



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: 01-04-2021

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 DEBT19C 4	Procurement Folder:	526770
Document Name:	DEBT19C -Statewide Contract for Debt Collection Services	Reason for Modification:	
Document Description:	Change Order No. 03 Original Folder: 510637	CO#3: Issued to renew the original contract per the attached documents.	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:		Effective Start Date:	2018-01-01
Shipping Method:	Best Way	Effective End Date:	2021-12-31
Free on Board:	FOB Dest, Freight Prepaid		

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VS0000017684 ARS NATIONAL SERVICES INC 201 W Grand Ave Escondido CA 92025-2803 US Vendor Contact Phone: 7606909362 Extension:	Requestor Name: Mark Atkins Requestor Phone: (304) 558-2307 Requestor Email: mark.a.atkins@wv.gov																				
Discount Details:																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Discount Allowed</th> <th>Discount Percentage</th> <th>Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>No</td> <td>0.0000</td> <td>0</td> </tr> <tr> <td>#2</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td>No</td> <td></td> <td></td> </tr> </tbody> </table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			
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#1	No	0.0000	0																		
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#4	No																				

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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MA 01/06/2021

PURCHASING DIVISION AUTHORIZATION
<i>Tara Hyle</i>
DATE:
ELECTRONIC SIGNATURE ON FILE 7 2021

ATTORNEY GENERAL APPROVAL AS TO FORM
<i>John D. Gray</i>
DATE:
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
<i>Beverly Tolson</i>
DATE:
ELECTRONIC SIGNATURE ON FILE

1/13/2021

Extended Description:

CHANGE ORDER:

Change Order No. 03 is issue 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 - 5.98 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			

Commodity Line Description: Debt Collection - Workers' Compensation

Extended Description:

Workers' Compensation Type of Account - Default Account% of Amount Collected - 4.59%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 - 4.98% 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 - 5.00% See attached Usage Schedule prior to issuing delivery order.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	84101704				0.000000
	Service From	Service To			
	2019-01-01	2021-12-31			

Commodity Line Description: Debt Collection - Div. of Environmental Protection

Extended Description:

Div. of Environmental Protection Type of Account - Per Debt % of Amount Collected - 5.98% 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 Spending Units Type of Account - Per Debt % of Amount Collected - 5.98% 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.



ALLAN MCVEY
CABINET SECRETARY

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

W. MICHAEL SHEETS
DIRECTOR

December 2, 2020

Mr. Phillip Prince, Director of Business Development Government
ARS National Services, Inc.
201 Grand Avenue
Escondido, CA 92025

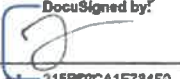
Subject: WV Statewide Contract No.: DEBT19C

Dear Mr. Prince:

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.

 DocuSigned by: Name: <u>Mark A. Atkins</u>	12/16/2020 Date
CEO Title	

Please call if you have any questions.

Very truly yours,

Mark A. Atkins

Senior Buyer, Statewide Contracts
West Virginia Department of Administration
Purchasing Division
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

**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
DEBT19A	Quality Asset Recovery, LLC	Jack L. Highsmith, Jr.	856-925-1010 ext. 126	jh@garecollect.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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/05/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego, CA 92186	CONTACT NAME: Mary Jones PHONE (A/C, No, Ext): 858-587-7516 FAX (A/C, No): 858-909-9616 E-MAIL ADDRESS: Mary.Jones@marshmma.com <hr/> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : Atlantic Specialty Insurance Company</td> <td>27154</td> </tr> <tr> <td>INSURER B : NOVA Casualty Company</td> <td>42552</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Atlantic Specialty Insurance Company	27154	INSURER B : NOVA Casualty Company	42552	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															
INSURED ARS National Services, Inc. 201 W. Grand Ave. Escondido, CA 92025															

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			7120089390002	05/03/2020	05/03/2021	EACH OCCURRENCE	\$1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000					
		MED EXP (Any one person)	\$1,000,000					
		PERSONAL & ADV INJURY	\$1,000,000					
		GENERAL AGGREGATE	\$2,000,000					
		PRODUCTS - COMP/OP AGG	\$2,000,000					
			\$					
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			7120089390002	05/03/2020	05/03/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		BODILY INJURY (Per person)	\$					
		BODILY INJURY (Per accident)	\$					
		PROPERTY DAMAGE (Per accident)	\$					
			\$					
A	X 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			7120089390002	05/03/2020	05/03/2021	EACH OCCURRENCE	\$10,000,000
		AGGREGATE	\$10,000,000					
			\$					
			\$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			BBWWK1000068600	05/03/2020	05/03/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
		E.L. EACH ACCIDENT	\$1,000,000					
		E.L. DISEASE - EA EMPLOYEE	\$1,000,000					
		E.L. DISEASE - POLICY LIMIT	\$1,000,000					
A	Property			7120089390002	05/03/2020	05/03/2021	BPP \$2,075,000 EDP \$6,775,000 B/EE \$10,350,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The State of West Virginia is named as additional insured per the attached; see evidence of Professional Liability and Cyber Coverage. 30 day notice of cancellation requested and to follow.

CERTIFICATE HOLDER State of West Virginia	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
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