



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at [wvOASIS.gov](http://wvOASIS.gov). As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at [WVPurchasing.gov](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

## Header 9

[List View](#)**General Information** | [Contact](#) | [Default Values](#) | [Discount](#) | [Document Information](#) | [Clarification Request](#)**Procurement Folder:** 807919**Procurement Type:** Central Master Agreement**Vendor ID:**  **Legal Name:** MAXIMUS US SERVICES INC**Alias/DBA:****Total Bid:** \$882,675.00**Response Date:**  **Response Time:** **Responded By User ID:**  **First Name:** **SO Doc Code:** CRFQ**SO Dept:** 0402**SO Doc ID:** EDD2100000003**Published Date:** 12/10/20**Close Date:** 12/15/20**Close Time:** 13:30**Status:** Closed**Solicitation Description:** **Total of Header Attachments:** 9**Total of All Attachments:** 9



Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Price Per Call By Month	1.00000	EA	882675.000000	882675.00

Comm Code	Manufacturer	Specification	Model #
81111811			

**Commodity Line Comments:** See Attached Exhibit A-Pricing Page.

**Extended Description:**

\*\*If Vendor is submitting bid online, Vendor must upload and attach the Exhibit A-Pricing Page. Vendor should enter total bid amount as the amount bid in wvOASIS commodity line when submitting online.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
12/12/2020

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> Aon Risk Services, Inc. of Washington, D.C. Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Maximus US Services, Inc. 1891 Metro Center Drive Reston VA 20190 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Zurich American Ins Co		16535
	INSURER B: American Zurich Ins Co		40142
	INSURER C: XL Specialty Insurance Co		37885
	INSURER D: National Union Fire Ins Co of Pittsburgh		19445
	INSURER E:		
INSURER F:			

**COVERAGES**      **CERTIFICATE NUMBER:** 570085177105      **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. **Limits shown are as requested**

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL0509621805	05/01/2020	05/01/2021	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$4,000,000
							PRODUCTS - COMP/OP AGG	\$4,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <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			BAP 5096219 05	05/01/2020	05/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			US00075267LI20A	05/01/2020	05/01/2021	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
B	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC509621605 Deductible \$350,000 WC509621705 Wisconsin	05/01/2020	05/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
A					05/01/2020	05/01/2021	E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
D	<b>E&amp;O-PL-Primary</b>			015908012 Claims Made SIR applies per policy terms & conditions	08/01/2020	08/01/2021	Per Claim/Agg SIR	\$10,000,000 \$10,000,000

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

Cyber Liability: Network Interruption, Security and Privacy Liability and Media Content Liability is included in the E&O policy. A Severability of Interest Clause is included under the General Liability policy. RE: P-EBT Remote Call Center Services. WVDE, 1900 Kanawha Blvd. E, Charleston, WV 25305 is included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability, Umbrella Liability and Professional Liability policies. General Liability, Automobile Liability and Umbrella Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability,

### CERTIFICATE HOLDER

### CANCELLATION

West Virginia Department of Education Attn: Joseph E Hager III Bldg 6, RM 330, 1900 Kanawha Blvd E. Charleston WV 25305 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  <i>Aon Risk Services Inc. of Washington D.C.</i>





# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services, Inc. of Washington, D.C.		NAMED INSURED Maximus US Services, Inc.	
POLICY NUMBER See Certificate Number: 570085177105			
CARRIER See Certificate Number: 570085177105	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

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

Additional Description of Operations / Locations / Vehicles:  
 Umbrella Liability, Professional Liability and workers' Compensation policies. Please see attached addendum.



# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services, Inc. of Washington, D.C.		NAMED INSURED Maximus US Services, Inc.	
POLICY NUMBER See Certificate Number: 570085177105			
CARRIER See Certificate Number: 570085177105	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

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

NOC

With respect to the General Liability, Automobile Liability and workers' Compensation policies: A. If Zurich should cancel or non-renew this coverage Part (s) by written notice to the first Named Insured for any reason other than nonpayment of premium, Zurich will mail or deliver a copy of such written notice of cancellation or non renewal. 1. To the name and address corresponding to each person or organization shown in the Schedule; Certificate holders as required by written contract. 2. At least 60 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to the first Named Insured. 3. If Zurich should cancel this Coverage Part (s) by written notice to the first Named Insured for nonpayment of premium, Zurich will mail or deliver a copy of such written notice of cancellation to the name and address for certificate holders where this is required by written contract, at least 10 days prior to the effective date of such cancellation. B. If notice as described in Paragraphs A. or B. of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
WHERE REQUIRED BY WRITTEN CONTRACT	WHERE REQUIRED BY WRITTEN CONTRACT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

Whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:  
AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<p><b>Named Insured:</b> MAXIMUS, INC.</p> <p><b>Endorsement Effective Date:</b> 05/01/2020</p>
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### **SCHEDULE**

<p><b>Name Of Person(s) Or Organization(s):</b></p> <p>ANY PERSON OR ORGANIZATION TO WHOM OR TO WHICH YOU ARE REQUIRED TO PROVIDE ADDITIONAL INSURED STATUS OR ADDITIONAL INSURED STATUS ON A PRIMARY, NON-CONTRIBUTORY BASIS, IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

# Waiver Of Subrogation (Blanket) Endorsement



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
GLO 5096218-05	05/01/2020	05/01/2021	05/01/2020	50522-000	\$	\$

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Commercial General Liability Coverage Part**

The following is added to the **Transfer Of Rights Of Recovery Against Others To Us Condition:**

If you are required by a written contract or agreement, which is executed before a loss, to waive your rights of recovery from others, we agree to waive our rights of recovery. This waiver of rights shall not be construed to be a waiver with respect to any other operations in which the insured has no contractual interest.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b> MAXIMUS, INC.
<b>Endorsement Effective Date:</b> 05/01/2020

## **SCHEDULE**

<b>Name(s) Of Person(s) Or Organization(s):</b>
Only those persons or organizations for whom you are required to waive your rights of recovery under the terms of a written contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT, OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective 05/01/2020

Policy No. WC 5096216-05

Endorsement No.

Insured MAXIMUS, INC.

Premium \$

Insurance Company

Countersigned by \_\_\_\_\_

AMERICAN ZURICH INSURANCE COMPANY

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT, OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective 05/01/2020  
Insured MAXIMUS, INC.

Policy No. WC 5096217-05

Endorsement No.  
Premium \$

Insurance Company  
ZURICH AMERICAN INSURANCE COMPANY

Countersigned by \_\_\_\_\_

# Other Insurance Amendment – Primary And Non-Contributory



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
GLO 5096218-05	05/01/2020	05/01/2021	05/01/2020	50522-000	INCL	

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**Named Insured:** MAXIMUS, INC.

**Address (including ZIP Code):**

1891 METRO CENTER DRIVE  
RESTON, VA 20190

This endorsement modifies insurance provided under the:

**Commercial General Liability Coverage Part**

**1. The following paragraph is added to the Other Insurance Condition of Section IV – Commercial General Liability Conditions:**

This insurance is primary insurance to and will not seek contribution from any other insurance available to an additional insured under this policy provided that:

- a. The additional insured is a Named Insured under such other insurance; and
- b. You are required by a written contract or written agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

**2. The following paragraph is added to Paragraph 4.b. of the Other Insurance Condition of Section IV – Commercial General Liability Conditions:**

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same "occurrence", offense, claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

All other terms and conditions of this policy remain unchanged.



ZURICH®

# Notification to Others of Cancellation or Nonrenewal

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
GLO 5096218-05	05/01/2020	05/01/2021	05/01/2020	50522-000	INCL	

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

- Commercial General Liability Coverage Part**
- Liquor Liability Coverage Part**
- Products/Completed Operations Liability Coverage Part**

- A.** If we cancel or non-renew this Coverage Part(s) by written notice to the first Named Insured for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal:
  1. To the name and address corresponding to each person or organization shown in the Schedule below; and
  2. At least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to the first Named Insured, or the longer number of days notice if indicated in the Schedule below.
- B.** If we cancel this Coverage Part(s) by written notice to the first Named Insured for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C.** If notice as described in Paragraphs **A.** or **B.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

## SCHEDULE

Name and Address of Other Person(s) / Organization(s):	Number of Days Notice:
CERTIFICATE HOLDERS AS REQUIRED BY WRITTEN CONTRACT	60

All other terms and conditions of this policy remain unchanged.

