (MA) 7093433 (FL) 7093434 (AOS)	01/01/2018 01/01/2018 01/01/2018	01/01/2019 01/01/2019 01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	XS002072(18)	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			014122426 (AOS) 014122427 (CA) 014122430 (FL)	01/01/2018 01/01/2018 01/01/2018	01/01/2019 01/01/2019 01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
F	E&O / PROFESSIONAL LIABILITY (INCLUDING NETWORK SECURITY)			10 HH 0326579 18 PRIVACY EVENT EXPENSE	01/01/2018	01/01/2019	EA. CLAIM/AGG (SIR \$500,000) \$5M/\$5M EA. CLAIM/AGG (SIR \$250,000) \$5M/\$5M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of West Virginia is/are included as additional insured (except workers' compensation, auto liability and crime) where required by written contract. General Liability is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and where required by written contract. Waiver of subrogation is applicable where required by written contract. The Workers' Compensation policy includes an Alternate Employer endorsement. is/are included as Loss Payee with respects to Crime Policy and where required by written contract.

CERTIFICATE HOLDER

 State of West Virginia
 Purchasing Div, Building 15
 2019 Washington, St. East
 Charleston, WV 25305

CANCELLATION

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
 of Marsh USA Inc.
 Manashi Mukherjee *Manashi Mukherjee*

AGENCY CUSTOMER ID: CN101540284

LOC #: New York



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA, Inc.		NAMED INSURED Adecco, Inc. & its subsidiaries 10151 Deerwood Park Blvd. Building 200, Suite 400 Jacksonville, FL 32256	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

WORKERS COMP CONTINUED:

POLICY NUMBER: 14122429
 STATE: ME
 EFFECTIVE: 1/1/2018- 1/1/2019
 PAPER: New Hampshire Insurance Company
 CARRIER: AIG

POLICY NUMBER: 014122433
 STATE: MA, ND, WA, WI, WY
 POLICY PERIOD: 01/01/2018 - 01/1/2019
 PAPER: New Hampshire Insurance Company
 CARRIER: AIG

POLICY NUMBER: 014122432
 STATE: MN
 POLICY PERIOD: 01/01/2018 - 01/01/2019
 PAPER: New Hampshire Insurance Company
 CARRIER: AIG

EXCESS WORKERS COMP-OHIO ONLY:
 INSURER: NATIONAL UNION FIRE INSURANCE COMPANY OF PA
 POLICY NUMBER: XWC 4595570
 POLICY PERIOD: 01/01/2018 - 01/01/2019
 LIMITS:
 SIR: \$3,000,000
 EL EACH ACCIDENT: \$1,000,000
 EL DISEASE: \$1,000,000
 EL DISEASE - EACH EMPLOYEE: \$1,000,000

CRIME:
 WITH THIRD PARTY COVERAGE
 POLICY NUMBER: CRM1008415-03
 CARRIER: ZURICH AMERICAN INSURANCE COMPANY
 POLICY PERIOD: 04/01/2018- 04/01/2019
 LIMIT: \$10,000,000
 DEDUCTIBLE: \$1,000,000