

**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. Susan Lopinsky

Print Name

Signature

Signature

Date

WY Government Account Manager

Please call if you have any questions.

Very truly yours,

Senior Buyer, Statewide Contracts

West Virginia Department of Administration

**Purchasing Division** 

Mark A. Atkins

2019 Washington Street, East

POB 50130

Charleston, WV 25305-0130

Phone: 304.558.2307 304.558-4115

Email: Mark.A.Atkins@wv.gov

Attachment

## STATE OF WEST VIRGINIA **Purchasing Division**

# **PURCHASING AFFIDAVIT**

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

#### **DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:	
Vendor's Name: Pitney Bowes, Inc.	
Authorized Signature: Jusun Lopinsky	Date: 01/11/21
State of _West Virginia	
County of Kanawha , to-wit:	
Taken, subscribed, and sworn to before me this $\frac{1}{1}$ day of $\sqrt{100000000000000000000000000000000000$	, 20 <u>2 l</u>
	Purchasing Affidavit (Revised 01/19/2018

My Commission Expires October 16, 2025



## **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(les) must have ADDITIONAL INSUR

1	If SUBROGATION IS WAIVED, subje this certificate does not confer rights	ct to	the te	erms and conditions of the	he not	icy cortain n	vom solicilos	require an endorseme	nt. A st	e endorsed. tatement on
PR	RODUCER		Principal Street, Stre		CONT	ACT Willis	Towers Wats	son Certificate Cent	or	
	llis Towers Watson Northeast, Inc o 26 Century Blvd	٠		1	CONTACT Willis Towers Watson Certificate Center PHONE (A/C. No. Ext): 1-877-945-7378  (A/C. No. Ext): 1-888-467-2378					
	O. Box 305191				I E-MAII	No.Ext): L ESS: Certifi			): 1-000	-40/-23/0
Nas	shville, TN 372305191 USA				ADDIN					T
					INGIID			RDING COVERAGE		NAIC#
	SURED							try Insurance Company		22667
	tney Bowes Inc. tn: Susan Ciliberti							nce Company of North		19410
	01 Summer Street				-					43575
Sta	amford, CT 06926				INSURER D: ACE Fire Underwriters Insurance Company INSURER E: Steadfast Insurance Company					20702
							asc Indute.	nce company		26387
CC	OVERAGES CE	RTIF	ICAT	E NUMBER: W19814933	INSUR	ERF:		DEVIOLON MINDED		
C	THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	ES OF REQUII PERT H POLI	INSUI IREME TAIN, ICIES.	JRANCE LISTED BELOW HAVENT, TERM OR CONDITION THE INSURANCE AFFORDE S. LIMITS SHOWN MAY HAVE R	OF AN	THE POLICIE REDUCED BY	ES DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE	THE POL ECT TO I	ICY PERIOD WHICH THIS ITHE TERMS,
LIK	X COMMERCIAL GENERAL LIABILITY	INSC	D WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	ITS	
								EACH OCCURRENCE	\$	2,000,000
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
		_						MED EXP (Any one person)	\$	5,000
		-		HDO G71237837		07/01/2020	07/01/2021	PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000
	X POLICY PRO- JECT LOC	and the second					1	PRODUCTS - COMP/OP AGG		4,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
A	X ANY AUTO OWNED SCHEDULED						1	BODILY INJURY (Per person)	\$	27.0 Marian
12	AUTOS ONLY AUTOS			ISA H25296461		07/01/2020	07/01/2021	BODILY INJURY (Per accident)	) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
							,	(Fer accident)	\$	
В	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE		5,000,000
	EXCESS LIAB CLAIMS-MADE	£		18895761		07/01/2020	07/01/2021	AGGREGATE	\$	5,000,000
	DED RETENTION \$	1						AGGREGATE	\$	3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-	\$	
С	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					t	E.L. EACH ACCIDENT	s	2,000,000
	(Mandatory in NH)	N/A		WLRC66920574 (AOS)	1	07/01/2020	07/01/2021		<u> </u>	2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						F	E.L. DISEASE - EA EMPLOYEE		2,000,000
A	Workers Compensation and			WLR C66920537 (AZ,CA,	MA)	07/01/2020		E.L. DISEASE - POLICY LIMIT E.L. Each Accident	\$ 000	
	Employers' Liability				,	01,02,232		E.L. Disease-Ea Emp.	\$2,000	
	Per Statute						1		\$2,000,	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (F	ACORD	101, Additional Remarks Schedule	may be	attached if more	enace is require	E.L. Disease Policy	\$2,000,	,000
		-			',	attaonica ii iiio. c	share is reduire	a)		
SEE	ATTACHED									
CER	RTIFICATE HOLDER	-			24110					
	THI IOATE HOLDEN				CANC	ELLATION				
j ine					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Pur	_ I				AUTHORIZED REPRESENTATIVE					
2019 Washington Street, East			00 1							

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Charleston, WV 25305-0130

AGENCY CUSTOMER ID:	
LOC#:	

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## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

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

### 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

POLICY NUMBER: SCF C66920653 (WI) EFF DATE: 07/01/2020

EXP DATE: 07/01/2021

LIMIT AMOUNT:

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

\$2,000,000

\$2,000,000

\$2,000,000

INSURER AFFORDING COVERAGE: Steadfast Insurance Company 

NAIC#: 26387

NAIC#: 20702

TYPE OF INSURANCE:

Excess Business Auto

LIMIT DESCRIPTION:

Limit:

LIMIT AMOUNT: \$1M xs \$2M

ACORD 101 (2008/01)

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SR ID: 20584593

BATCH: 1941556

CERT: W19814933