

Purchase Change Request



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

Order #
MU21HVACSYSTS

FY 23	Buyer MW	Date 01/27/2023	Account	P.O. Date 01/14/2020	Contract MU21HVACSYSTS
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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 checked="" type="checkbox"/> Increase/Decrease <input type="checkbox"/> Unused Balance <input type="checkbox"/> Freight <input checked="" 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 type="checkbox"/> Other
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Vendor Name, Address, Phone #, etc. Mason & Barry Inc 301 Smiley Drive St Albans, WV 25117	Vendor Code 550436919	BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100
Ph# 304-755-0781	Fax	FEIN# 550436919

Item#	Quantity	Description of Change	Unit Price	Extended Price
		<p align="center">Change Order # 2</p> <p align="center">COMPREHENSIVE FULL-SERVICE INSPECTION, MAINTENANCE, AND REPAIR</p> <p>To renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders.</p> <p>Effective date of renewal January 1, 2023 through December 31, 2023.</p> <p>Renewal # 2 of 4 Renewals Remaining: (2) two (1) year periods.</p>		

Reason for Change: CONTRACT RENEWAL	Previous Total	\$ OPEN-END
	Increase	\$ _____
	Decrease	\$ _____
	New Total	\$ OPEN-END

Approved: Michelle Wheeler 1/27/23
Authorized Signature Date

N/A
Attorney General if required Date

301 Smiley Drive ♦ St. Albans, WV 25177 ♦ (304) 755-0781 ♦ FAX (304)755-4010



Service Agreement

To: Marshall University Date: 12-2-2022

Address: One John Marshall Drive Quote: T-12222-1

Huntington, WV 25755-4300 Site: Visual Arts Center, Old Main,
Weisburg Applied Engineering
Complex, and Drinko Library

Mason & Barry will provide the services described in the maintenance program and schedules indicated hereafter, which are attached hereto and made a part of this agreement. The terms and conditions and general provisions are set forth on the following maintenance.

SERVICES PROVIDED:

Proposal is for preventive and corrective maintenance on the Drinko Library Liebert equipment listed on Schedule A and corrective maintenance labor only for the equipment listed on schedule A. Parts will be sold to Marshall University at a 25% markup. Proposal also includes two Daikin VRV Service Checker Reports per year.

Contract Coverage will commence effective December 1, 2022. Contract is for one year with the option for up to four renewals if agreed upon by both parties. Contract Price is see pricing page.

Price of this agreement is in effect for 15 days from original date (see above).

SALES TAX NOT INCLUDED UNLESS OTHERWISE SPECIFIED

ACCEPTED BY:

Michelle Wheeler

SIGNATURE

Marshall University

COMPANY NAME

02/01/2023

DATE

MASON & BARRY, INC.

HVAC **S**olutions

Terry A. Vang

AUTHORIZED SIGNATURE

This offer will become a contract between us by your execution of the acceptance form above. By accepting this offer you assent to the terms and conditions of sale set forth on the reverse side thereof as well as those set forth on the face thereof. Any different or additional terms or conditions set forth in any acceptance of this offer or contained in any documents submitted by you in response to this offer are hereby objected to and rejected.

Price Breakdown

Visual Arts

Quarterly	\$4,775.00
Semi-Annual	\$9,550.00
Annual	\$19,100.00

Old Main

Quarterly	\$2,240.00
Semi-Annual	\$4,480.00
Annual	\$8,960.00

Weisburg Applied Engineering Complex

Quarterly	\$6,032.00
Semi-Annual	\$12,064.00
Annual	\$24,128.00

Drinko Library

Quarterly	\$2,703.00
Semi-Annual	\$5,406.00
Annual	\$10,812.00

Contract Total **\$63,000.00**

***Note:** All listed tasks may not be applicable, depending upon equipment listed on Schedules.

MAINTENANCE PROGRAM

**Schedule A
 Inventory of Equipment**

H V A C

Qty	Component	Manufacturer	Model	Rating	Schedule
	Old Main				
1	Heat Pump	Daikin	REYQ168TTJU		Quarterly
1	Heat Pump	Daikin	REYQ72XATJU		Quarterly
1	Heat Pump	Daikin	RK24NMVJU		Quarterly
4	Indoor Unit	Daikin			Quarterly
4	Indoor Unit	Daikin			Quarterly
8	Condensate Pump	Daikin			Semi-Annually

