

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: 2020-02-24

Order Number: CMA 0212 0212 SECSVS19 Procurement Folder: 566035 Reason for Modification: Document Name: SECSVS19 - Security Guard Services CO#01: Issued to renew the original contract per the Document Description: SECSVS19 - Security Guard Services Original Folder: 541745 Procurement Type: Statewide MA (Open End) Buyer Name: Mark A Atkins Telephone: (304) 558-2307 Email: mark.a.atkins@wv.gov Effective Start Date: 2019-05-01 Shipping Method: Best Way Free on Board: FOB Dest, Freight Prepaid Effective End Date: 2021-04-30

Vendor Customer Code: 000000216853 G4S SECURE SOLUTIONS USA INC. 2333 MACCORKLE AVE STE 200

SAINT ALBANS

WV 251772073

US

Vendor Contact Phone: (304) 727-4608

Extension: 304

Discount Percentage: 0.0000 Discount Days: 0

Requestor Name: Mark A Atkins

Requestor Phone: (304) 558-2307

Requestor Email: mark.a.atkins@wv.gov

ALL STATE AGENCIES

STATE OF WEST VIRGINIA

VARIOUS LOCATIONS AS INDICATED BY ORDER

INVOICE TO

VARIOUS LOCATIONS AS INDICATED BY ORDER

No City

WV 99999

No City

WV 99999

US

US

AGENCY COPY

Total Order Amount

Open End

PURCHASING DIVISION AUTHORIZATION

SIGNED BY:

DATE:

ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

SIGNED BY: DATE

ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

SIGNED BY:

DATE:

ELECTRONIC SIGNATURE ON FILE

Date Printed: Feb 24, 2020

Order Number:

FORM ID: WV_PRC_CMA_001 8/14

Extended Description:

STATEWIDE CONTRACT: Security Guard Services

CHANGE ORDER:

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 05/01/2020 through 04/30/2021.

Renewal Years Remaining: (2)

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

NO OTHER CHANGES

For all orders, State agencies must submit a CDO (Central Delivery Order) and a Security Guard Request Form to the Purchasing Division for processing.

Note: If the vendor is unable to provide a security guard at the requested skill level, the vendor shall supply a security guard with a higher skill level at the original requested skill level hourly billing rate. Providing a security guard with a lower skill level than that requested is not permitted.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	92121504			HOUR	\$14.500000
	Service From	Service To			

Commodity Line Description: Region 1 - Limited Assignment Personnel

Extended Description:

Region 1 - Limited Assignment Personnel

Line Co	ommodity Code	Manufacturer	Model No	Unit	Unit Price
2 92	2121504			HOUR	\$14.500000
Se	ervice From	Service To			

Commodity Line Description: Region 1 - Probationary Guard I

Extended Description:

Region 1 - Probationary Guard I

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	92121504			HOUR	\$14.500000
	Service From	Service To			

Commodity Line Description: Region 1 - Security Guard II

Extended Description:

Region 1 - Security Guard II

		Manufacturer	Model No	Unit	Unit Price
4 921	121504			HOUR	\$14.500000
Sei	ervice From	Service To			

Commodity Line Description: Region 1 - Security Guard III - Shift Supevisor

Extended Description:

Region 1 - Security Guard III - Shift Supevisor

Date Printed: Feb 24, 2020 *Order Number: SECSVS19 Page: FORM ID: WV_PRC_CMA_001 8/14

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	92121504			HOUR	\$14.500000
	Service From	Service To			

Commodity Line Description: Region 1 - Sergeant

Extended Description: Region 1 - Sergeant

	Manufacturer	Commodity Code	Line
\$14.500000		92121504	6
	Service To	Service From	
_	Service To	Service From	

Commodity Line Description: Region 1 - Lieutenant

Extended Description: Region 1 - Lieutenant

HOUR	\$14.500000
	HOUR

Commodity Line Description: Region 2 - Limited Assignment Personnel

Extended Description:

Region 2 - Limited Assignment Personnel

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	92121504			HOUR	\$14.500000
	Service From	Service To			

Commodity Line Description: Region 2 - Probationary Guard I

Extended Description:

Region 2 - Probationary Guard I

mmodity Code	Manufacturer	Model No	Unit	Unit Price
121504			HOUR	\$14.500000
rvice From	Service To			
1	21504	21504	21504	21504 HOUR

Commodity Line Description: Region 2 - Security Guard II

Extended Description: Region 2 - Security Guard II

Date Printed: Feb 24, 2020 Order Number: SECSVS19 Page: 3 FORM ID: WV_PRC_CMA_001 8/14

Commodity Code Manufacturer	Model No	Unit	Unit Price
92121504		HOUR	\$14.500000
Service From Service To			
Service From Service To			

