

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: 2019-04-17

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

DEPARTMENT CONTACT

Order Number: CMA 0212 0212 LIGHT18 Procurement Folder: 444708 Reason for Modification: Document Name: Statewide contract for Light bulbs and Ballasts CO#2 is issued to renew the original contract from 05/01/2019 thru 04/30/2020. No Other Changes Document Description: Change Order No. 2 Procurement Type: Central Master Agreement Buyer Name: Mark A Atkins Telephone: (304) 558-2307 Email: mark.a.atkins@wv.gov Effective Start Date: 2018-05-01 Shipping Method: Best Way Free on Board: FOB Dest, Freight Prepaid Effective End Date: 2020-04-30

VENDOR

Vendor Customer Code: 000000200158

WV ELECTRIC SUPPLY CO

250 12th Street West

WV 25704

Huntington

US Vendor Contact Phone: (304) 255-5067

Extension:

Discount Percentage: 0.0000 Discount Days: 0

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

AGENCY COP

Total Order Amount

Requestor Name: Guy Nisbet

Requestor Phone: (304) 558-2596

Requestor Email: guy.l.nisbet@wv.gov

Open End

MA 04/17/2019

PURCHASING DIVISION AUTHORIZATION

SIGNED BY:

DATE:

ELECTRONIC SIGNATURE ON FILE PR 1

ATTORNEY GENERAL APPROVAL AS TO FORM

SIGNED BY

DATE:

ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

SIGNED BY:

DATE:

ELECTRONIC SIGNATURE ON FILE

Page:

FORM ID: WV_PRC_CMA_001 8/14

Beverly Toler

Extended Description:

Change Order No. 2

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 05/01/2019 through 04/30/2020.

Renewals Years/Months Remaining: 2 years

No Other Changes

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	39100000			EA	\$0.000000
	Service From	Service To			

Commodity Line Description: LIGHT BULBS & BALLAST

Extended Description:

See Vendors submitted Catalog Price Book as attached.

 Date Printed:
 Apr 17, 2019
 Order Number:
 LIGHT18
 Page: 2
 FORM ID: WV_PRC_CMA_001
 8/14



ALLAN MCVEY CABINET SECRETARY

STATE OF WEST VIRGINIA **DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION**

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

March 11, 2019

W. MICHAEL SHEETS DIRECTOR

Ms. Erin Jones, Branch Manager WV Electric Supply Company 250 12th Street West Huntington, WV 25704

Subject: WV Statewide Contract No.: LIGHT18

Dear Ms. Jones:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are May 01, 2019 through April 30, 2020. If your company agrees to this renewal, please sign below and return the original to my attention as soon as possible.

Also attached is an Affidavit that is to be part of the purchase order and is required to be signed and dated.

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.

Name/Signature

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 304.558-4115

Email: Mark.A.Atkins@wv.gov

Attachment



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/21/2018

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.

dba insurance Systems 1 Insurance Way; PO Box 10 Ona WV 25545 ADDRESS: tara.shoemaker@assuredpartners.com tara.shoemaker@assuredpartners.com tara.shoemaker@assuredpartners.com NA	ASSUREDPORT NO CONTROL OF THE POLICIES OF INSURANCE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ASSURED NO COMBRETAL LIABILITY ACMM3627286 ADMRESS. Gran. Shoremaker@assuredpartners.com INSURER 1: (304) 736-2222 FAX. (304) 3 (PHONE FACE FAX F	AssuredPar dba insuran 1 Insurance Ona	•								
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ridence of Insurance		E.L. DISEASE - POLICY LIMIT \$ 1,000,000			S (ACO	RD 101	, Additional Remarks Schedule, n	nay be attached if more sp	ace is required)			
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Dara Shormaker

Charleston

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