

State of West Virginia Agency Master Agreement

Order Date: 2021-05-25

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: | AMA 1300 1300 STO2000000004 2 | Procurement Folder: 614708 | |
|-----------------------|-------------------------------|--|--|
| Document Name: | Depository Services | Reason for Modification: | |
| Document Description: | Depository Services | Change Order 29 - To renew the contract under the same terms and conditions. | |
| Procurement Type: | Agency Master Agreement | | |
| Buyer Name: | Shelly Murray | | |
| Telephone: | (304) 341-7089 | | |
| Email: | shelly.murray@wvsto.com | | |
| Shipping Method: | Vendor | Effective Start Date: 2020-06-01 | |
| Free on Board: | FOB Dest, Freight Prepaid | Effective End Date: 2022-06-30 | |

| | | VENDOR | | | | DEPARTMENT CONTACT |
|------------------|--------------------|---------------|------------|---------------|------------------|---------------------------|
| Vend | dor Customer Code: | 00000017240 | 9 | | Requestor Name: | Alberta Kincaid |
| HUN ⁻ | TINGTON NATIONAL I | BANK | | | Requestor Phone: | (304) 341-0723 |
| 500 L | LEE ST E 14TH FLR | | | | Requestor Email: | alberta.kincaid@wvsto.com |
| CHAI | RLESTON | | WV | 25301 | | |
| Vend | dor Contact Phone: | 999-999-9999 | Extension: | | | |
| Disco | ount Details: | | | | | |
| | Discount Allowed | Discount Perd | entage | Discount Days | | |
| #1 | No | 0.0000 | | 0 | | |
| #2 | No | | | | | |
| #3 | No | | | | | |
| | | | | <u> </u> | 1 | |

| INVOIC | Е ТО | SHIP TO | | |
|------------|----------|--|----------|--|
| | | WEST VIRGINIA STATE TREASURERS OFFICE 322 70TH ST SE | | |
| CHARLESTON | WV 25304 | CHARLESTON | WV 25304 | |
| US | | us | | |

Page: 1

| Total Order Amount: | Open E | ∃nd |
|----------------------------|--------|-----|
| | | |

DEPARTMENT AUTHORIZED SIGNATURE

SIGNED BY : Shelly Murray

DATE: 2021-05-25

ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 29 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: 7/1/2021 - 6/30/2022

No other changes.

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|----------------|--------------|----------|------|------------|
| 1 | 84121500 | | | MO | \$0.00 |
| | Service From | Service To | | | |
| | | | | | |

Commodity Line Description: Banking and investment

Extended Description:

Depository/Banking Services per Attached List of Fees

 Date Printed:
 May 25, 2021
 Order Number:
 AMA
 1300
 STO2000000004 2
 Page:
 2
 FORM ID: WV-PRC-AMA-002 2020/05



State of West Virginia

RILEY MOORE STATE TREASURER OFFICE OF THE STATE TREASURER PHONE: 304-558-5000 or 1-800-422-7498 www.wvtreasury.com

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

May 7, 2021

Ms. Jennifer Parsons **Huntington National Bank** 500 Lee Street East, 14th Floor Charleston, WV 25301

Subject: AMA STO2000000004 / STO91E Depository Services / Change Order #29 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 attachment including all authorized change orders. The renewal dates are 07/01/2021 through 06/30/2022. 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 extension. Also, please provide your updated required insurance certificates

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 / 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.

