

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: 690904 CMA 0212 0212 LDPHONE19A 2 Order Number: Reason for Modification: LDPHONE19A: STATEWIDE CONTRACT: Long Distance Telephone Svcs **Document Name:** Change Order No. 01 is issued to renew the original Document Description: Change Order No. 01: Contract Renewal contract according to all terms, conditions, prices and specifications contained in the original contract Statewide MA (Open End) including all authorized change orders. Procurement Type: **Buyer Name:** Telephone: Emall: **Effective Start Date:** 2020-02-01 Shipping Method: **Best Way Effective End Date:** 2022-01-31 FOB Dest, Freight Prepaid Free on Board:

VENDOR				DEPARTMENT CONTACT			
Vendor Customer Code: 000000181018 TOUCHTONE COMMUNICATIONS INC 16 S JEFFERSON RD				Requestor Name: Requestor Phone: Requestor Email:	Andrew Lore (304) 957-8267 andrew.c.lore@wv.gov		
WHIP US	PANY	NJ	J 07981-1047				
	lor Contact Phone:	973-739-9300 Ex	xtension:				
DIRC	ount Details:			1			
				- [
	Discount Allowed	Discount Percents					
#1	No	Discount Percente 0.0000	age Discount Days	-			
#1							
#1 #2 #3	No						

INVOICE TO)		SHIP TO				
VARIOUS AGENCY LOCATIONS		STATE OF WEST VIRGIN	ēlA .				
AS INDICATED BY ORDER		VARIOUS LOCATIONS AS INDICATED BY ORDER					
No City	WV 99999	No City	WV 99999				
us		us					

AGENCY CO Dital Order Amount: Open End

PURCHASING DIVISION AUTHORIZATION

DATE:

ELECTRONIC SIGNATURE ON FILE 2021

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE:

ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

ELECTRONIC SIGNATURE ON FILE

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

Extended Description:

STATEWIDE CONTRACT:

CHANGE ORDER No. 01

Change Order No. 01 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 02/01/2021 through 01/31/2022.

Renewal Years Remaining: (1)

NO OTHER CHANGES

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	83111502				0.000000
	Service From	Service To			
	2020-02-01	2022-01-31			

Commodity Line Description:

Long Distance Telephone Service

Extended Description:

See attached Pricing Pages for contract pricing.

Date Printed: Dec 11, 2020 Order Number: CMA 0212 0212 LDPHONE19A 2

Page: 2

ALLAN MCVEY CABINET SECRETARY

STATE OF WEST VIRGINIA DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION

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

December 07, 2020

Mr. Kent McMillion, President TouchTone Communications, Inc. POB 12230 Charleston, WV 25302

Subject: WV Statewide Contract No.: CMA 0212 LDPHONE19A

Dear Mr. McMillion:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are February 01, 2021 through January 31, 2022. 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.

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.

Gary Glodek Print Name

Please call if you have any questions.

Very truly yours,

Senior Buyer, Statewide Contracts

West Virginia Department of Administration

Purchasing Division

Mark A Athine

2019 Washington Street, East

POB 50130

Charleston, WV 25305-0130

Phone: 304.558.2307 Fax: 304.558-4115

Email: Mark.A.Atkins@wv.gov

Attachment

W. MICHAEL SHEETS DIRECTOR

TOUCH17

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

Client#: 112925

DATE (MM/DD/YYYY) 12/08/2020

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).

th	nis certificate does not confer any rig	hts to the	certificate holder in lieu	of such	endorsemer	nt(s).					
PRODUCER				CONTACT NAME:							
InsureZone.com of Texas Inc					PHONE (A/C, No, Ext): 866 243-5934 FAX (A/C, No):						
) Bailey Ave., Ste 150			E-MAIL ADDRE	SS:						
Fo	Fort Worth, TX 76107				INSURER(S) AFFORDING COVERAGE				NAIC#		
866	5 243-5934			INSURER A : Federal insurance Company							
INSURED TouchTone Communications					INSURER B : Chubb Insurance Company of New Jersey						
					INSURER C:						
				INSURE							
	16 South Jefferson Rd		INSURER E:								
	Whippany, NJ 07981			INSURER F:							
CO	VERAGES CER	TIFICATE	NUMBER:	moon			REVISION NUM	BER:			
TI IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN. 1	T, TERM OR CONDITION OF THE INSURANCE AFFORDE	FANY DBY TI	CONTRACT OF HE POLICIES N REDUCED (R OTHER DOI DESCRIBED I BY PAID CLAI	CUMENT WITH R HEREIN IS SUBJE	ESPECI	10 WHI	ICH THIS	
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	SENING-WINE 50 SESSI						MED EXP (Any one p		s10,00	00	
							PERSONAL & ADV II	NJURY	s1,000	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	ATE	s2,000	0,000	
	POLICY PRO-						PRODUCTS - COMP	OP AGG	s1,000,000		
	OTHER:		73518731		10/15/2020	10/15/2021		COMBINED SINGLE LIMIT 4 AG		000	
Α	AUTOMOBILE LIABILITY		13516131		10/15/2020	10/13/2021	(Ea accident) BODILY INJURY (Per	r nerson)	\$1,000,000		
	ANY AUTO OWNED SCHEDULED										
	AUTOS ONLY AUTOS						PROPERTY DALLAGE		s		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					(Per accident)	s				
_					4014010004						
В	X UMBRELLA LIAB X OCCUR		79814145		10/15/2020	10/15/2021			s5,000		
	EXCESS LIAB CLAIMS-MADE	1					AGGREGATE		s5,000	0,000	
	DED RETENTIONS WORKERS COMPENSATION						PER	-HTO	\$		
	AND EMPLOYERS' LIABILITY V/N						STATUTE	ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A							\$		
							E.L. DISEASE - EA EMPLOYEE \$				
DESCRIPTION OF OPERATIONS below		l					E.L. DISEASE - POLI	CYLIMIT	\$		
Cer	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC tificate holder is shown as additi	cLES (ACORE onal insu	9 101, Additional Remarks Schedured as their interest m	ule, may t	e attached if mo	re space is requi	red)				
CFE	RTIFICATE HOLDER			CANC	ELLATION						
STATE OF WEST VIRGINA CAPITOL COMPLEX 1900 KANAWHA BLVD E BLDG 5 10FL Charleston, WV 25305				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							
				John F. Pergande							

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