**NOTIFICATION TO OTHERS OF CANCELLATION ENDORSEMENT**

This endorsement is used to add the following to Part Six of the policy.

**PART SIX  
CONDITIONS**

- A.** If we cancel this policy by written notice to you for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the cancellation, as advised in our notice to you, or the longer number of days notice if indicated in the Schedule below.
- B.** If we cancel this policy by written notice to you for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C.** If notice as described in Paragraphs **A.** or **B.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

<b>SCHEDULE</b>	
<b>Name and Address of Other Person(s) / Organization(s):</b>	<b>Number of Days Notice:</b>
WHERE REQUIRED BY WRITTEN CONTRACT	60

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective 05/01/2020  
Insured MAXIMUS, INC.

Policy No. WC 5096216-05

Endorsement No.  
Premium \$

Insurance Company AMERICAN ZURICH INSURANCE COMPANY

**NOTIFICATION TO OTHERS OF CANCELLATION ENDORSEMENT**

This endorsement is used to add the following to Part Six of the policy.

**PART SIX  
CONDITIONS**

- A.** If we cancel this policy by written notice to you for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the cancellation, as advised in our notice to you, or the longer number of days notice if indicated in the Schedule below.
- B.** If we cancel this policy by written notice to you for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C.** If notice as described in Paragraphs **A.** or **B.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

<b>SCHEDULE</b>	
<b>Name and Address of Other Person(s) / Organization(s):</b>	<b>Number of Days Notice:</b>
WHERE REQUIRED BY WRITTEN CONTRACT	60

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective 05/01/2020  
Insured MAXIMUS, INC.

Policy No. WC 5096217-05

Endorsement No.  
Premium \$

Insurance Company ZURICH AMERICAN INSURANCE COMPANY

### **ENDORSEMENT #3**

This endorsement, effective 12:01 a.m., **May 01, 2019** forms a part of Policy No. **US00075267LI19A** issued to **Maximus, Inc. and all Subsidiaries** by **XL Specialty Insurance Company**.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

#### **COMMERCIAL EXCESS FOLLOW FORM AND UMBRELLA LIABILITY POLICY**

Schedule of Forms and Endorsements XCU 301 0811 is amended to include:

Endorsement #4 - BUSINESS CONTINUITY ENDORSEMENT (Applicable to Insuring Agreements A and B) - XCU 440 0514.

All other terms and conditions remain the same.

#### ENDORSEMENT #4

This endorsement, effective 12:01 a.m., **May 01, 2019** forms a part of  
Policy No. **US00075267LI19A** issued to **Maximus, Inc. and all Subsidiaries**  
by **XL Specialty Insurance Company**.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### **BUSINESS CONTINUITY ENDORSEMENT (Applicable to Insuring Agreements A and B)**

This endorsement modifies insurance provided under the following:

#### **COMMERCIAL EXCESS FOLLOW FORM AND UMBRELLA LIABILITY POLICY**

Section VII. Conditions is amended to include the following:

Notwithstanding anything contained in the policy to the contrary, if communications internally within the **first named insured's** organization, or between the **first named insured** and us, or internally within the representative of the **first named insured's** organization, or between the representative of the **first named insured** and/or us are materially impeded or prevented by natural disaster or other catastrophe within thirty (30) calendar days of the **policy period** expiration date, we agree to extend this policy for thirty (30) calendar days from the **policy period** expiration date.

Should we extend this policy in accordance with the preceding:

- (a) a pro-rata additional premium shall be paid to us in consideration for such extension, prior to the expiration of the extension period; and
- (b) such extension of the **policy period** will not increase or reinstate the aggregate limits as set forth in the Limits of Insurance shown in Declarations Item 3 of this policy.

We and the **first named insured** may, by mutual agreement, retroactively void such thirty (30) calendar day extension of the **policy period** pursuant to this endorsement.

All other terms and conditions remain the same.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:  
AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<p><b>Named Insured:</b> MAXIMUS, INC.</p> <p><b>Endorsement Effective Date:</b> 05/01/2020</p>
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### **SCHEDULE**

<p><b>Name Of Person(s) Or Organization(s):</b></p> <p>ANY PERSON OR ORGANIZATION TO WHOM OR TO WHICH YOU ARE REQUIRED TO PROVIDE ADDITIONAL INSURED STATUS OR ADDITIONAL INSURED STATUS ON A PRIMARY, NON-CONTRIBUTORY BASIS, IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2020

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.