Yame/Signature

May 7, 2021
Date

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: Huntinaton National Bank | |
|--|-------|
| Authorized Signature: Date: May 7, 2021 | |
| State of West Virginia | |
| County of Kanawha, to-wit: | |
| Taken, subscribed, and sworn to before me this $\frac{\eta^{+h}}{1}$ day of $\frac{M\alpha y}{1}$, 20 <u>2</u> 1. | |
| My Commission expires $\frac{11}{11}$ $\frac{3}{11}$, $\frac{2026}{11}$ | |
| AFEIX SEAL HEDE AND OFFICIAL SEAL MOTARY BURLICY AND A COMMENTARY BURLICY | |
| NOTARY PUBLIC STATE OF WEST VIRGINIA | |
| SARA K. JARRETT 32 Martina Park Purchasing Affidavit (Revised 01/19/2 | :018) |

My Commission Expires 05/03/2026



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/11/2021

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).

| this certificate does not confer rights to the certificate holder in lieu of s | | | | | | |
|--|--|---|------------|--|--|--|
| PRODUCER Marsh USA, Inc. | CONTACT NAME: | | | | | |
| 1166 Avenue of the Americas | PHONE FAX (A/C, No, Ext): (A/C, No): | | | | | |
| New York, NY 10036 | É-MAIL ADDRESS: | | | | | |
| | INSURI | ER(S) AFFORDING COVERAGE | NAIC# | | | |
| CN101755263GAWU-21-22 | INSURER A : Valley Forge In: | 20508 | | | | |
| INSURED Huntington Bancshares Incorporated | INSURER B : N/A | N/A | | | | |
| 41 South High Street | INSURER C : N/A | | N/A | | | |
| Columbus, ÕH 43287 | INSURER D : | | | | | |
| | INSURER E : | | | | | |
| | INSURER F : | | | | | |
| COVERAGES CERTIFICATE NUMBER: | NYC-011109858-01 | REVISION NUMBER: 2 | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE INSIR | OF ANY CONTRACT OR ED BY THE POLICIES D BEEN REDUCED BY PAIL | R OTHER DOCUMENT WITH RESPECT TO DESCRIBED HEREIN IS SUBJECT TO ALL D CLAIMS. | WHICH THIS | | | |
| LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER | POLICY EFF PO (MM/DD/YYYY) (MM | | | | | |
| A X COMMERCIAL GENERAL LIABILITY 7012206665 | 05/01/2021 05/0 | 01/2022 EACH OCCURRENCE \$ | 2,000,000 | | | |
| CLAIMS-MADE X OCCUR | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | 2,000,000 | | | |
| | | MED EXP (Any one person) \$ | 5,000 | | | |
| | | PERSONAL & ADV INJURY \$ | 2,000,000 | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | GENERAL AGGREGATE \$ | 4,000,000 | | | |
| X POLICY PRO- JECT LOC | | PRODUCTS - COMP/OP AGG \$ | 4,000,000 | | | |
| OTHER: | | \$ | | | | |
| AUTOMOBILE LIABILITY | | COMBINED SINGLE LIMIT (Ea accident) \$ | | | | |
| ANY AUTO OWNED SCHEDULED | | BODILY INJURY (Per person) \$ | | | | |
| AUTOS ONLY AUTOS HIRED NON-OWNED | | BODILY INJURY (Per accident) \$ | | | | |
| AUTOS ONLY AUTOS ONLY | | PROPERTY DAMAGE (Per accident) \$ | | | | |
| | | \$ | | | | |
| UMBRELLA LIAB OCCUR | | EACH OCCURRENCE \$ | | | | |
| EXCESS LIAB CLAIMS-MADE | | AGGREGATE \$ | | | | |
| DED RETENTION\$ | | \$ | | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | PER OTH- STATUTE ER | | | | |
| ANYPROPRIETOR/PARTNER/EXECUTIVE N/A | | E.L. EACH ACCIDENT \$ | | | | |
| (Mandatory in NH) If yes, describe under | | E.L. DISEASE - EA EMPLOYEE \$ | | | | |
| DESCRIPTION OF OPERATIONS below | | 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 STO913 Depository Services / Change Order #23 | | | | | | |
| OCCUTION ATT HOLDER | | | | | | |
| CERTIFICATE HOLDER | CANCELLATION | | | | | |
| State of West Virginia Office of the State Treasurer Deputy Treasurer of Purchasing | 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 of Marsh USA Inc. | | | | | |
| | Manashi Mukherjee | Mariaoni Mucherij | u | | | |