

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: 12-11-2020

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

Procurement Folder: Order Number: CMA 0212 0212 DEBT19B 4 526960 DEBT19B -Statewide Contract for Debt Collection Services Reason for Modification: Document Name: CO#3: Issued to renew the original contract per the Change Order No. 03 **Document Description:** attached documents. Original Folder: 510637 **Procurement Type:** Central Master Agreement **Buyer Name:** Telephone: Email: **Best Way Effective Start Date:** 2019-01-01 Shipping Method: 2021-12-31 Free on Board: FOB Dest, Freight Prepaid **Effective End Date:**

	VENDOR				DEPARTMENT CONTACT
Vendor Customer Code: PENN CREDIT CORP 2800 COMMERCE DR	000000126266			Requestor Name: Requestor Phone: Requestor Email:	Mark Atkins (304) 558-2307 mark.a.atkins@wv.gov
HARRISBURG US	f	PA	17110		
Vendor Contact Phone:	999-999-9999	Extension:			
Discount Details:					
Discount Allowed	Discount Percer	ntage Disc	ount Days		
#1 No	0.0000	0		_1	
#2 No					
#3 No					
#4 No					

INVOICE TO			SHIP TO
ALL STATE AGENCIES		STATE OF WEST VIRGIN	IIA
VARIOUS LOCATIONS AS I	VARIOUS LOCATIONS AS INDICATED BY ORDER		S INDICATED BY ORDER
No City	WV 99999	No City	WV 99999
us		us	

AGENCY COPY

Total Order Amount:

Open End

MA 01/06/2021

PURCHASING DIVISION AUTHORIZATION

DATE:

ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE:
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: Beverly Toler

ELECTRONIC SIGNATURE ON FILE

JAN 1 4 2021

JAN 07 2021

Date Printed: Dec 11, 2020 Order Number: CMA 0212 0212 DEBT19B 4

Page:

FORM ID: WV-PRC-CMA-002 2020/01

Extended Description:

CHANGE ORDER:

Change Order No. 03 is 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 01/01/2021 through 12/31/2021.

Renewal Years Remaining: (1)

NO OTHER CHANGES

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	84101704				0.000000
	Service From	Service To			
	2019-01-01	2021-12-31			

Commodity Line Description:

Debt Collection - Colleges and Universities

Extended Description:

Colleges and Universities Type of Account - Per Debt % of Amount Collected - 5.89%See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	84101704				0.000000
	Service From	Service To			
	2019-01-01	2021-12-31		W	

Commodity Line Description:

Debt Collection - Workers' Compensation

Extended Description:

Workers' Compensation Type of Account - Default Account% of Amount Collected - 5.89%. See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	84101704				0.000000
	Service From	Service To			
	2019-01-01	2021-12-31			

Commodity Line Description:

Debt Collection - WV Department of Tax and Revenue

Extended Description:

WV Department of Tax and Revenue Type of Account - New Accounts% of Amount Collected - 4.74%See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	84101704				0.000000
	Service From	Service To			
	2019-01-01	2021-12-31			

Commodity Line Description:

Debt Collection - WV Department of Tax and Revenue

Extended Description:

WV Department of Tax and Revenue Type of Account - Levy Account% of Amount Collected - 4,74%See attached Usage Schedule prior to issuing delivery order.

Page: 2 FORM ID: WV-PRC-CMA-002 2020/01

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	84101704				0.00000
	Service From	Service To			
	2019-01-01	2021-12-31			

Commodity Line Description:

Debt Collection - Div. of Environmental Protection

Extended Description:

Div. of Environmental ProtectionType of Account - Per Debt% of Amount Collected - 5.89%See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	84101704				0.000000
	Service From	Service To			
	2019-01-01	2021-12-31			

Commodity Line Description:

Debt Collection - Other Spending Units

Extended Description:

Other Spanding Units Type of Account - Per Debt % of Amount Collected - 5.89%See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	84101704				0.000000
	Service From	Service To			
	2019-01-01	2021-12-31			

Commodity Line Description:

Debt Collection - Rate of Second Placement

Extended Description:

Rate of Second Placement Type of Account - Per Debt% of Amount Collected - 11.00%See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	84101704				0.000000
	Service From	Service To			
	2019-01-01	2021-12-31			

Commodity Line Description:

Debt Collection - Rate of Second Placement - Colleges

Extended Description:

Rate of Second Placement Type of Account - Colleges % of Amount Collected - 11.00%See attached Usage Schedule prior to issuing delivery order.

