

**Purchase
Change Request**



Marshall University
Office of Purchasing
One John Marshall Drive
Huntington, WV 25755-4100

Order #
MU20INTATHINS

FY 23	Buyer JH	Date 9/23/2022	Account Various	P.O. Date 8/17/2020	Contract MU20INTATHINS
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Document <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input checked="" type="checkbox"/> Open End Contract Purchase <input type="checkbox"/> Agreement	Document Action <input type="checkbox"/> Cancellation <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Unused Balance <input type="checkbox"/> Freight <input type="checkbox"/> Renewal <input type="checkbox"/> Extension Error	<input type="checkbox"/> Error in Total Amount <input type="checkbox"/> Change of Account <input type="checkbox"/> Change of Vendor Name/Address <input checked="" type="checkbox"/> Other
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Vendor Name, Address, Phone #, etc. McGriff Insurance Services Inc PO Box 890635 Charlotte NC 28289 0635	Vendor Code 56-1623293	BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100
Ph# 864-380-9583	Fax	FEIN# 56-1623293

Item#	Quantity	Description of Change	Unit Price	Extended Price
		<p align="center">Change Order # 4</p> <p>To update contract MU20INTATHINS all in accordance with the terms, conditions, and specifications contained in the original contract and all authorized change orders by correcting the FEIN and contract name. All other information remains the same.</p> <p align="center">INTERNATIONAL STUDENT-ATHLETE INTERCOLLEGIATE INSURANCE</p> <p>FEIN changed from: 98-0079816 To read as: 56-1623293</p> <p>Contract name changed from: MU21INTATHINS To read as: MU20INTATHINS</p> <p>Effective Date(s): August 1, 2022 - July 31, 2023 Renewal # 2 of 4 Renewals Remaining: Two (2)</p>		

Reason for Change: To correct the FEIN and contract name.	Previous Total	\$ OPEN-END
	Increase	\$ _____
	Decrease	\$ _____
	New Total	\$ OPEN-END

Approved:

Authorized Signature

Michelle Wheeler

9/23/2022

Date

N/A

Attorney General if required

Date



Office of Purchasing

Renewal Letter

February 23, 2022
McGriff Insurance Service, Inc.
47 Airpark Court
Greenville, SC 29607

Re: Contract Renewal for MU21INATHINS

Hello,

The above referenced contract expires on *July 31, 2022*. There is a provision for renewal upon written mutual agreement of the parties.

Please annotate on the bottom of this letter, with your signature and date, if you agree to extend contract, MU21INATHINS (August 1, 2022 through July 31, 2023), effective under the same terms and conditions as the original contract subject to renewal price increases per the terms and conditions and including any and all approved change orders.

Please return the executed letter via email at your earliest convenience.

If you have any questions, please feel free to call me at 304-696-2727.

Sincerely,

Michelle Wheeler

Michelle Wheeler
Associate Director of Purchasing

I agree to the current MU21INATHINS for an additional one (1) year period under the same terms and conditions as the original contract.

Yes No

Yes, subject to the following changes indicated below.

Yes, per the price increase noted in the attached renewal letter.

Stan R. Ammerly
Signature

2/23/22
Date

Subject: FW: 2-18-22 GeoBlue Renewal 2022-Marshall University #secure#
Date: Friday, February 18, 2022 at 9:45:37 PM Eastern Standard Time
From: Steele, David
To: Wheeler, Michelle
CC: Gray, Gail, Nunnery, Dan, Kirtner, Dawn, Banford, Beatrice, Lapole, Christopher, Anders, Brandi, Sellers, Ginny, Testa, Lesli, Negley, Angela White
Attachments: IB Renewal Letter - Marshall University - 2022.pdf, GeoBlue Signature-Rate Page.pdf, image003.png, image004.png, image005.png

Hi Michelle,
I am ok with this increase on the renewal for the International Insurance with accident coverage for our student-athletes.
Let me know what else we need to do to proceed.
Thanks!
David

David Steele
Associate Athletics Director
Marshall University
P.O. Box 1360
Huntington, WV 25715
Office Phone – 304-696-2483
Cell Phone – 304-360-3975
steele@marshall.edu
www.herdzone.com

From: Gray, Gail <gail.gray@mcgriff.com>
Sent: Friday, February 18, 2022 3:42 PM
To: Sellers, Ginny <grych@marshall.edu>; Steele, David <steele@marshall.edu>
Cc: Wheeler, Michelle <michelle.wheeler@marshall.edu>; Nunnery, Dan <DNunnery@mcgriff.com>
Subject: 2-18-22 GeoBlue Renewal 2022-Marshall University #secure#

Ginny,
Great minds must think alike! We received the renewal yesterday and I just received approval from Dan to release it to you and David. See attached.