MAINTENANCE PROGRAM

Schedule A Inventory of Equipment

H V A C

Qty	Component	Manufacturer	Model	Rating	Location
	Visual Arts				
1	MAU	Aaon	RN-070-8-O-EA093E9		Quarterly
1	MAU	Aaon	RN-040-8-O-EA093C9		Quarterly
1	MAU	Aaon	RN-040-8-O-EB093C9		Quarterly
1	MAU	Aaon	RN-04—8-O-EB093D9		Quarterly
1	Outdoor Unit 1	Daikin	REYQ312PBTJ		Quarterly
1	Outdoor Unit 2	Daikin	REYQ168PBTJ		Quarterly
1	Outdoor Unit 3	Daikin	REYQ312PBTJ		Quarterly
1	Outdoor Unit 4	Daikin	REYQ312PBTJ		Quarterly
1	Outdoor Unit 5	Daikin	REYQ336PBTJ		Quarterly
1	Outdoor Unit 6	Daikin	REYQ288PBTJ		Quarterly
1	Outdoor Unit 7	Daikin	REYQ336PBTJ		Quarterly
6	BS Box	Daikin	BSV4Q36PVJU		Quarterly
5	BS Box	Daikin	BSV6Q36PVJU		Quarterly
13	BS Box	Daikin	BSVQ36PVJU		Quarterly
7	BS Box	Daikin	BSVQ60PVJU		Quarterly
5	BS Box	Daikin	BSVQ96PVJU		Quarterly
1	2'x2' Ceiling Cassette	Daikin	FXZQ07M7VJU		Quarterly
1	2'x2' Ceiling Cassette	Daikin	FXZQ12M7VJU		Quarterly
37	Wall Mounted Indoor Unit	Dakin	FXAQ07PVJU		Quarterly
5	Wall Mounted Indoor Unit	Daikin	FXAQ09PVJU		Quarterly
20	Wall Mounted Indoor Unit	Daikin	FXAQ18PVJU		Quarterly
1	3'x3' Ceiling Cassette	Daikin	FXFQ18PVJU		Quarterly
5	Ceiling Suspended Indoor Unit	Daikin	FXHQ12MVMVJU		Quarterly
26	Ceiling Suspended Indoor Unit	Daikin	FXHQ24MVJU		Quarterly
14	Ceiling Suspended Indoor Unit	Daikin	FXHQ36MVJU		Quarterly
110	Condensate Pump	Daikin			Semi-Annually

MAINTENANCE PROGRAM

Schedule A
Inventory of Equipment

H V A C

Qty	Component	Manufacturer	Model	Rating	Location
	Drinko Library				
1	MAU – East	Liebert	DS105ASAOSS 45A		Quarterly
1	MAU – West	Liebert	DS105ASAOSS289A		Quarterly
1	Outdoor Unit – East	Liebert	TCDV415-A		Quarterly
1	Outdoor Unit – West	Liebert	TCDV415-A		Quarterly
1	AHU	Daikin	FXMQ72MVJU		Quarterly
1	Outdoor Unit	Daikin	RXYQ72PAYD		Quarterly