<b>PRODUCER</b> Aon Risk Services, Inc. of Washington, D.C. Aon Risk Services Central, Inc. Chicago IL office 200 East Randolph Chicago IL 60601 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b> PRODUCER CUSTOMER ID #: 410000000170		
<b>INSURED</b> Maximus US Services, Inc. 1891 Metro Center Drive Reston VA 20190 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: XL Insurance America Inc		24554
	INSURER B: Travelers Casualty&Surety Co of America		31194
	INSURER C:		
	INSURER D:		
	INSURER E:		

Holder Identifier:

**COVERAGES**      **CERTIFICATE NUMBER:** 570085177109      **REVISION NUMBER:**

LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RE: P-EBT Remote Call Center Services.

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	US00078612PR20A	05/01/2020	05/01/2021	BUILDING	
	<input type="checkbox"/> CAUSES OF LOSS				PERSONAL PROPERTY	
	<input type="checkbox"/> DEDUCTIBLES				BUSINESS INCOME	
	<input type="checkbox"/> BASIC				EXTRA EXPENSE	
	<input type="checkbox"/> BUILDING				RENTAL VALUE	
	<input type="checkbox"/> BROAD				BLANKET BUILDING	
	<input type="checkbox"/> CONTENTS				BLANKET PERS PROP	
	<input checked="" type="checkbox"/> SPECIAL				BLANKET BLDG & PP	
	<input type="checkbox"/> EARTHQUAKE				X Loss Limit	\$10,000,000
	<input type="checkbox"/> WIND					
<input type="checkbox"/> FLOOD						
<input checked="" type="checkbox"/> Loss Limit Ded	\$50,000					
	<b>INLAND MARINE</b>	<b>TYPE OF POLICY</b>				
	<b>CAUSES OF LOSS</b>	<b>POLICY NUMBER</b>				
	<b>NAMED PERILS</b>					
B	<input checked="" type="checkbox"/> <b>CRIME</b>	105973769	08/01/2020	08/01/2021	<input checked="" type="checkbox"/> Employee Dishonesty	\$5,000,000
	<b>TYPE OF POLICY</b> Crime - Primary	SIR applies per policy terms & conditions			<input checked="" type="checkbox"/> Deductible	\$500,000
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					

CERTIFICATE NUMBER: 570085177109

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

### CANCELLATION

West Virginia Department of Education Attn: Joseph E Hager III Bldg 6, RM 330, 1900 Kanawha Blvd E. Charleston WV 25305 USA	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 <i>Aon Risk Services Inc. of Washington D.C.</i>
--	---







Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Centralized Request for Quote  
 Service • Prof

<b>Proc Folder:</b> 807919		<b>Reason for Modification:</b>	
<b>Doc Description:</b> P-EBT Remote Call Center Services			
<b>Proc Type:</b> Central Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2020-11-30	2020-12-23 13:30	CRFQ 0402 EDD2100000003	1

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON STE  
 CHARLESTON WV 25305  
 US

**VENDOR**

**Vendor Customer Code:** 000000162265

**Vendor Name :** Maximus US Services, Inc.

**Address:**

**Street:** 1891 Metro Center Drive

**City:** Reston

**State:** Virginia **Country:** USA **Zip:** 20190

**Principal Contact :** Loretta Charles

**Vendor Contact Phone:** 703.251.8500 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**

Joseph E Hager III  
 (304) 558-2306  
 joseph.e.hageriii@wv.gov

**Vendor Signature X** Loretta Charles  
Loretta Charles (Dec 15, 2020 10:36 EST)

**FEIN#** 260307682 **DATE** 12/15/2020

All offers subject to all terms and conditions contained in this solicitation

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Loretta Charles

Loretta Charles (Dec 15, 2020 10:36 EST)

Manager - Contracts

(Name, Title)

Loretta Charles , Manager - Contracts

(Printed Name and Title)

1891 Metro Center Dr, Reston VA 20190

(Address)

703.251.8500 / 703.251.5800

(Phone Number) / (Fax Number)

hsproposals@maximus.com

(email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

**Maximus US Services, Inc.**

(Company)

Loretta Charles

Loretta Charles (Dec 15, 2020 10:36 EST)

Manager - Contracts

(Authorized Signature) (Representative Name, Title)

Loretta Charles , Manager - Contracts

(Printed Name and Title of Authorized Representative)

12/15/2020

(Date)

703.251.8500 / 703.251.5800

(Phone Number) (Fax Number)

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO. : CRFQ EDD21\*03**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Maximus US Services, Inc.