Commodity Line Description: Region 2 - Security Guard III - Shift Supevisor

Extended Description:

Region 2 - Security Guard III - Shift Supevisor

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
11	92121504			HOUR	\$14.500000
-	Service From	Service To			

Commodity Line Description: Region 2 - Sergeant

Extended Description: Region 2 - Sergeant

HOUR	\$14.500000
	HOUR

Commodity Line Description: Region 2 - Lieutenant

Extended Description: Region 2 - Lieutenant

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
13	3 92121504				\$14.500000
	Service From	Service To			

Commodity Line Description: Region 3 - Limited Assignment Personnel

Extended Description:

Region 3 - Limited Assignment Personnel

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
14	92121504			HOUR	\$14.500000
	Service From	Service To			

Commodity Line Description: Region 3- Probationary Guard I

Extended Description: Region 3 - Probationary Guard I

Date Printed: Feb 24, 2020 Order Number: SECSVS19 Page: 4 Throw FORM ID: WV_PRC_CMA_001 8/14

	Manufacturer		
1504		HOUR	\$14.500000
ice From	Service To		
			ce From Service To

Commodity Line Description: Region 3 - Security Guard II

Extended Description: Region 3 - Security Guard II

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
16	92121504			HOUR	\$14.500000
	Service From	Service To			

Commodity Line Description: Region 3 - Security Guard III - Shift Supervisor

Extended Description: Region 3 - Security Guard II

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
17	92121504			HOUR	\$14.500000
	Service From	Service To			

Commodity Line Description: Region 3 - Sergeant

Extended Description:

Region 3 - Sergeant

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
18	92121504			HOUR	\$14.500000
	Service From	Service To			

Commodity Line Description: Region 3 - Lieutenant

Extended Description: Region 3 - Lieutenant

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
19	92121504			HOUR	\$14.500000
	Service From	Service To			

Commodity Line Description: Region 4 - Limited Assignment Personnel

Extended Description:

Region 4 - Limited Assignment Personnel

Date Printed: Feb 24, 2020 Order Number: SECSVS19 Page: 5 FORM ID: WV_PRC_CMA_001 8/14

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
20	92121504			HOUR	\$14.500000
	Service From	Service To		300	

Commodity Line Description: Region 4- Probationary Guard I

Extended Description:

Region 4 - Probationary Guard |

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
21	92121504			HOUR	\$14.500000
	Service From	Service To			

Commodity Line Description: Region 4 - Security Guard II

Extended Description: Region 4 - Security Guard II

Unit Price	Unit	Model No	Manufacturer	Commodity Code	Line
\$14.500000	HOUR			92121504	22
			Service To	Service From	
	HOUR		Service To		

Commodity Line Description: Region 4 - Security Guard III - Shift Supervisor

Extended Description: Region 4 - Security Guard II

ine C	ommodity Code	Manufacturer	Model No	Unit	Unit Price
23 92	2121504			HOUR	\$14.500000
Se	ervice From	Service To			

Commodity Line Description: Region 4 - Sergeant

Extended Description: Region 4 - Sergeant

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
24	92121504			HOUR	\$14.500000
	Service From	Service To			

Commodity Line Description: Region 4 - Lieutenant

Extended Description: Region 4 - Lieutenant

Date Printed: Feb 24, 2020 Order Number: SECSVS19 Page: 6 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

February 19, 2020

Mr. James Mullins, District Manager G4S Secure Solutions USA Inc. 2333 MacCorkle Ave Ste 200 St. Albans, WV 25177

Subject: WV Statewide Contract No.: CMA 0212 SECSVS19 Security Guard Services

Dear Mr. Mullins:

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.

Also 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 \$1,000,000.00 minimum coverage and Commercial Crime and Third-Party Fidelity Insurance with \$100,000.00 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.

W. MICHAEL SHEETS

DIRECTOR

Please call if you have any questions.

Very truly yours,

Mark A. Atlins

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

Attachment(s)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/21/2019

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 have ADDITIONAL INSURED provisions or be endorsed.