MAINTENANCE PROGRAM

Schedule A Inventory of Equipment

H V A C

Qty	Component	Manufacturer	Model	Rating	Location
	Weisberg Applied Engineering Complex				
2	Condensing Units OD-1	Daikin	REMQ120PBYD		Quarterly
3	BS Boxes	Daikin	BSVQ60PVJU		Quarterly
3	BS Boxes	Daikin	BSVQ36PVJU		Quarterly
6	Indoor Units	Daikin	FXFQ24PVJU		Quarterly
8	Indoor Units	Daikin	FXZQ07MUJU9		Quarterly
1	Indoor Unit	Daikin	FXZQ12MUJU9		Quarterly
1	Indoor Unit	Daikin	FXAQ09PVJU1		Quarterly
1	Condensing Unit OD-2	Daikin	REMQ72PBYD		Quarterly
1	Condensing Unit OD-2	Daikin	REMQ120PBYD		Quarterly
1	Condensing Unit OD-2	Daikin	REMQ96PBYD		Quarterly
4	BS Boxes	Daikin	BSVQ60PVJU		Quarterly
3	BS Boxes	Daikin	BSVQ36PVJU		Quarterly
10	Indoor Units	Daikin	FXFQ24PVJU		Quarterly
1	Indoor Units	Daikin	FXAQ18PVJU		Quarterly
2	Indoor Units	Daikin	FXZQ07MVJU9		Quarterly
1	Condensing Unit OD-3	Daikin	REMQ96PBYD		Quarterly
1	Condensing Unit OD-3	Daikin	REMQ72PBYD		Quarterly
1	Condensing Unit OD-3	Daikin	REMQ120PBYD		Quarterly
4	BS Boxes	Dakin	BSV4Q36PVJU		Quarterly
2	BS Boxes	Daikin	BSVQ96PVJU		Quarterly
1	Indoor Unit	Daikin	FXFQ36PVJU		Quarterly
14	Indoor Units	Daikin	FXZQ07MUJU9		Quarterly
1	Indoor Unit	Daikin	FXZQ18MVJU9		Quarterly
4	Indoor Unit	Daikin	FXFQ24PVJU		Quarterly
1	Indoor Unit	Daikin	FXAQ09PVJU		Quarterly
1	Condensing Unit OD-4	Daikin	REMQ96PBYD		Quarterly
1	Condensing Unit OD-4	Daikin	REMQ120PBYD		Quarterly
1	Condensing Unit OD-4	Daikin	REMQ72PBYD		Quarterly
8	BS Boxes	Daikin	BSVQ36PVJU		Quarterly
2	BS Boxes	Daikin	BSV4Q36PVJU		Quarterly
2	BS Boxes	Daikin	BSVQ60PVJU		Quarterly
17	Indoor Units	Daikin	FXZQ07MVJU9		Quarterly
2	Indoor Units	Daikin	FXAQ18PVJU		Quarterly
1	Indoor Units	Daikin	FXZQ12MVJU9		Quarterly
4	Indoor Units	Daikin	FXFQ24PVJU		Quarterly

MAINTENANCE PROGRAM

Schedule A Inventory of Equipment

H V A C

Qty	Component	Manufacturer	Model	Rating	Location
	Weisberg Applied Engineering Complex (continued)				
1	Condensing Unit OD-5	Daikin	REMQ96PBYD		Quarterly
1	Condensing Unit OD-5	Daikin	REMQ120PBYD		Quarterly
5	BS Boxes	Daikin	BSV4Q36PVJU		Quarterly
4	BS Boxes	Daikin	BSVQ36PVJU		Quarterly
1	Indoor Unit	Daikin	FXFQ24PVJU		Quarterly
21	Indoor Units	Daikin	FXZQ07MVJU9		Quarterly
1	Indoor Unit	Daikin	FXZQ18MVJU9		Quarterly
1	Indoor Unit	Daikin	FXAQ09PVJU9		Quarterly
2	Condensing Units OD-6	Daikin	REMQ96PBYD		Quarterly
1	Condensing Unit OD-6	Daikin	REMQ120PBYD		Quarterly
9	BS Boxes	Daikin	BSVQ36PVJU		Quarterly
5	Indoor Units	Daikin	FXFQ24PVJU		Quarterly
7	Indoor Units	Daikin	FXZQ07MVJU9		Quarterly
1	Indoor Units	Daikin	FXZQ18MVJU9		Quarterly
1	Indoor Unit	Daikin	FXAQ18PVJU		Quarterly
2	Indoor Units	Daikin	FXFQ36PVJU		Quarterly
2	Indoor Units	Daikin	FXFQ12PVJU		Quarterly
1	Condensing Unit OD-7	Daikin	REMQ72PBYD		Quarterly
2	Condensing Units OD-7	Dakin	REMQ96PBYD		Quarterly
2	BS Boxes	Daikin	BSVQ60PVJU		Quarterly
3	BS Boxes	Daikin	BSV4QPVJU		Quarterly
6	Indoor Units	Daikin	FXZQ09MVJU9		Quarterly
19	Indoor Units	Daikin	FXZQ07MVJU9		Quarterly
3	Indoor Units	Daikin	FXZQ18MVJU		Quarterly
2	Condensing Units OD-8	Daikin	REMQ96PBYD		Quarterly
3	BS Boxes	Daikin	BSVQ36PVJU		Quarterly
1	BS Box	Daikin	BSV4Q36PVJU		Quarterly
2	BS Boxes	Daikin	BSV6Q36PVJU		Quarterly
1	Indoor Unit	Daikin	FXFQ18PVJU		Quarterly
1	Indoor Unit	Daikin	FXZQ09MVJU		Quarterly
1	Indoor Unit	Daikin	FXZQ07MVJU		Quarterly
1	Indoor Unit	Daikin	FXZQ12MVJU9		Quarterly
17	Indoor Units	Daikin	FXZQ07MVJU9		Quarterly

