



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: 2020-03-17

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 SWC0000000056	Procurement Folder: 441449
Document Name: HOUSE18	Reason for Modification:
Document Description: Statewide Contract for Housekeeping Supplies	Change Order No. 02 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.
Procurement Type: Statewide MA (Open End)	
Buyer Name: April E Battle	
Telephone: (304) 558-0067	
Email: april.e.battle@wv.gov	
Shipping Method: Best Way	Effective Start Date: 2018-05-01
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2021-04-30

VENDOR	DEPARTMENT CONTACT
Vendor Customer Code: 000000206075 LIBERTY DISTRIBUTORS INC PO BOX 498  TRIADELPHIA WV 26059  US Vendor Contact Phone: (304) 547-0414 Extension: Discount Percentage: 0.0000 Discount Days: 0	Requestor Name: Mark Atkins Requestor Phone: (304) 558-2307 Requestor Email: mark.a.atkins@wv.gov

INVOICE TO	SHIP TO
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER  No City WV 99999  US	STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER  No City WV 99999  US

Total Order Amount	Open End
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**AGENCY COPY**

PURCHASING DIVISION AUTHORIZATION SIGNED BY: <i>Tara Hyle</i> DATE: <i>MAR 17 2020</i> ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM SIGNED BY: <i>[Signature]</i> DATE: <i>3/18/2020</i> ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION SIGNED BY: <i>Beverly Tolson</i> DATE: <i>MAR 19 2020</i> ELECTRONIC SIGNATURE ON FILE
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**Extended Description:**

**CHANGE ORDER**

Change Order No. 02 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 05/01/2020 through 04/30/2021.

Renewals Remaining: 1 year

No Other Changes

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	47131801			EA	\$0.000000
	<b>Service From</b>	<b>Service To</b>			

**Commodity Line Description:** Statewide Housekeeping Supplies

**Extended Description:**

Housekeeping Supplies for Various State Agencies and Political Subdivisions



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

March 10, 2020

Mr. Mark Peluchette, President  
Liberty Distributors, Inc.  
6015 National Road  
Triadelphia, WV 26059

Subject: WV Statewide Contract No.: SWC0000000056 (HOUSE18) Housekeeping Supplies

Dear Mr. Peluchette:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are May 01, 2020 through April 30, 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](mailto:Mark.A.Atkins@wv.gov).

Attached is an Affidavit that is to be part of the purchase order and is required to be signed, dated, and notarized.

You will also need to provide a copy of your Commercial General Liability Insurance with \$250,000.00 minimum coverage and Automobile Liability Insurance with \$250,000.00 minimum coverage. The State of WV must be included as an Additional Insured and Certificate Holder for the listed coverages per Section 8 of the General Terms and Conditions of the Contract.

*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.*

<u>Stephen Shallcross</u>	<u><i>Stephen Shallcross</i></u>	<u>Purchasing</u>	<u>3/16/2020</u>
Name	Signature	Title	Date

Please call if you have any questions.

Very truly yours,

*Mark A. Atkins*

Senior Buyer, WVPBC  
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](mailto:Mark.A.Atkins@wv.gov)

Attachment(s):



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/25/2019

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 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> <b>Paul Associates</b> <b>1311 Chapline Street</b> <b>P. O. Box 990</b> <b>Wheeling, WV 26003-0123</b>		<b>CONTACT NAME:</b> <b>PHONE (A/C No, Ext): 304.233.3303</b> <b>FAX (A/C No): 304.233.3333</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b>	
<b>INSURED</b> <b>LIBERTY DISTRIBUTORS INC; L D REALTY LLC;</b> <b>L D REALTY LLC;</b> <b>PO BOX 498</b> <b>TRIADELPHIA, WV 26059</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A: State Auto Property &amp; Casualty</b> <b>25127</b> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 2019 - 2020

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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Waiver of Subro <input checked="" type="checkbox"/> Additional Insured GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		X	BBP2812937	11/24/2019	11/24/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		X	BAP2464734	11/24/2019	11/24/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$		X	PBP2812937	11/24/2019	11/24/2020	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCP2253683	11/24/2019	11/24/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<b>LEASED/RENTED EQUIPMENT</b>			PBP2812937	11/24/2019	11/24/2020	\$126,000 ACV LIMIT \$1,000 DEDUCTIBLE

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

**CERTIFICATE HOLDER****CANCELLATION**

STATE OF WV PURCHASING DIVISION  
 2019 WASHINGTON STREET E  
 CHARLESTON, WV 25305

AUTHORIZED REPRESENTATIVE

Matthew F. Wood MSK

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