FORM ID: WV-PRC-CMA-002 2020/01



ALLAN MCVEY
CABINET SECRETARY

STATE OF WEST VIRGINIA DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION

2019 WASHINGTON STREET, EAST CHARLESTON, WEST VIRGINIA 25305-0130

December 2, 2020

Mr. Dale Brumbach, Vice President of Client Relations Penn Credit Corporation 2800 Commerce Drive Harrisburg, PA 17110

Subject: WV Statewide Contract No.: DEBT19B

Dear Mr. Brumbach:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are January 01, 2021 through December 31, 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.

Also attached is an **Affidavit** that is to be part of the purchase order and is required to be signed, dated, and notarized and a copy of your expired **Certificate of Insurance**. Please submit the required Affidavit and COI with this renewal letter.

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.

Tom Fd / / Name/Signature

Title

Please call if you have any questions.

Very truly yours,

Senior Buyer, Statewide Contracts

West Virginia Department of Administration

Purchasing Division

Mark A. Atkins

2019 Washington Street, East

POB 50130

Charleston, WV 25305-0130

Phone: 304.558.2307 Fax: 304.558-4115

Email: Mark.A.Atkins@wv.gov

Attachments

W. MICHAEL SHEETS DIRECTOR

DEBT19 Contract Usage Schedule (Rev. 1/01/2021)

The statewide contract for Debt Collection is a progressive contract based on commodity line. Award is based on low bid to high bid for each line. If the low bidder cannot provide the needs for the Agency at the requested time, the next low bidder will be contacted. Each vendor will have 48 hours to determine if they are able to meet the Agency's needs.

Commodity Lines	First	First	Second	Third
1. Colleges and Universities	Debt19A	Debt19B	Debt19C	Debt19D
2. Workers' Compensation	Debt19A	Debt19C	Debt19D	Debt19B
3. WV Dept. of Tax and Rev New	Debt19A	Debt19B	Debt19D	Debt19C
4. WV Dept. of Tax and Rev Levy	Debt19A	Debt19B	Debt19C	Debt19E
5. DEP	Debt19A	Debt19B	Debt19C	Debt19D
6. Other Spending Units	Debt19A	Debt19B	Debt19C	Debt19D
7. Rate of Second Placement	Debt19A	Debt19E	Debt19B	Debt19C
8. Rate of Second Placement - Colleges	Debt19A	Debt19B	Debt19C	Debt19D

Contract	Vendor	Contract Manager	Phone Number	Email
	Quality Asset Recovery, LLC	Jack L. Highsmith, Jr.		ih@garcollect.com
DEBT19B	Penn Credit Corporation	Dale Brumbach	800-720-7293	dale.brumbach@penncredit.com
DEBT19C	ARS National Services	Phillip Prince	760-690-9362	Phillip.prince@arsnational.com
DEBT19D	I.C. System, Inc.	Karen Jonas	651-270-8393	kjonas@icsystem.com
DEBT19E	Pioneer Credit Recovery, Inc.	Chad Wilson	585-237-7037	Chad. Wilson@navient.com

PENNCRE-02



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/18/2020

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/les) must have ADDITIONAL INSURED provisions or be endorsed

PRODUCER Gallen Insurance, Inc. 2237 Lancaster Pike Shillington, PA 19807					CONTACT Amy Pertschi PHONE (AC, No, Ext): (610) 777-4123 EMAC, No, Ext): (610) 777-4123 EMAC, No, Ext): (610) 777-4123				
							RDING COVERAGE	NAIC#	
					INSURER A : Cincint	lati insuran	ice Company	10677	
Mar	JRED				INSURER B :				
Penn Credit Corporation 2800 Commerce Drive Harrisburg, PA 17110					INSURER C:		· · · · · · · · · · · · · · · · · · ·		
					INSURER D:				
					INSURER F:				
2	VERAGES CER	TIEN	ΔΤΙ	E NUMBER:	mounter.		REVISION NUMBER:		
T IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S O EQUI PER	F INS REM TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF ANY CONTRAI DED BY THE POLICI BEEN REDUCED BY	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPECT T	O WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	1,000,000	
	CLAIMS-MADE X OCCUR	x		EPP0502135	8/19/2020	8/19/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	500,000	
							MED EXP (Any one person) \$	10,000	
							PERSONAL & ADV INJURY \$	Excluded	
	GEN'L AGGREGATE LIMIT APPLIES PER:					1	GENERAL AGGREGATE \$	2,000,000	
	POLICY X PRO-						PRODUCTS - COMP/OP AGG \$	2,000,000	
_	OTHER:						COMPAND CANCEL I MET	4 000 000	
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	1,000,000	
	X ANY AUTO			EBA0520291	8/19/2020	8/19/2021	BODILY INJURY (Per person) \$		
	OWNED AUTOS ONLY SCHEDULED AUTOS ONLY NON-CONNED AUTOS ONLY						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per socident) \$		
	<u> </u>	_	ļ.,					10,000,000	
A	X UMBRELLA LIAB X OCCUR			EPP0502135	8/19/2020	8/19/2021	EACH OCCURRENCE \$	10,000,000	
	EXCESS LIAB CLAIMS-MADE			LFF 0502100	0117/2020	010/2021	AGGREGATE \$	10,000,000	
A	DED X RETENTIONS						X PER OTH-		
•	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		EWC0502191	8/19/2020	8/19/2021		1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						EL EACH ACCIDENT \$	1,000,000	
	if yes, describe under DESCRIPTION OF OPERATIONS below						EL DISEASE - EA EMPLOYEE \$	1,000,000	
_	DESCRIPTION OF OPERATIONS Delow						EL DISEASE - POLICY LIMIT \$		
Stat	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC e of West Virginia is included as Addition ficate holder where required in a written	mai l	nsun	ed with respect to Gener				for the	
CERTIFICATE HOLDER					CANCELLATION				
							ESCRIBED POLICIES BE CANCE IEREOF, NOTICE WILL BE I Y PROVISIONS.		
	State of West Virginia Purchasing Division, Bidg. 1 2019 Washington Street Eas Charleston, WV 25305				AUTHORIZED REPRESE				