MAINTENANCE PROGRAM

Schedule A Inventory of Equipment

H V A C

Qty	Component	Manufacturer	Model	Rating	Location
	Weisberg Applied Engineering Complex (continued)				
1	Condensing Unit OD-9	Daikin	REMQ120PBYD		Quarterly
2	BS Boxes	Daikin	BSVQ96PVJU		Quarterly
3	BS Boxes	Daikin	BSV4Q36PVJU		Quarterly
1	Indoor Unit	Daikin	FXFQ09PVJU		Quarterly
3	Indoor Units	Daikin	FXFQ36PVJU		Quarterly
10	Indoor Units	Daikin	FXZQ07MVJU9		Quarterly
1	Indoor Unit	Daikin	FXZQ15MVJU9		Quarterly
1	Indoor Unit	Daikin	FXAQ18PVJU		Quarterly
2	Condensate Pumps	Daikin			Semi-Annually

MAINTENANCE PROGRAM

Schedule C

Special Services/Conditions

- 1) Excludes power distribution including but not limited to wiring, breakers, etc.**
- 2) Maintenance program does not include repairs, replacement and trouble calls. Corrective action will be as follows:**

Corrective Action

- 1. Upon owner's approval to proceed, Mason & Barry, Inc. shall bill the owner for any parts or repairs required.**
- 2. Owner shall receive parts at a 25% markup as part of this agreement.**
- 3. As part of this agreement, for any work in addition to contract owner shall receive the preferred customer contract labor rate, which shall be \$5.00 per hour less than the current standard hourly labor rate.**



January 27, 2023

Terry Vaughan
Mason & Barry Inc.
301 Smiley Drive
St Albans, WV 25117

Re: Contract Renewal for MU21HVACSYSTS

Terry-

The above referenced contract expires 12/31/2022. 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 **MU21HVACSYSTS** effective January 1, 2023 through December 31, 2023 under the same terms and conditions.

Please return the letter and the enclosures signed in the original to the noted below.

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

If you have any questions, please feel free to call me at 304-696-2598

Sincerely,

Rebecca Maynard
Purchasing Assistant III

I agree to extend the current contract #MU21HVACSYSTS an additional one (1) year period under the same terms and conditions.

___ Yes ___ No

Yes, subject to the following changes indicated below or in the attached letter.


Signature

1-25-2023
Date

Richard Gillenwater
Printed Name

Director Service Division
Title

Comments: per the approved price increase

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: Mason & Barry, Inc.

Authorized Signature: [Signature] Date: 1/27/23

State of West Virginia

County of Putnam, to-wit:

Taken, subscribed, and sworn to before me this 27 day of January, 2023

My Commission expires 1/31, 2026.

