

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Continuous Feed Registration Cards	600000.00	EA	0.021000	12600.00

Comm Code	Manufacturer	Specification	Model #
82121500			

Commodity Line Comments:

Extended Description:

Continuous Feed Registration Cards

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Jeff Lauer, Account Manager, RRD

(Printed Name and Title)

3801 Gantz Road, Grove City, OH 43123

(Address)

614-477-6808

(Phone Number) / (Fax Number)

jeffrey.lauer@rrd.com

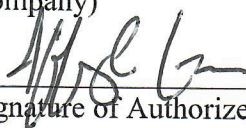
(E-mail address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through WV OASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; ; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the Vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

RR Donnelley

(Company)


(Signature of Authorized Representative)

Jeff Lauer, Account Manager

(Printed Name and Title of Authorized Representative)

1/16/2024

(Date)

614-477-6808

(Phone Number) (Fax Number)

Revised 8/24/2023

REQUEST FOR QUOTATION
Continuous Feed Registration Cards

- 8.3 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- 8.4 Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: JEFF LAULS
Telephone Number: 614-477-6803
Fax Number: _____
Email Address: JEFFREY.LAULS@R217.COM



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA INC.		NAMED INSURED R.R. DONNELLEY & SONS COMPANY AND ITS SUBSIDIARIES 35 W WACKER DRIVE 36TH FLOOR (RISK MANAGEMENT) CHICAGO, IL 60601	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

Workers' Compensation Continued:

Carrier: AIU Insurance Company

Policy #: WC 45886666 (CA)

Limits:

-Each Accident: \$1,000,000

-Disease-Policy: \$1,000,000

-Disease-Each: \$1,000,000

Effective Date: 07/01/2022

Expiration Date: 07/01/2023

Carrier: AIU Insurance Company

Policy #: WC 45886667 (WI)

Limits:

-Each Accident: \$1,000,000

-Disease-Policy: \$1,000,000

-Disease-Each: \$1,000,000

Effective Date: 07/01/2022

Expiration Date: 07/01/2023