



# 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:** 2023-06-27

<b>Order Number:</b> AMA 1300 1300 STO2000000004 4	<b>Procurement Folder:</b> 614708
<b>Document Name:</b> Depository Services	<b>Reason for Modification:</b> Change Order 31 To Renew Contract
<b>Document Description:</b> Depository 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> 2020-06-01
<b>Free on Board:</b> FOB Dest, Freight Prepaid	<b>Effective End Date:</b> 2024-06-30

VENDOR	DEPARTMENT CONTACT																				
<b>Vendor Customer Code:</b> 000000172409 HUNTINGTON NATIONAL BANK 500 LEE ST E 14TH FLR  CHARLESTON WV 25301 US <b>Vendor Contact Phone:</b> 999-999-9999 <b>Extension:</b>  <b>Discount Details:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th></th> <th style="text-align: center;">Discount Allowed</th> <th style="text-align: center;">Discount Percentage</th> <th style="text-align: center;">Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td style="text-align: center;">No</td> <td style="text-align: center;">0.0000</td> <td style="text-align: center;">0</td> </tr> <tr> <td>#2</td> <td style="text-align: center;">No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td style="text-align: center;">No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td style="text-align: center;">No</td> <td></td> <td></td> </tr> </tbody> </table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			<b>Requestor Name:</b> Alberta Kincaid <b>Requestor Phone:</b> (304) 341-0723 <b>Requestor Email:</b> alberta.kincaid@wvsto.com
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

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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**DEPARTMENT AUTHORIZED SIGNATURE**  
**SIGNED BY :** Shelly Murray  
**DATE:** 2023-06-27  
**ELECTRONIC SIGNATURE ON FILE**

**Extended Description:**

Change Order

Change Order No. 31 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: 7/1/2023 - 6/30/2024

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	84121500			MO	\$0.000000.00
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
				0.00	

**Commodity Line Description:** Banking and investment

**Extended Description:**

Depository/Banking Services per Attached List of Fees



# State of West Virginia

OFFICE OF THE STATE TREASURER

PHONE: 304-558-5000 or 1-800-422-7498

www.wvtreasury.com

RILEY MOORE  
STATE TREASURER

STATE CAPITOL, ROOM E-145  
1900 KANAWHA BOULEVARD, EAST  
CHARLESTON, WV 25305

May 25, 2023

Ms. Jennifer Parsons  
Huntington National Bank  
500 Lee Street East 14<sup>th</sup> Floor  
Charleston, WV 25301

Subject: AMA STO2000000004 Depository Services / Change Order #31  
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 agreement including all authorized change orders. The renewal dates are 07/01/2023 through 06/30/2024. If your company agrees to this renewal, please sign below and return to my attention as soon as possible for processing. Also, please provide your current certificate of insurance too.

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 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.

*Jennifer Parsons*

*Jennifer Parsons*  
Name/Signature

*May 25, 2023*  
Date

*Shelly Murray*  
Title



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/03/2023

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> MARSH USA, LLC. 1166 Avenue of the Americas New York, NY 10036  CN101755263--GAWU-23-24	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No. Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Huntington Bancshares Incorporated 41 South High Street Columbus, OH 43287	<b>INSURER A :</b> Valley Forge Insurance Company <b>NAIC #</b> 20508	
	<b>INSURER B :</b> N/A <b>NAIC #</b> N/A	
	<b>INSURER C :</b> N/A <b>NAIC #</b> N/A	
	<b>INSURER D :</b> _____	
	<b>INSURER E :</b> _____	
<b>INSURER F :</b> _____		

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-011109858-04                      **REVISION NUMBER:** 2

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		7012206665	05/01/2023	05/01/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 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
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <b>RETENTIONS</b>					EACH OCCURRENCE \$ AGGREGATE \$
	<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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A				PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Insurance re: AMA ST0913 Depository Services / Change Order #23

<b>CERTIFICATE HOLDER</b>  State of West Virginia Office of the State Treasurer Deputy Treasurer of Purchasing	<b>CANCELLATION</b>  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  <i>Marsh USA LLC</i>