Company

Loretta Charles

Loretta Charles (Dec 15, 2020 10:36 EST)

Authorized Signature

12/15/2020

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.  
Revised 6/8/2012



Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Centralized Request for Quote  
 Service - Prof

<b>Proc Folder:</b> 807919			<b>Reason for Modification:</b> Addendum #1 issued to revise the Q&A Deadline and Bid Close Date
<b>Doc Description:</b> P-EBT Remote Call Center Services			
<b>Proc Type:</b> Central Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2020-12-03	2020-12-15 13:30	CRFQ 0402 EDD2100000003	2

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

**Vendor Customer Code:** 000000162265  
**Vendor Name :** Maximus US Services, Inc  
**Address :**  
**Street :** 1891 Metro Center Drive  
**City :** Reston  
**State :** Virginia **Country :** USA **Zip :** 20190  
**Principal Contact :** Loretta Charles  
**Vendor Contact Phone:** 703.251.8500 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**  
 Joseph E Hager III  
 (304) 558-2306  
 joseph.e.hageriii@wv.gov

**Vendor Signature X** Loretta Charles  
 Loretta Charles (Dec 15, 2020 10:36 EST) **FEIN#** 260307682 **DATE** 12/15/2020

All offers subject to all terms and conditions contained in this solicitation



Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Centralized Request for Quote  
 Service - Prof

<b>Proc Folder:</b> 807919		<b>Reason for Modification:</b>	
<b>Doc Description:</b> P-EBT Remote Call Center Services		To publish Addendum #2 agency responses to vendor questions	
<b>Proc Type:</b> Central Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2020-12-10	2020-12-15 13:30	CRFQ 0402 EDD2100000003	3

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

**Vendor Customer Code:** 000000162265  
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**Vendor Contact Phone:** 703.251.8500 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**

Joseph E Hager III  
 (304) 558-2306  
 joseph.e.hageriii@wv.gov

**Vendor Signature** Loretta Charles  
 Loretta Charles (Dec 15, 2020 10:36 EST)

**FEIN#** 260307682

**DATE** 12/15/2020

All offers subject to all terms and conditions contained in this solicitation

STATE OF WEST VIRGINIA  
Purchasing Division  
**PURCHASING AFFIDAVIT**

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1 (i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** Under W. Va. Code §5A-3-1 0a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

**"Debt"** means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: Maximus US Services, Inc

Authorized Signature: Loretta Charles Date: 12/15/2020  
Loretta Charles (Dec 15, 2020 10:36 EST)

State of Virginia

County of Fairfax, to-wit:

Taken, subscribed, and sworn to before me this 15 day of December, 2020.

My Commission expires 6/30, 2023

AFFIX SEAL HERE



NOTARY PUBLIC

[Signature]

December 15, 2020

Joseph E Hager III

[joseph.ehageriii@wv.gov](mailto:joseph.ehageriii@wv.gov)

(304) 558-2306

**RE: CRFQ 0402 EDD210000003 – P-EBT Remote Call Center Services**

Dear Mr. Hager,

Thank you for the opportunity to offer support for the *Pandemic Electronic Benefit Transfer (P-EBT)* program and share our capabilities and experience for delivering pandemic-related services – including P-EBT services in Texas – to state governments across the country.

Maximus fully appreciates that the National School Lunch Program (NSLP) and many other business processes have been disrupted by this pandemic, and that like nearly all other states, West Virginia is in need of both short term and strategic solutions to continue to provide food security during the COVID-19 crisis. Along with meeting the requirements set forth in this Centralized Request for Quotation (CRFQ), Maximus is prepared to rapidly staff this call center operation, as we have done in other projects, establishing a remote work force training and equipped to take inbound calls from impacted families within two weeks of contract award. We firmly believe that the only way to avoid a costly backlog of P-EBT issues is to work with a partner that has proven its ability to rapidly recruit, onboard, and train a fully remote call center operation. Perhaps most importantly, we offer a true partnership in delivery of these vital services to some of the most vulnerable children and their families.