AFFIX SEAL HERE



NOTARY PUBLIC

[Signature]

WV Number	Company	DBA	Address	City	State	Zip	County	Phone	Classification*	Expires
WV014549	MASON & BARRY INC	MASON & BARRY INC	301 SMILEY DRIVE	ST ALBANS	WV	25177	40	304-755-0781	B 11 1 034	8/23/2023

Records 1 to 1 of 1 Records

View Classifications

(Note if a classification letter or number appears above that is not listed below please email Licensing@wv.gov for more information or call 304-558-7890)

Vendor/Customer

[Menu](#)

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ 000000200806	MASON & BARRY INC		Active	Inactive	
000000200807	MASON & BARRY INC		Discontinued	Inactive	

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

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

▼ General Info

<p>Vendor/Customer : 000000200806</p> <p>Legal Name : MASON & BARRY INC</p> <p>Alias/DBA :</p> <p>Vendor Active Status : Active ▼</p> <p>Vendor Approval Status : Complete</p> <p>Customer Active Status : Inactive ▼</p> <p>Customer Approval Status : Incomplete</p> <p>Location Name :</p> <p>First Name :</p> <p>Middle Name :</p> <p>Last Name :</p> <p>Company Name : MASON & BARRY INC</p> <p>Previous Name :</p> <p>Previous Street :</p> <p>Previous City :</p> <p>Previous State/Province : </p> <p>Previous Country : </p>	<p>Restrict Use by Department : <input type="checkbox"/></p> <p>Miscellaneous Account : <input type="checkbox"/></p> <p>Internal Account : <input type="checkbox"/></p> <p>Third Party Only : <input type="checkbox"/></p> <p>Third Party Vendor : <input type="checkbox"/></p> <p>Third Party Customer : <input type="checkbox"/></p> <p>Inventory Customer : <input type="checkbox"/></p> <p>Healthcare Provider : <input type="checkbox"/></p> <p>Never Archive : <input type="checkbox"/></p> <p>Restrict VSS Access : No ▼</p> <p>Discontinue - No New Business : <input type="checkbox"/></p> <p>Prevent MA Reference : <input type="checkbox"/></p> <p>PunchOut Enabled : <input type="checkbox"/></p> <p>Re-PunchOut Enabled : <input type="checkbox"/></p> <p>Electronic Order Enabled : <input type="checkbox"/></p> <p>W-9 Received : <input type="checkbox"/></p> <p>W-9 Received Date : <input type="text"/> </p> <p>W-8 Received : <input type="checkbox"/></p> <p>W-8 Received Date : <input type="text"/> </p> <p>Accepts Credit Cards : <input type="checkbox"/></p> <p>Active From : 05/16/1984 </p> <p>Active To : <input type="text"/> </p> <p>Last Usage Date : 01/31/2023</p> <p>Department : </p> <p>Unit : </p>
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▼ Headquarters

<p>Headquarters Account : Yes</p> <p>Headquarters Account Code : 000000200806 </p> <p>Headquarters Account Legal Name : MASON & BARRY INC</p> <p>Franchise Account : <input type="checkbox"/></p>	<p>Web Address http:// : <input type="text"/></p> <p>Catalog DUNS : <input type="text"/></p> <p>Catalog Extended DUNS : <input type="text"/></p> <p>Catalog Unique Entity Identifier : <input type="text"/></p> <p>Taxpayer ID Number : *****6919</p> <p>Taxpayer ID Number Type : EIN ▼</p>
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▼ Organization

<p>Organization Type : Company ▼</p> <p>1099 Classification : Corporation ▼</p> <p>1042-S Ch. 3 Recipient Code : </p> <p>1042-S Ch. 4 Status Code : </p> <p>Number of Employees : ▼</p> <p>Merchant ID : <input type="text"/></p> <p>Sex : ▼</p> <p>Date of Birth : <input type="text"/></p> <p>Marital Status : ▼</p> <p>Annual Income : ▼</p> <p>IRS Country of Residence : </p> <p>IRS Country Sub Code : </p> <p>Contract Withholding Exempt : <input type="checkbox"/></p> <p>National Provider ID : <input type="text"/></p> <p>Assigning Authority : <input type="text"/></p> <p>CAGE Code : <input type="text"/></p> <p>Permanent Staffed Office in State : <input type="checkbox"/></p>	<p>1099 Indicator : No</p> <p>1042-S Indicator : <input type="checkbox"/></p> <p>Taxpayer ID Number : 550436919 </p> <p>Taxpayer ID Number Type : EIN ▼</p> <p>Detailed TIN Type : <input type="text"/></p> <p>Foreign Tax ID : <input type="text"/></p> <p>GIIN : <input type="text"/></p> <p>1042-S Recipient Account Number : </p> <p>W-8 Form : ▼</p> <p>Tax Profile : NOTAX </p> <p>Tax Profile Name : No Tax</p> <p>EBIC Number : <input type="text"/></p> <p>IAEC Number : <input type="text"/></p> <p>Web Address http:// : <input type="text"/></p> <p>Employee ID : <input type="text"/></p> <p>Employee Status : ▼</p> <p>Supplier Shared Secret : <input type="text"/></p>
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▼ Disbursement Options