Ginny and David: Attached is the 2022/23 GeoBlue International Renewal for Marshall University (they have one rate for both students and athletes). The Renewal came in at a 3% increase over current. Per Alyssa, current medical trend is around 6% with COVID and inflation affecting the price of medical care and services inside the United States, therefore, this came in great!!

If you decide to renew, please complete the signature rate page and return to me. You will also need to complete the internal paperwork (ie; change order) for the slight change in rates.

Please review and contact me if you have any questions or concerns. David...I did not copy Brandi or Chris so please feel free to forward appropriately.


McGriff truly appreciates our relationship so please let me know if I can be of further assistance.

GeoBlue International Inbound Plan Renewal

Marshall University

August 1, 2022



 GeoBlue, 900 First Avenue, King of Prussia, PA 19406
1-855-682-7965 | 1-610-254-5879 | FAX 1-610-482-9861



Chris Lapole
Marshall Athletics, P.O. Box 1360
Huntington, WV 25715

February 16, 2022

Dear Chris,

Your GeoBlue student group health insurance coverage is coming up for renewal.

Attached are the renewal documents for the 2022-2023 plan year. The rates this year have increased about 3% due to claims experience and medical trend. The benefits have remained the same.

To complete the renewal please sign and return the attached rate sheet.

If you have any questions about the renewal details in the attached document, I will be happy to go over them with you.

Thank you
Sincerely,

Alyssa Binning
Client Manager
PH: +1-610-254-5879
FX: +1-610-293-3529
abinning@geo-blue.com





Schedule of Benefits: GeoBlue International Inbound

Policy Year: 2022-2023

Medical Expense Benefits

TABLE 1

	Limits Individual Insured	Limits Spouse	Limits Dependent Child(ren)
MEDICAL EXPENSES			
Coverage Year Limit	Unlimited	Unlimited	Unlimited
Coverage Year Deductible	\$100 per Coverage Year	\$100 per Coverage Year	\$100 per Coverage Year
Coverage Year Out-of-Pocket Limit The most You pay during a Plan Year in Cost-Sharing before We begin to pay 100% of the Allowed Amount for Covered Services, subject to the limits and provisions of this Certificate	After the Covered Person reaches a \$5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Allowed Amount at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, Prescription Drug Copayments and amounts above the maximums do not apply toward the Out-of-pocket Limit.	After the Covered Person reaches a \$5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Allowed Amount at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, Prescription Drug Copayments and amounts above the maximums do not apply toward the Out-of-pocket Limit.	After the Covered Person reaches a \$5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Allowed Amount at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, Prescription Drug Copayments and amounts above the maximums do not apply toward the Out-of-pocket Limit.
EMERGENCY TRANSPORTATION SERVICES			
Emergency Medical Evacuation	Maximum Benefit up to \$100,000 per Coverage Year	Maximum Benefit up to \$100,000 per Coverage Year	Maximum Benefit up to \$100,000 per Coverage Year
Emergency Family Travel Arrangements	Maximum Benefit up to \$1,500 per Coverage Year	Maximum Benefit up to \$1,500 per Coverage Year	Maximum Benefit up to \$1,500 per Coverage Year
Repatriation of Mortal Remains	Maximum Benefit up to \$50,000 per Coverage Year	Maximum Benefit up to \$50,000 per Coverage Year	Maximum Benefit up to \$50,000 per Coverage Year
OTHER COVERAGES			
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000	Maximum Benefit: Principal Sum up to \$5,000	Maximum Benefit: Principal Sum up to \$1,000