We understand that COVID-19 is unlike anything governments have addressed in our lifetime — a pandemic that affects everyone, everywhere. Almost from day one, we've been helping government respond swiftly and effectively to the pandemic – keeping essential services open and accessible. While impacts to government services are unprecedented in scale and scope, it's what we do. For more than 40 years, we have focused solely on our mission of *Helping Government Serve the People®*, supporting the priorities of

**Maximus COVID-19 Related Projects (Current & Completed)**



our government partners like you, by helping them design, innovate, and address challenges in times of crisis and transition. Most recently, we've been on the front lines of supporting more than 20 states' COVID-related challenges by supporting P-EBT, contact tracing, claims support for unemployment

insurance, and other vital services. Like you, we live out our mission each day through a passion reflected in staff driven to make a meaningful, lasting difference in the program services we deliver on behalf our government partners.

### A Trusted Partner to Government

Our 45-year corporate history is one of *advancement, innovation, and outcomes*, achieved through a consistent focus on services that help our government partners deliver high-performing programs. Although we are a global company – more than 35,000 individuals worldwide contributing to the success of our mission – our focus is on the local needs of our government partners. We leverage the global toolbox of best practices, yet use our existing West Virginia staff and relationships to understand how to apply these repeatable processes in a way that works for West Virginia. Speed to impact is a proud differentiator for Maximus – we bring capacity to scale quickly, expertise to deliver accurately, and corporate oversight to ensure consistency in the services we provide to our government partners.

Because providing government services is our *only business*, we are better equipped to address the evolving needs of government in a more nimble and effective way than providers of call centers or staff augmentation services alone can provide. This level of experience and expertise offers benefits to West Virginia in the following ways:

- **Demonstrated delivery experience with P-EBT** – our Texas P-EBT project was one of the first in the country to deliver services of this type. We've answered more than a half million calls covering how to apply, discussing eligibility criteria, how funds will be received, and supporting escalations and filing of complaints, and supported more than 12,000 phone-based applications for services. Because we understand how to provide these services, we offer a lower risk option, and better service value.
- **True partner is program design and improvement** – our existing presence and relationships in West Virginia provide unique insights into the needs of West Virginia's most vulnerable families – we are current contractor charged with administering the Medicaid Enrollment Broker program and prior operator of the West Virginia In Person Assistance Program, and bring that leadership expertise along with leveraging the best practices and repeatable processes we've honed over decades of service delivery to government.
- **Maintaining integrity of service** – we understand the complexities of operating government programs, and the nuances involved with ensuring quality standards, performance reporting, protection of personal information, and program compliance, and bring an experienced team of government services professionals fully equipped to manage the complexities of delivering government services.
- **Speed to impact** – our ability to scale up (and down) quickly means we are able to make a difference in ways most valuable and timely, while also providing our state partners with maximum flexibility to address program needs as priorities evolve. Our COVID-related projects required rapid implementations ranging from literally a few days, to a few weeks. By bringing a global toolbox of experience professionals and repeatable processes, we're able to scale quickly which translates into quicker impact for those depending upon our services.
- **First Call Resolution** – Maximus places the highest importance on connecting individuals to much-needed benefits with care and efficiency. A crucial component of providing this service is focusing on first call resolution. Our processes, procedures, and training are focused on addressing a

citizen's issues at the first point of contact, reducing the need for repeat contacts over time. In doing so, we deliver not only efficient administration of benefits but also cost-effective solutions for the Department, as poorer customer service will lead to repeated billable contacts.

- **Capacity to deliver** -- We oversee some of the largest, most complex public health related contact center projects in the nation. Each year, we perform more than 84 million contacts on behalf of state and federal governments. Perhaps most importantly, Maximus understands that while P-EBT enrollment itself may not be complicated work, the manner in which it's done is critically important. Our experience handling these types of enrollments on behalf of vulnerable families give us unique ability to understand the most effective ways to engage with families, and the ability to replicate a quality experience across our projects.

### Operational and Pricing Assumptions

Maximus recognizes that the TOTAL BID AMOUNT shown on Exhibit A will be used for purposes of evaluation only. We assume that invoicing will be at the given call volume tier for the calls received for that month. We have provided a price per call for the provided call-volume tiers, which confers a dynamic price to the state to better meet the needs of West Virginia.