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/06/2020

11/06/2020 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(les) 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). NAME: Angela Mackey PHONE (A/C, No, Ext): (717) 781-4800 E-4841 ADDRESS: amackey@gunnmowery.com (AC, No): (717) 761-6159 Gunn Mowery, LLC P O Box 900 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Lloyds of London Camp Hili PA 17001-0900 32727 INSURED INSURER 8 : Penn Credit Corp INSURER C: 2800 Commerce Dr. INSURER D : INSURER E : PA 17110 Harrisburg INSURER F: 20/21 Prof Liab **CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES** 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. ADDL SUBR TYPE OF INSURANCE **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTER TORENTED CLAIMS-MADE COCUR PREMISES (Es occurre MED EXP (Any one person) PERSONAL & ADV INJURY GENLAGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRODUCTS - COMPAOP AGG OTHER: MBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ AMV ALITTO OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) 2 AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY HURBER LATIAR OCCUR **EACH OCCURRENCE** EXCERS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In MM) ERMEMBER EXCLUDED? E.L. EACH ACCIDENT MIA E.L DISEASE - EA EMPLOYEE if yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Per Claim \$5,000,000 Professional Liability MPL1013919 11/01/2020 11/01/2021 Aggregate \$5,000,000 \$75,000 Deductible DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) State of West Virginia is an Additional Insured in respects to the E & O policy when required by written contract.

CERTIFICATE HOLDER

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

Charleston

WW 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

Charleston

WW 25305

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/20/2020

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(les) 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). CONTACT Angela Mackey PHONE (A/C, No, Ext): E-MA/L ADDRESS: Gunn Mowery, LLC (717) 761-4600 (717) 761-6159 P O Box 900 INSURER(S) AFFORDING COVERAGE NAIC# PA 17001-0900 Camp Hill **Ascot insurance Company** 23752 INSURER A: INSURED Axis Insurance Company 37273 INSURER 8: Penn Credit Corp INSURER C: 2800 Commerce Dr. INSURER D : INSURER E : PA 17110 Harrisburg INSURER F : 20/21 cyber & excess cybe **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. appreame TYPE OF INSURANCE INSO WYD POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE **OCCUR** MED EXP (Any one person) \$ PERSONAL & ADV INJURY GEN'LAGGREGATE LIMIT APPLIES PER: GENERALAGGREGATE PRO-JECT POLICY PRODUCTS - COMPIOP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) S \$ UNBRELLA LIAB **OCCUR** EACH OCCURRENCE 08/19/2020 08/19/2021 EOXS2010000119-01 X EXCESS LIAB CLAIMS-MADE AGGREGATE 5,000,000 Excess cyber DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Cyber Liability P-001-000397798-01 08/19/2020 08/19/2021 **Policy Limit** \$5,000,000 B \$15,000 Retention DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Formatics Schedule, may be attached if more space is required) State of West Virginia is an Additional Insured as respects to Cyber Coverage when required by written contract.

CERTIFICATE HOLDER	CANCELLATION		
State of West Virginia Purchasing Division, Bidg 15 2019 Washington Street East	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	RE	
	25305 AUTHORIZED REPRESENTATIVE AUGUST S. Mackey		