**SCHEDULE OF BENEFITS
 TABLE 2
 MEDICAL EXPENSE BENEFITS**

MEDICAL EXPENSES	Participating Provider+	Non-Participating Provider
Physician Office Visits	After the Deductible is satisfied, 90% of the Allowed Amount after a \$20 Copayment per visit	After the Deductible is satisfied, 70% of the Allowed Amount
Treatment at an Urgent Care Facility	After the Deductible is satisfied, 90% of the Allowed Amount after a \$50 Copayment per visit	After the Deductible is satisfied, 70% of the Allowed Amount
Hospital and Physician Outpatient Services	After the Deductible is satisfied, 90% of the Allowed Amount after a \$50 Copayment per visit	After the Deductible is satisfied, 70% of the Allowed Amount
Inpatient Hospital Services	After the Deductible is satisfied, 90% of the Allowed Amount after a \$50 Copayment per visit	After the Deductible is satisfied, 70% of the Allowed Amount
Emergency Hospital Services	After the Deductible is satisfied, 90% of the Allowed Amount after a \$200 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived	After the Deductible is satisfied, 70% of the Allowed Amount

+Payment of Covered Medical Expenses for Participating Providers is based on the Allowed Amount. Participating Providers have agreed to accept the Allowed Amount as payment in full.

If a Covered Person requires emergency treatment of an Injury or Sickness and incurs covered expenses at a non-Preferred Provider, Covered Medical Expenses for the Emergency Medical Care rendered during the course of the emergency will be treated as if they had been incurred at a Preferred Provider.

If a Covered Person incurs Covered Medical Expenses for services or supplies that are not of the type provided by any Preferred Provider, these Covered Medical Expenses will be treated as if they had been incurred at a Preferred Provider.





**SCHEDULE OF BENEFITS
 TABLE 3
 MEDICAL EXPENSE BENEFITS**

The benefits listed below are subject to coverage maximums, Deductible, Coinsurance, and Copayments listed in Tables 1 & 2 above.

MEDICAL EXPENSES	Covered Person
Maternity Care for a Covered Pregnancy	Allowed Amount
Complications of Pregnancy	Allowed Amount
Inpatient treatment of mental and nervous disorders including substance abuse	Allowed Amount up to \$10,000 Maximum per Coverage Year for a maximum period of 30 days per Coverage Year
Outpatient treatment of mental and nervous disorders including substance abuse	Allowed Amount up to \$1,000 Maximum per Coverage Year for a maximum period of 30 visits per Coverage Year.
Treatment of specified therapies, including acupuncture and Physiotherapy	Allowed Amount up to 20 visits per Coverage Year on an Outpatient basis
Annual cervical cytology screening for women 18 and older	Allowed Amount
Low dose mammography screening, one baseline mammogram and one mammogram per year	Allowed Amount
Colorectal cancer screenings	Allowed Amount
Diabetic Supplies/Education	Allowed Amount
Prostate screening tests	Allowed Amount
Child Preventive and Primary Care Services	Allowed Amount
Breast Reconstruction due to Mastectomy	Allowed Amount
Repairs to sound, natural teeth required due to an Injury	Allowed Amount up to \$500 per Coverage Year maximum
Medical treatment arising from participation in intercollegiate, interscholastic or club sports	Reasonable Expenses up to \$20,000 Maximum per Coverage Year. Injuries from participation in intramural sports are covered the same as any other injury.
Outpatient prescription drugs including oral contraceptives and devices	Prescription Drug Program with the Copayment stated below. Limited to a 31-day supply for initial fill or refill.
Generic Drugs	All except a \$10 Copayment per prescription
Brand Name Drugs	All except a \$20 Copayment per prescription
Injectables	All except a \$20 Copayment per prescription

Exclusions

Unless specifically provided for elsewhere under the Certificate, the Certificate does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

- Expenses incurred in excess of Reasonable Expenses.
- Services or supplies that the Insurer considers to be Experimental or Investigative.
- Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
- Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
- Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
- Surgery for the correction of refractive error and services and prescriptions for eye examinations, eyeglasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.



7. Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
8. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Certificate.
9. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Certificate and performed while the Certificate is in effect.
10. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
11. Expenses incurred for, or related to, sex change surgery.
12. Organ or tissue transplant.
13. Participating in an illegal occupation or committing or attempting to commit a felony.
14. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
15. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
16. Expenses incurred within the Covered Person's Home Country.
17. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
18. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
19. Diagnosis and treatment of acne.
20. Diagnosis and treatment of sleep disorders.
21. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
22. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
23. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
24. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.
25. Unless specifically provided for elsewhere under the Certificate, the cost of treatment or services that are provided normally without charge by the Member's Student Health Center, covered or provided by the student health fee, rendered by a person employed by the Member, including team Doctor and trainers or any other service performed at no cost.
26. Loss due to an act of war; service in the armed forces of any country or international authority and Participation in a Riot or Civil Commotion.
27. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
28. Loss arising from:
 - a. participating in any professional sport competition, contest or competition;
 - b. Racing or speed contests;
 - c. SCUBA diving, sky diving, mountaineering (where ropes or other climbing gear is customarily used), ultra-light aircraft, parasailing, sailplaning/gliders, hang gliding, parachuting, or bungee jumping.
29. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
30. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
31. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
32. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
33. Routine hearing tests except as provided under Preventive and Primary Care.
34. Expense covered under any Other Plan.
35. To the extent that such payments would be prohibited by law.

●● GeoBlue, 933 First Avenue, King of Prussia, PA 19406
 ● 1 855.682.7965 | 1.610.254.5300 | fax 1.610.482.9953



GeoBlue Inbound International Policy Overview

Policy Dates: 08/01/2022 - 7/31/2023

Increase in net medical rates due to trend, adjusting for taxes and administrative costs 3.00%

Rates:

Current Monthly Rates up to age 64		Renewal Monthly Rates up to age 64	
Participant Only	\$ 162.10	Participant Only	\$ 166.95
Spouse	\$ 486.30	Spouse	\$ 500.90
Child	\$ 243.20	Child	\$ 250.50
Children	\$ 486.40	Children	\$ 501.00

GeoBlue requires written acceptance of the rates and the terms and conditions of the policy within the Acceptance Period, which is 60 days. If such signed acceptance is not received within the Acceptance Period, the offer to renew shall be withdrawn. Also, should outstanding invoices for the current policy period be unpaid as of the renewal date, coverage will be suspended until all account receivables have been cleared.

The coverage referenced herein shall be issued through certificates issued under a master policy of insurance (the "Master Policy") issued by 4 Ever Life International Limited, a Bermuda insurance company and an independent licensee of the Blue Cross Blue Shield Association. Coverage under the Master Policy is provided to the Global Citizens Association ("GCA") for the exclusive benefit of its members and their participants on a surplus lines basis under the laws of Washington, D.C. Membership in the GCA is a necessary condition to the coverage referenced herein; your GCA Program fee identified above includes insurance premium and all other charges. Additional information about the GCA, expenses and other member benefits can be viewed on the GCA's website - www.gcassociation.org

As this is surplus lines coverage, the plan may not be required to comply with every state's insurance regulations governing admitted insurers, including guarantee fund requirements. The coverage is not qualifying health coverage (Minimum Essential Coverage) for purposes of satisfying the health coverage requirement of the Affordable Care Act. If you are required by law to maintain Minimum Essential Coverage, you could owe additional federal tax.

The Organization named above accepts membership in the GCA and the Program fees outlined in this Proposal.

Accepted by:

Michelle Wheeler

Name

Associate Director of Purchasing

Title

Marshall University

Company Name

Michelle Wheeler

Signature

Contact Information Update

This is the contact information we currently have on file for your organization. Please indicate any updates and return this form to your Account Manager.

Main Contact: Chris Lapole

P: N/A

E: lapole1@marshall.edu

Billing/Finance Contact: Gail Gray

P: +1 (864) 672-1345

E: gail.gray@mcgriff.com





Membership:



35,000

Annual Unique Visitors to
www.healthytravelblog.com:

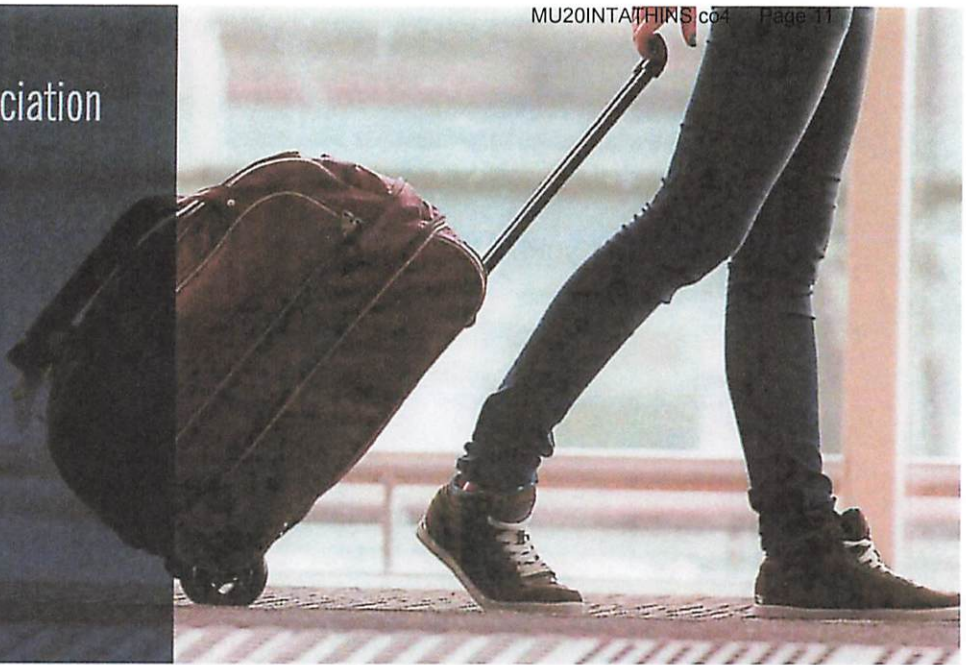


120,000

Number of Country
Profiles in Health Atlas:



190



Founded in 1994 to serve international students, the Global Citizens Association (GCA) has grown to encompass world travelers and expatriates in all corners of the globe. A not-for-profit membership organization chartered under the laws of the District of Columbia, the GCA is proud to support our members' efforts to enhance their global awareness and promote increased cross-cultural understanding.

GCA Members Never Travel Alone

GCA provides information and services designed to enhance members' global experiences through safe and healthy world travel. With access to the GCA's deep and broad resources such as the Health Atlas database and Healthy Travel blog, members are prepared to pursue extended episodes of healthy and productive international living. The GCA also provides members with access to essential medical services and health insurance coverage to support their international lifestyles. Memberships are available for individual as well as groups and organizations engaged in global education, service and commerce.

As part of a community of travel enthusiasts, globally-minded members have access to useful international health and safety information.

Health Atlas provides ratings on these attributes for 190 global destinations:

- Medical care available
- Emergency service responsiveness
- Pharmacy reliability
- Water quality
- Air quality
- Infectious disease

... and additional destination-specific advice on these topics:

- Vaccines
- News and safety alerts
- Security conditions

Created by the GCA, the award-winning Healthy Travel blog provides:

- Individual members with an outlet to share content with those who share their passion
- Group members with a captive audience to whom to market and access to custom articles, campaigns and/or content marketing resources

Blog recognition includes:

- eCollege Finder's Top 75 Study Abroad Ambassadors Award (2011)
- Top 30 Public Health Blogs by Master's in Public Health Degrees (2012)
- Must Read Blog by Health Express (2013)
- Trip180 Travelers Award (2014)

In partnership with GeoBlue and 4 Ever Life International, GCA members also have access to international health insurance coverage and services including:

- Group coverage for study abroad programs
- Group coverage for international education programs
- Individual coverage for expats, students and leisure travelers
- Individual coverage for short and long-term trips



Visit us at www.gassociation.org or contact us at admin@gassociation.org for further information.



International Health Plans for Outbound University-Sponsored Travel

Comprehensive coverage from a name you trust

Fueling a global mindset through outbound programs is important to staying competitive in a dynamic higher education market. Providing the right protection so your students, faculty, staff and university affiliates can explore the world confidently is just as important.

That's where GeoBlue comes in. Part of the Blue Cross Blue Shield family, GeoBlue is an international health insurance leader trusted by over 400 of the nation's top institutions with thoughtful plan designs and exceptional service for members and administrators.

With GeoBlue outbound scholastic plans, members get everything they need to feel safe, secure and in control in any situation.



One-call solution for any issue

24/7/365 concierge-level support to help coordinate care, provide solutions and help members feel at ease.



Access to elite doctors and hospitals

Members can count on care from more than 151,000 direct settlement providers outside the U.S. — all of whom accept direct pay arrangements to limit member out-of-pocket expenses.



Critical information at your fingertips

Convenient, on-the-go mobile access helps members effortlessly find care, translate medications, arrange direct payment, display their ID card and more.



Evacuation services

Our plans cover medically-necessary evacuation services to the nearest center of medical excellence, expertly coordinated to ensure the highest level of care.



