



**State of West Virginia  
Agency Master Agreement**

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

Order Date: 2019-12-02

<b>Order Number:</b> AMA 1300 1300 STO1900000003	<b>Procurement Folder:</b> 497618
<b>Document Name:</b> PCI Consulting Services	<b>Reason for Modification:</b> Change Order No. 1 - To renew the contract under the same terms and conditions.
<b>Document Description:</b> PCI Consulting Services	
<b>Procurement Type:</b> Agency Master Agreement	
<b>Buyer Name:</b> Shelly Murray	
<b>Telephone:</b> (304) 341-7089	
<b>Email:</b> shelly.murray@wvsto.com	
<b>Shipping Method:</b> Vendor	<b>Effective Start Date:</b> 2019-01-02
<b>Free on Board:</b> FOB Dest, Freight Prepaid	<b>Effective End Date:</b> 2021-01-01

VENDOR	DEPARTMENT CONTACT
<b>Vendor Customer Code:</b> VS0000006375 EXPERIS US INC 100 MANPOWER PLACE  MILWAUKEE WI 53212  US <b>Vendor Contact Phone:</b> (412) 222-5621 <b>Extension:</b> <b>Discount Percentage:</b> 0.0200 <b>Discount Days:</b> 10	<b>Requestor Name:</b> Shelly Murray <b>Requestor Phone:</b> (304) 341-7089 <b>Requestor Email:</b> shelly.murray@wvsto.com

INVOICE TO	SHIP TO
WEST VIRGINIA STATE TREASURERS OFFICE  322 70TH ST SE  CHARLESTON WV 25304  US	WEST VIRGINIA STATE TREASURERS OFFICE  322 70TH ST SE  CHARLESTON WV 25304  US

<b>Total Order Amount</b>	Open End
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<b>DEPARTMENT AUTHORIZED SIGNATURE</b>  <b>SIGNED BY:</b> Bryan Archer <b>DATE:</b> 2019-12-02 <b>ELECTRONIC SIGNATURE ON FILE</b>
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**Extended Description:**

Change Order

Change Order No. 1 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract according to all authorized change orders.

Effective date of renewal: 01/02/2020 through 01/01/2021.

Renewals remaining: One (1)

No other changes

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	84120000			HOUR	\$169.250000
	<b>Service From</b>	<b>Service To</b>			

**Commodity Line Description:** PCI Consulting Services

**Extended Description:**

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	84120000			HOUR	\$215.000000
	<b>Service From</b>	<b>Service To</b>			

**Commodity Line Description:** PCI Consulting Services

**Extended Description:**

<b>STO1900000003</b>	<b>Document Phase</b> Final	<b>Document Description</b> PCI Consulting Services	<b>Page 3</b> <b>of 3</b>
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



# State of West Virginia

OFFICE OF THE STATE TREASURER  
CHARLESTON, WV 25305  
PHONE: 304-558-5000 FAX: 304-558-4097  
1-800-422-7498  
www.wvtreasury.com

JOHN D. PERDUE  
STATE TREASURER

JOSH STOWERS  
ASSISTANT STATE TREASURER

November 19, 2019

Mr. Chris Wasilk  
Experis US Inc  
100 Manpower Place  
Milwaukee, WI 53212

Subject: AMA STO1900000003 PCI Consulting Services / Change Order # 1 Renewal

The West Virginia State Treasurer's Office is offering to renew subject contract under the same terms, conditions and pricing as contained in the original contract including all authorized change orders. The renewal dates are 01/02/2020 through 01/01/2021. If your company agrees to this renewal, please sign below and return the original to my attention as soon as possible for processing. Attached is a copy of the Affidavit which is also required to signed, dated, and notarized in order to process the above renewal. Also, please include your Certificate of Insurance.

Should you have any questions about this letter, please feel free to give me a call.

Very truly yours,

*Shelly Murray, CPPB*  
Deputy Treasurer of Purchasing  
West Virginia State Treasurer's Office  
Phone: 304-341-7089  
Email: [shelly.murray@wvsto.com](mailto:shelly.murray@wvsto.com)  
[purchasing@wvsto.com](mailto:purchasing@wvsto.com)

We agree to extend the contract for the period as stated above under the same terms and conditions in the original purchase order and any change orders thereto.

*Chris Wasilk*  
Name/Signature

11/19/19  
Date

MANAGING DIRECTOR  
Title

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 exceeds 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: Experis US Inc.

Authorized Signature: *Chris Winters* Date: 11/19/2019

State of Michigan

County of Oakland, to-wit:

Taken, subscribed, and sworn to before me this 19 day of November

My Commission expires 8/16/2024, 2024.

