



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: 01-12-2021

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 MAILMCHN18B 5	Procurement Folder:	424550
Document Name:	CO#3: Statewide Contract for Mailing Machines	Reason for Modification:	Change Order No. 3: Renewal of contract from 02/15/2021 to 02/14/2022. Effective Date 02/15/2021 Renewals Remaining: (0)
Document Description:	Statewide Contract for Mailing Machines		
Procurement Type:	Statewide MA (Open End)		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2018-02-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2022-02-14

VENDOR		DEPARTMENT CONTACT	
Vendor Customer Code:	000000101263	Requestor Name:	Mark Atkins
PITNEY BOWES INC PO BOX 371896		Requestor Phone:	(304) 558-2307
PITTSBURGH PA 152507896 US		Requestor Email:	mark.a.atkins@wv.gov
Vendor Contact Phone:	999-999-9999 Extension:		
<b>Discount Details:</b>			
	Discount Allowed	Discount Percentage	Discount Days
#1	No	0.0000	0
#2	No		
#3	No		
#4	No		

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

**AGENCY COPY**

Total Order Amount:	Open End
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*MA 01/12/2021*

**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *Tara Hines*  
 ELECTRONIC SIGNATURE ON FILE *JAN 14 2021*

**ATTORNEY GENERAL APPROVAL AS TO FORM**  
 DATE: *John S. Gray*  
 ELECTRONIC SIGNATURE ON FILE *1/20/2021*

**ENCUMBRANCE CERTIFICATION**  
 DATE: *Beverly Tolson*  
 ELECTRONIC SIGNATURE ON FILE *JAN 21 2021*

**Extended Description:**

Change Order #03

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 02/15/2021 through 02/14/2022.

Renewals Remaining: (0)

All provisions of the original Contract and subsequent Change Orders not modified herein shall remain in full force and effect.

**NO OTHER CHANGES**

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	44102100			EA	0.000000
	<b>Service From</b>	<b>Service To</b>			

**Commodity Line Description:** Pitney Bowes SendPro P1000

**Extended Description:**

See attached Exhibit A Pricing Page for pricing information.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	44102100			EA	0.000000
	<b>Service From</b>	<b>Service To</b>			

**Commodity Line Description:** Pitney Bowes SendPro P2000

**Extended Description:**

See attached Exhibit A Pricing Page for pricing information.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	44102100			EA	0.000000
	<b>Service From</b>	<b>Service To</b>			

**Commodity Line Description:** Pitney Bowes SendPro P3000

**Extended Description:**

See attached Exhibit A Pricing Page for pricing information.



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 07, 2020

Mr. Russell Rodd, Director Government Accounts-East Region  
Pitney Bowes  
27 Waterview Dr.  
Shelton, CT 06484

Subject: WV Statewide Contract No.: CMA 0212 MAILMCHN18B

Dear Mr. Rodd:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are February 15, 2021 through February 14, 2022. 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.

You will also need to provide a copy of your Certificate of General Liability Insurance with \$500,000.00 minimum coverage and listing the State of WV as the Certificate Holder 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>Susan Lopinsky</u> Print Name	<u><i>Susan Lopinsky</i></u> Signature	<u>21-08-21</u> Date
<u>WV Government Account Manager</u> 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](mailto:Mark.A.Atkins@wv.gov)

Attachment



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/08/2021

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

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C No, Ext):</b> 1-877-945-7378 <b>FAX (A/C No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC#</th> </tr> </thead> <tbody> <tr> <td>INSURER A: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B: Commerce &amp; Industry Insurance Company</td> <td>19410</td> </tr> <tr> <td>INSURER C: Indemnity Insurance Company of North Ameri</td> <td>43575</td> </tr> <tr> <td>INSURER D: ACE Fire Underwriters Insurance Company</td> <td>20702</td> </tr> <tr> <td>INSURER E: Steadfast Insurance Company</td> <td>26387</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC#	INSURER A: ACE American Insurance Company	22667	INSURER B: Commerce & Industry Insurance Company	19410	INSURER C: Indemnity Insurance Company of North Ameri	43575	INSURER D: ACE Fire Underwriters Insurance Company	20702	INSURER E: Steadfast Insurance Company	26387	INSURER F:
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<b>INSURED</b> Pitney Bowes Inc. Attn: Susan Ciliberti 3001 Sumner Street Stamford, CT 06926															

### COVERAGES

CERTIFICATE NUMBER: W19814933

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		HDO G71237837	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		ISA H25296461	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		18895761	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> No N/A	WLRC66920574 (AOS)	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	<b>Workers Compensation and Employers' Liability</b> Per Statute		WLR C66920537 (AZ,CA,MA)	07/01/2020	07/01/2021	E.L. Each Accident \$2,000,000 E.L. Disease-Ea Emp. \$2,000,000 E.L. Disease Policy \$2,000,000

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

SEE ATTACHED

### CERTIFICATE HOLDER

### CANCELLATION

State of West Virginia Purchasing Division 2019 Washington Street, East Charleston, WV 25305-0130	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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Pitney Bowes Inc.	
POLICY NUMBER See Page 1		Attn: Susan Ciliberti 3001 Summer Street Stamford, CT 06926	
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1	

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: ACE Fire Underwriters Insurance Company NAIC#: 20702  
 POLICY NUMBER: SCF C66920653 (WI)      EFF DATE: 07/01/2020      EXP DATE: 07/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation and	E.L. Each Accident	\$2,000,000
Employers' Liability	E.L. Disease-Ea Emp.	\$2,000,000
Per Statute	E.L. Disease Policy	\$2,000,000

INSURER AFFORDING COVERAGE: Steadfast Insurance Company NAIC#: 26387  
 POLICY NUMBER: SXS 3221168-00      EFF DATE: 07/01/2020      EXP DATE: 07/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Business Auto	Limit:	\$1M xs \$2M