	If SUBROGATION IS WAIVED, subject					require an endorseme	ent. A	statement on
_	ODUCER			CONTACT NAME:	(-).			
Wil	llis of Florida, Inc.				277-045-7379	FAX	7_86	9-467-2379
	o 26 Century Blvd			PHONE (A/C, No. Ext): 1-877-945-7378 FAX (A/C, No): 1-888- E-MAIL ADDRESS: certificates@willis.com				30-407-2170
	O. Box 305191			ADDRESS: Certi	riicates@will	18.COM		
Nas	shville, TN 372305191 USA			INSURER(S) AFFORDING COVERAGE INSURER A: National Union Fire Insurance Company of P				NAIC# 19445
INS	URED			INSURER B: New Hampshire Insurance Company 2384				
G45	S Secure Solutions (USA) Inc.			INSURER C:				
	95 University Blvd.							
Jur	piter, FL 33458			INSURER D :				
				INSURER E :				
				INSURER F :				
CO	OVERAGES CER	TIFICATE	NUMBER: W12960282			REVISION NUMBER:		
III C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH I	QUIREMEN PERTAIN, TI POLICIES, L	T, TERM OR CONDITION HE INSURANCE AFFORDI	OF ANY CONTRA ED BY THE POLI BEEN REDUCED	ACT OR OTHER CIES DESCRIBE BY PAID CLAIMS	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY E	POLICY EXP	LIR	IITS	
	X COMMERCIAL GENERAL LIABILITY				1	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	5	1,000,000
A		Y				MED EXP (Any one person)	S	Excluded
			GL 686-24-20	10/01/2019	19 10/01/2020	PERSONAL & ADV INJURY	S	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			li di		GENERAL AGGREGATE	s	1,000,000
	X POLICY PRO- JECT LOC			1		PRODUCTS - COMP/OP AGO	S	1,000,000
	OTHER:				-	COMBINED SINGLE LIMIT	S	1,000,000
						(Ea accident)		1,000,000
A	X ANY AUTO OWNED SCHEDULED	Y	01 400 30 FG 4100		10 10 101 10000	BODILY INJURY (Per person)	3	
31	AUTOS ONLY AUTOS	-	CA 499-32-50 (AOS)	10/01/20	19:10/01/2020	BODILY INJURY (Per acciden	1). \$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR				Í	EACH OCCURRENCE	5	
	EXCESS LIAB CLAIMS-MADE:					AGGREGATE	s	
	DED RETENTIONS					-	S	
	WORKERS COMPENSATION				İ	X PER OTH-	<u> </u>	
В	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A WC 017-51-5817 (A			ļ	E.L. EACH ACCIDENT	s	1,000,000
_	OFFICER/MEMBER EXCLUDED?			3) 10/01/20	19 10/01/2020		100	1,000,000
	(Mandatory in NH) If yes, describe under				1	E.L. DISEASE - EA EMPLOYE		1,000,000
_	DÉSCRIPTION OF OPERATIONS below	_		1		E.L. DISEASE - POLICY LIMIT	1 5	1,000,000
		Parties deriver of the second						
	CRIPTION OF OPERATIONS / LOCATIONS / YEHICLE A Attached:	S (ACORD 10	11, Additional Remarks Schedule	e, may be attached if n	nore space is require	ed)		
	OTIFICATE HOLDED			CANCELLATIO	41			
/Et	RTIFICATE HOLDER			CANCELLATIO	N		_	
				THE EXPIRATI		ESCRIBED POLICIES BE (REOF, NOTICE WILL Y PROVISIONS.		
	te of West Virginia		H	ALITHORIZED REPOR	SENTATIVE			
	partment of Administration			AUTHORIZED REPRESENTATIVE				
2019 Washington Street, East								
Cha	rleston, WV 25305-0130			-7/	-			

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/04/2019

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(les) 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).