As we've worked to quickly scale COVID-related operations to support states, the following elements have proven an effective method of working with states to support rapid deployment. We want to be responsive to the unique needs of West Virginia, and are able to negotiate adjustments for changes to suggested solutions, and including the following assumptions:

- West Virginia will provide Maximus with access to relevant states system and provide technical experts and system training to assist Maximus as needed.
- West Virginia will provide any existing training materials or related scripting to Maximus, and Maximus will provide training for staff with support from West Virginia.
- Staff personnel can include Maximus staff, temporary personnel provided by various temporary staffing agencies and subcontractors.
- Staff Levels may be reduced as a partial termination for convenience by mutual agreement of the parties. At least 35 days prior written notice is required to avoid additional monthly charges for Agent licenses.
- Average handle times are assumed to be no greater than five (5) minutes, as provided by WVDE as part of CRFQ Amendment 2. Should actual handle times deviate from this stated estimate, we reserve the right to re-negotiate our costs per call.
- Maximus will provide its standard daily contact center reporting, including call log data.
- Maximus will perform its standard employee background checks.
- The federal Service Contract Act does not apply to this Contract.
- Given the uncertain and changing conditions surrounding the COVID-19 virus, the parties agree to work together in good faith to address issues relating to the COVID-19 virus that may arise affecting performance. Such issues may include, but are not limited to, changes to the implementation schedules, changes in applicable law or WVDE policy or State Purchasing Agency rules or policies, etc.

Maximus appreciates your consideration of our unique experience as you consider a partner to help you deliver these most critical services. We remain open to negotiation, and ready to answer questions you may have. To help inform that discussion should the need arise, we have provided a *red line* list of considerations (at the end of this submission letter) based on the terms and conditions identified in the procurement document.

Sincerely,

*Laura Rosenak*  
Laura Rosenak (Dec 15, 2020 11:12 CST)

Laura Rosenak  
Senior Vice President  
Maximus US Services, Inc.

**EXCEPTIONS**

Solicitation Number: CRFQ 0402 EDD2100000003  
 WV P-EBT Remote Call Center Services

Maximus US Services, Inc. (“Maximus” or “Vendor”) is pleased to submit its proposal to WV Department of Education. Our bid is not conditioned on the acceptance of the exceptions and we look forward to the opportunity to negotiate terms with the State.

RFP Document Name	Section Title and Number	Page #	Language
General Terms and Conditions	19. Cancellation	15	<p><i>Vendor proposes to revise this Section as follows to include a defined cure period:</i></p> <p>The Purchasing Division Director reserves the right to cancel this Contract <del>immediately</del> upon written notice to the vendor if, <b>after notifying Vendor of non-conformity and providing the vendor 30 days to cure</b>, the materials or workmanship supplied do not conform to the specifications contained in the Contract. The Purchasing Division Director may also cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules § 148-1-5.2.b.</p>
New Section	New Section		<p><i>Vendor proposes to include this Section as follows in any resulting contract:</i></p> <p><b>State agrees that Vendor’s total liability to State for any and all damages whatsoever arising out of, or in any way related to, this Contract from any cause, including but not limited to negligence, errors, omissions, strict liability, breach of contract or breach of warranty shall not, in the aggregate, exceed the amount paid by State to Vendor.</b></p> <p><b>In no event shall Vendor be liable for indirect, special, incidental, economic, consequential or punitive damages, including but not limited to lost revenue, lost profits, replacement goods, loss of technology rights or services, loss of data, or interruption or loss of use of software or any portion thereof regardless of the legal theory under which such damages are sought even if Maximus has been advised of the likelihood of such damages, and notwithstanding any failure of essential purpose of any limited remedy.</b></p> <p><b>Any claim by State against Vendor relating to this Agreement must be made in writing and presented to Vendor within one (1) year after the date on which Vendor completes performance of the Services specified in this Contract.</b></p>



REQUEST FOR QUOTATION  
P-EBT Remote Call Center Services

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**11. MISCELLANEOUS:**

**11.1. Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

**Contract Manager:** Loretta Charles  
**Telephone Number:** 703.251.8500  
**Fax Number:** 703.251.5800  
**Email Address:** hsproposals@maximus.com