<p>Category : DIRC </p> <p>Description : Direct Payments</p> <p>Default Type : Check</p>	<p>Hold Payment : <input type="checkbox"/></p> <p>Hold Payment Authorized By : </p> <p>Hold Payment Authorized On : <input type="text"/></p>
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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 Reason :
 Prevent New Spending :
 Prevent New Orders : Not Active
 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 :
 ABA Number :
 Bank Name :
 Account Type :
 Account Number :
 Routing ID Number :
 Bank Phone Number :
 Prenote Requested Date :
 Prenote Return Reason :
 Prenote Return Reason Message :
 Foreign Correspondent Bank Name :
 Foreign Correspondent Bank Branch Country Code :
 Account Number Linkage to Provider Identifier :
 Reason for Submission :

EFT Format :
 EFT Format Description :
 EFT Status :
 Last Status Change :
 EFT Status Description :
 Prenote Return Reason Explanation :
 W-9 Mailing Date : 09/22/1994
 W-9 Response Date : 02/12/2015

▼ Remittance Advice

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

▼ Vendor Terms

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

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

▼ Accounts Receivable

Default Receipt Type :
 Default Billing Profile :
 Cost Accounting Funding Type :
 Credit/Debit Card Type :
 Credit/Debit Card Number :
 Name on Card :
 Credit/Debit Card Expiration Month :
 Credit/Debit Card Expiration Year :

Bill Headquarters :
 Bankruptcy :
 Central Statement BPRO :
 Central Statement Billing Location :
 Central Statement Address ID :
 Suppress Central Statement :
 Suppress Central Past Due Statement :

▼ eMALL

DUNS : 063459192
 Extended DUNS :
 Unique Entity Identifier :
 Internet Catalog :
 VSS Registered :

Preferred Ordering Method :
 Pcard Acceptance Level :
 Create Certification Document :
 Vendor Preference Level : 99

▼ 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 : 01/23/2023 Unemployment Insurance :

Registration Effective Date : 01/23/2023 Worker's Compensation :

Registration Expiration Date : 01/23/2024 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 : conversion Last Modified By : oliverte2

Conversion User Terra N Oliver

Created On : 06/03/2014 Last Modified On : 01/23/2023

Last Approved By : oliverte2 Comments : applied chk#96072 memo#70 1/23/23 not on hold

Terra N Oliver

Last Approved On : 01/23/2023

Date Registered : 06/03/2014

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/26/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 300 Summers Street, Suite #650 Charleston, WV 25301 304 346-0806	CONTACT NAME: Lisa Shinn PHONE (A/C, No, Ext): 304 346-0806	FAX (A/C, No): 888 751-3002	
	E-MAIL ADDRESS: certificatesVAWV@mcgriff.com		
INSURED Mason & Barry Inc 301 Smiley Drive St Albans, WV 25177	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Westfield Insurance Company		24112
	INSURER B : State Auto P & C Ins Co		25127
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES CERTIFICATE NUMBER: 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (INSR) 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"/> PD Ded:1,000 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		CMM5114784	02/01/2022	02/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Drive Oth Car		CMM5114784	02/01/2022	02/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0		CMM5114784	02/01/2022	02/01/2023	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N if yes, describe under DESCRIPTION OF OPERATIONS below	N/A	10096225WC Includes Employers 23-4-2	09/30/2022 WV Broad Liability of WV	09/30/2023 Form Section Code	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Marshall University One John Marshall Drive, OM 125 Huntington, WV 25755	CANCELLATION 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>Lenni A. Dodrill</i>
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