ROSALIE E. KNIGA  
Notary Public, State of Michigan  
County of Macomb  
My Commission Expires Aug. 16, 2024  
Acting in the County of OAKLAND

AFFIX SEAL HERE

NOTARY PUBLIC

*Rosalie E. Kniga*  
Purchasing Affidavit (Revised 01/19/2018)



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
02/21/2019

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 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> Aon Risk Services Central, Inc. Milwaukee WI Office 10700 Research Drive Suite 450 Milwaukee WI 53226 USA	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): (866) 283-7122      FAX (A/C, No.): 800-363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Experis, US Inc. 100 Manpower Place Milwaukee WI 53212 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: National Union Fire Ins Co of Pittsburgh		19445
	INSURER B: AIG Europe Limited		AA1120841
	INSURER C: New Hampshire Insurance Company		23841
	INSURER D: Illinois National Insurance Co		23817
	INSURER E: American Home Assurance Co.		19380
INSURER F: ACE Property & Casualty Insurance Co.		20699	

**COVERAGES**      **CERTIFICATE NUMBER: 570075127177**      **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Broad Form Property GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL5425900 All States	03/01/2019	03/01/2020	EACH OCCURRENCE	\$5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$5,000,000
							GENERAL AGGREGATE	\$10,000,000
							PRODUCTS - COMP/OP AGG	\$10,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> EXCESS ONLY			CA 4993083 All other States	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
F	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			XOOG71493349001	03/01/2019	03/01/2020	EACH OCCURRENCE	\$25,000,000
							AGGREGATE	\$25,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC012717116 All other States SIR applies per policy terms & conditions	03/01/2019	03/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
B	E&O-MPL-Primary			FSCE01900152 Claims Made SIR applies per policy terms & conditions	03/01/2019	03/01/2020	Each Claim	\$15,000,000
							Prof Liab Agg - All	\$15,000,000
							SIR	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: ARFP STO1900000002 PCI Consulting Services. State of West Virginia is included as additional insured on the General Liability policy, if required by contract, to the extent of the negligent act(s) or omission(s) of ManpowerGroups employees in the performance of services. Coverage for Cyber Liability exposures are addressed through our Professional Liability policy.

### CERTIFICATE HOLDER

### CANCELLATION

State of West Virginia Attn: Deputy Treasure, Purchasing West Virginia State Treasurer's Office 322 70th Street, S.E. Charleston WV 25304 USA	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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# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Experis, US Inc.	
POLICY NUMBER See Certificate Number: 570075127177			
CARRIER See Certificate Number: 570075127177	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	WORKERS COMPENSATION						
C	<input checked="" type="checkbox"/> See Below:	N/A		WC012717115 AK,AZ,IL,KY,NC,NH,NJ,PA, SIR applies per policy terms & conditions	03/01/2019	03/01/2020	
C	<input checked="" type="checkbox"/> Self Insd states	N/A		WC012717117 MA,ND,WI,WY SIR applies per policy terms & conditions	03/01/2019	03/01/2020	
D	<input checked="" type="checkbox"/> OH, WA	N/A		WC012717118 FL SIR applies per policy terms & conditions	03/01/2019	03/01/2020	
E		N/A		WC012717119 CA SIR applies per policy terms & conditions	03/01/2019	03/01/2020	
A		N/A		XWC4595583 XS Work Comp OH, WA SIR applies per policy terms & conditions	03/01/2018	03/01/2019	
	OTHER						
A	Misc Liab cvg			011466180 Commercial Crime	03/01/2019	03/01/2020	Employee Dishonesty \$5,000,000
	<input checked="" type="checkbox"/> Third Party Crime						
	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> Damage Included						
	<input checked="" type="checkbox"/> Cross Liability						



# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Experis, US Inc.	
POLICY NUMBER See Certificate Number: 570075127177		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570075127177	NAIC CODE		

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INSURER	
INSURER	
INSURER	
INSURER	

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	EXCESS LIABILITY						
	<input checked="" type="checkbox"/> Umb Ded/SIR \$0.00						





# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Experis, US Inc.	
POLICY NUMBER See Certificate Number: 570075127177			
CARRIER See Certificate Number: 570075127177	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

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

Schedule of Named Insureds

blueRADIAN Engineering LLC  
 Brook Street Bureau, Inc.  
 COMSYS Information Technology Services, LLC  
 Econometrix LLC  
 Experis Finance US, LLC  
 Experis IT Services US, LLC  
 Experis US, Inc.  
 ManpowerGroup Global Inc.  
 ManpowerGroup Inc.  
 ManpowerGroup Public Sector Inc.  
 ManpowerGroup US, Inc.  
 Manpower Holdings, Inc.  
 Manpower, Inc./California Peninsula  
 Manpower US Inc.  
 Plum Rhino Consulting, LLC  
 Right Management, Inc.  
 Stowe Group Healthcare, LLC  
 TAPFIN, LLC