Global safety intelligence

No matter where their travels take them, members can feel more secure with personalized advice and alerts, such as environmental and security risks, right at their fingertips.



Comprehensive plans provide the right amount of coverage

Let us help you design the right plan for your needs.



Benefit options include:



Flexible annual medical coverage limits and deductibles



Office visits, inpatient, outpatient and emergency hospital services



Inpatient and outpatient treatment for mental and nervous disorders



Inpatient and outpatient treatment for drug or alcohol abuse



Maternity care



Preventive screenings



Dental treatment due to an injury or to alleviate pain



Outpatient prescription medication



Medical evacuation and repatriation of mortal remains



Global assistance services



Think global, think GeoBlue

Find out why over half a million members rely on GeoBlue to help them travel fearlessly, anywhere in the world.

studentsales@geo-blue.com

1-833-532-6894

www.geobluestudents.com

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

4ELJ-GEOSASTPL0918/12940

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: McGriff Insurance Services, Inc.

Authorized Signature: *Van R. Hummer* Date: 2/23/22

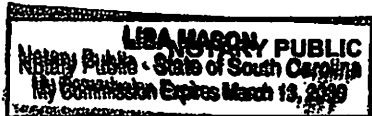
State of South Carolina

County of Greenville, to-wit:

Taken, subscribed, and sworn to before me this 23 day of SC, 2022.

My Commission expires 8/1, 2023.

AFFIX SEAL HERE



N/A Lisa Mason

Vendor/Customer

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
000000214015	BB & T CARSON INSURANCE SERVICES	MCGRIFF INSURANCE SERVICES INC	Active	Inactive	
✓ VC0000064735	MCGRIFF INSURANCE SERVICES INC		Active	Inactive	

From 1 to 2 of 2 First Prev Next Last [Attachments](#)

Save [Undo](#) [Delete](#) [Insert](#) [Copy](#) [Paste](#) [Search](#)

General Info

Vendor/Customer: VC0000064735
 Legal Name: MCGRIFF INSURANCE SER
 Alias/DBA:
 Vendor Active Status: Active
 Vendor Approval Status: Complete
 Customer Active Status: Inactive
 Customer Approval Status: Incomplete
 Location Name:
 First Name:
 Middle Name:
 Last Name:
 Company Name: MCGRIFF INSURANCE SER
 Previous Name:
 Previous Street:
 Previous City:
 Previous State/Province:
 Previous Country:

Restrict Use by Department:
 Miscellaneous Account:
 Internal Account:
 Third Party Only:
 Third Party Vendor:
 Third Party Customer:
 Inventory Customer:
 Healthcare Provider:
 Never Archive:
 Restrict VSS Access: No
 Discontinue - No New Business:
 Prevent MA Reference:
 PunchOut Enabled:
 Re-PunchOut Enabled:
 Electronic Order Enabled:
 W-9 Received:
 W-9 Received Date:
 W-8 Received:
 W-8 Received Date:
 Accepts Credit Cards:
 Active From: 12/13/2017
 Active To:
 Last Usage Date: 09/19/2022
 Department:
 Unit:

Headquarters

Headquarters Account: No
 Headquarters Account Code: 000000214015
 Headquarters Account Legal Name: BB & T CARSON INSURANC
 Franchise Account:
 Web Address http://:
 Catalog DUNS: 113260307
 Catalog Extended DUNS:
 Catalog Unique Entity Identifier:
 Taxpayer ID Number: *****3293
 Taxpayer ID Number Type: EIN

Organization

Organization Type: Company
 1099 Classification: Corporation
 1042-S Ch. 3 Recipient Code:
 1042-S Ch. 4 Status Code:
 Number of Employees:
 Merchant ID:
 Sex:
 Date of Birth:
 Marital Status:
 Annual Income:
 IRS Country of Residence:
 IRS Country Sub Code:
 Contract Withholding Exempt:
 National Provider ID:
 Assigning Authority:
 CAGE Code:
 Permanent Staffed Office in State:

1099 Indicator: No
 1042-S Indicator:
 Taxpayer ID Number: 561623293
 Taxpayer ID Number Type: EIN
 Detailed TIN Type:
 Foreign Tax ID:
 GIIN:
 1042-S Recipient Account Number:
 W-8 Form:
 Tax Profile:
 Tax Profile Name:
 EBIC Number:
 IAEC Number:
 Web Address http://:
 Employee ID:
 Employee Status:
 Supplier Shared Secret:

Disbursement Options

Category: DIRC
 Description: Direct Payments
 Default Type: Check
 Default Priority: 99
 Default Format: REG
 Default Format Description:
 Scheduled Payment Day:
 Single Payment Indicator:
 Name on Check: Legal Name
 Eligible for VCA Payments:
 VCA Effective From Date:
 VCA Effective To Date:
 VCA Primary Email:
 VCA Secondary Email:
 VCA Comments:

Hold Payment:
 Hold Payment Authorized By:
 Hold Payment Authorized On:
 Hold Reason:
 Prevent New Spending:
 Prevent New Orders: For All Departments
 Third Party Code:
 Third Party Name:
 Third Party Approved By:
 Third Party Approved On:
 Third Party Reason:

Always Infer Third Party Vendor :
Third Party Address ID :

▼ Prenote/EFT

Generate EFT Payment : EFT Format :
 ABA Number : EFT Format Description :
 Bank Name : EFT Status :
 Account Type : Last Status Change :
 Account Number : EFT Status Description :
 Routing ID Number :
 Bank Phone Number :
 Prenote Requested Date : Prenote Return Reason Explanation :
 Prenote Return Reason :
 Prenote Return Reason Message :
 Foreign Correspondent Bank Name : W-9 Mailing Date :
 Foreign Correspondent Bank Branch Country Code : W-9 Response Date : 06/27/2018
 Account Number Linkage to Provider Identifier :
 Reason for Submission :

▼ Remittance Advice

Remittance Advice Required :
 Remittance Advice Format :
 Remittance Advice Format Description :
 Remittance Advice Transmission Mode :

▼ Vendor Terms

Number of Days 1 : Number of Days 3 :
 Discount Percent 1 : Discount Percent 3 :
 Discount Always 1 : Discount Always 3 :
 Number of Days 2 : Number of Days 4 :
 Discount Percent 2 : Discount Percent 4 :
 Discount Always 2 : Discount Always 4 :

▼ Accounts Receivable

Default Receipt Type : Bill Headquarters :
 Default Billing Profile : Bankruptcy :
 Cost Accounting Funding Type : Central Statement BPRO :
 Credit/Debit Card Type : Central Statement Billing Location :
 Credit/Debit Card Number : Central Statement Address ID :
 Name on Card : Suppress Central Statement :
 Credit/Debit Card Expiration Month : Suppress Central Past Due Statement :
 Credit/Debit Card Expiration Year :

▼ eMALL

DUNS : 113260307 Preferred Ordering Method :
 Extended DUNS : Pcard Acceptance Level :
 Unique Entity Identifier : Create Certification Document :
 Internet Catalog : Vendor Preference Level : 99
 VSS Registered :

▼ Location Information

*Verify My Locations by : Create My Own
 Vendor Verification Based On : Migrated vendor accounts ha
 Vendor Verification Password :
 Send Activation Code :
 Activation Email Address :
 Activation Code :
 Confirm Activation Code :
 Requestor Name :
 Requestor Phone Number :
 Confirm Verifications :

▶ Fee and Vendor Compliance Holds

Fee Exempt : Tax Clearance :
 Registration Application Date : Unemployment Insurance :
 Registration Effective Date : Worker's Compensation :
 Registration Expiration Date : Secretary of State Registration :
 Pre-Registration Code : Federal Debarred :

▶ Executive Compensation


▼ Additional Information

Miscellaneous Field 1 : Miscellaneous Flag 1 :
 Miscellaneous Field 2 : Miscellaneous Flag 2 :
 Miscellaneous Field 3 : Miscellaneous Flag 3 :
 Miscellaneous Field 4 :
 Miscellaneous Field 5 :
 Miscellaneous Field 6 :

Miscellaneous Field 7 :

▼ Travel

Traveler :

Travel Policy : 

Allow Traveler Advances :

PCard ID : 

▼ Change Management

Created By : chapmanjo1

Joan E Chapman

Last Modified By : kirkr2

Trent G Kirk

Created On : 12/13/2017

Last Modified On : 01/17/2020

Last Approved By : kirkr2

Trent G Kirk

Comments :

Last Approved On : 01/17/2020

Date Registered : 12/13/2017

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