this certificate does not confer rights to the	certificate holder in lieu of	such endorsement CONTACT NAME:	5).		
MARSH USA, INC.		PHONE			
445 SOUTH STREET MORRISTOWN, NJ 07960-6454		(A/C, No, Ext); E-MAIL ADDRESS:		FAX (A/C, No)	
			ISURER(S) AFFO	RDING COVERAGE	NAIC#
CN122308204crime-19-20		INSURER A : Beazley Insurance Company, Inc.			37540
INSURED G4S Secure Solutions (USA) Inc.		INSURER B :			
1395 University Blvd.		INSURER C :			
Jupiter, FL 33458		INSURER D:			
		INSURER E :			
		INSURER F:			
	ATE NUMBER:	NYC-010737093-05		REVISION NUMBER:)
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIRI CERTIFICATE MAY BE ISSUED OR MAY PERTAEXCLUSIONS AND CONDITIONS OF SUCH POLICI	IMENT, TERM OR CONDITION IN, THE INSURANCE AFFORI IES. LIMITS SHOWN MAY HAVI	I OF ANY CONTRAC DED BY THE POLIC!! E BEEN REDUCED BY	T OR OTHER ES DESCRIBE ' PAID CLAIMS	DOCUMENT WITH RESPE	AR RA 144 41 - 1 1 - 1 1 1 1
INSR TYPE OF INSURANCE INSD		POLICY EFF	POLICY EXP	LIMIT	rs
COMMERCIAL GENERAL LIABILITY		2000000,1773		, EACH OCCURRENCE	\$
CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Es occurrence)	s
				MED EXP (Any one person)	\$
				PERSONAL & ADV INJURY	\$
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	5
POLICY PRO-				PRODUCTS - COMP/OP AGG	5
OTHER:			ŧ		\$
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Es accident)	\$
ANY AUTO			ı	BODILY INJURY (Per person)	s
OWNED SCHEDULED AUTOS ONLY				BODILY INJURY (Per accident)	s
HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
				In an accordant	\$
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$
DED RETENTION \$					s
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE N N/A				E.L. EACH ACCIDENT	s
(Mandatory in NH) if yes, describe under				E.L. DISEASE - EA EMPLOYEE	
DESCRIPTION OF OPERATIONS below					\$
A Crime	V203F9190301	10/01/2019	10/01/2020	Limit:	10,000,000
				Deductible:	100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AC RE: Request for Quotation CRFQ WEC1500000012 (SECSVS15) S Blanket Crime Coverage includes Third Party Fidelity.	ORD 101, Additional Remarks Schedu ecurity Guard Services, G4S Office: Ch	ele, may be attached if mov narieston.	, e space is require	d)	
CERTIFICATE HOLDER		CANCELLATION			
		VARUELLATION			
State of West Virginia Department of Administration 2019 Washington Street, East Charleston, WV 25305-0130		SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.	NCELLED BEFORE E DELIVERED IN
		AUTHORIZED REPRESE of Marsh USA Inc.	NTATIVE		
		Manashi Mukherjee	_1	Marrooni Mucc	rujec

Δ	GENCY	CUSTOMER	ID.

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY	NAMED INSURED		
Willis of Florida, Inc.	G48 Secure Solutions (USA) Inc		
POLICY NUMBER See Page 1 CARRIER NAIC CODE See Page 1 See Page 1		1395 University Blvd. Jupiter, FL 33458 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

Automobile Liability Policy:

Insurance Carrier: National Union Fire Insurance Company of Pittsburgh

All Limits Apply Per Policy

Policy Numbers: CA 499-32-51 (VA) & CA 499-32-53 (MA)

Policy Term: 10/01/2019 - 10/01/2020

Combined Single Limit: \$1,000,000 - Any Auto

Workers' Compensation and Employer's Liability Policies:

All Limits Apply Per Policy

Workers' Compensation and Employer's Liability policies are effective 10/01/2019 and expire 10/01/2020

Insurance Carrier: New Hampshire Insurance Company Policy Numbers: WC 017-51-5812 & WC 017-51-5813 (MA,WI)

Applies Per Statute

E.L. EACH ACCIDENT \$1,000,000

E.L. DISEASE - EACH EMPLOYEE \$1,000,000

E.L. DISEASE - POLICY LIMIT \$1,000,000

WC 017-51-5813 (MA,WI) Includes Stop Gap. WC 017-51-5812 applies to AZ, IL, KY, NC, NH, NJ, PA, UT, VA, and VT

Insurance Carrier: American Home Assurance Company

Policy Numbers: WC 017-51-5815 (CA)

Applies Per Statute

E.L. EACH ACCIDENT \$1,000,000

E.L. DISEASE - EACH EMPLOYEE \$1,000,000

E.L. DISEASE - POLICY LIMIT \$1,000,000

Insurance Carrier: Illinois National Insurance Company

Policy Numbers: WC 017-51-5816 (FL)

Applies Per Statute

E.L. EACH ACCIDENT \$1,000,000

E.L. DISEASE - EACH EMPLOYEE \$1,000,000

E.L. DISEASE - POLICY LIMIT \$1,000,000

Excess Workers' Compensation and Employers Liability Policy:

Insurance Carrier: New Hampshire Insurance Company

Policy Numbers: XWC 556-56-52 (OH) Policy Term: 10/01/2019 - 10/01/2020

E.L. EACH ACCIDENT \$1,000,000

E.L. DISEASE - EACH EMPLOYEE \$1,000,000

RE: Request for Quotation CRFQ WEC1500000012 (SECSVS15) Security Guard Services, State of West Virginia is included as an Additional Insured excluding Workers' Compensation and Employers' Liability as required by written contract but limited to the operations of the Insured under said contract, and always subject to the policy terms, conditions and exclusions. False Arrest Insurance for false arrest, false imprisonment, libel, slander, invasion of privacy is included in the General Liability policy with a limit of \$5,000,000. G4S Office: Charleston.

ACORD 101 (2008/01)

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SR ID: 18552746

BATCH: 1377349

CERT: W12960282