



Statewide Contract Summary

Official signed contract documents are on file with OMES Central Purchasing.

Contract title: Online Legal Services

Contract Number: SW1046B - PS contract#0-7208

Date of Contract issuance: 12/21/2023

Contract period: 12/21/2023 through 12/20/2024

Agreement period: 12/21/2023 through 12/20/2028

Type of contract: Mandatory ☐ Non-Mandatory ☒

OMES Central Purchasing contact: Cini Zacharia, CPOII

Title: Contracting Officer II

Phone: (405) - 522 - 9078

Email: Cini.zacharia@omes.ok.gov

Supplier name: LEXISNEXIS RISK SOLUTIONS

Supplier ID # 0000409520

Contract ID #: 0-7208

Supplier Point of Contact: Gaurang Dave, OR James Worrall OR Sarah Farrell.

Supplier address: 9443 Springboro Pike

City: Miamisburg **State:** OH **Zip code:** 45342-4425

Phone #: 1-202-378-1018 (Direct)
202-365-6548 (Mobile)

Email: Gaurang.Dave@LNSSI.com
james.worrall@Lnssi.com

Sarah.Farrell@Lnssi.com

Contract Overview:

This Statewide Contract resulted from the Solicitation #0900000514 for
SW1046B-Online Legal Services. Vendor: LEXISNEXIS RISK SOLUTIONS

Authorized Users: All state departments, boards, commissions, agencies, and institutions, in
Addition to counties, school districts and municipalities which may avail themselves of this
contract.

How to order:

1. For product and pricing information review awarded contract documents
"Attachment E Named LEXISNEXIS RISK SOLUTIONS Price in pdf format
2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes must reference
SW1046B
3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number
SW1046B on your purchase order by attaching the PeopleSoft Contract #0-7208.
4. Email your purchase order to the designated supplier sales representative

Available Brands:

LEXISNEXIS RISK SOLUTIONS

Available Products and Services:

Online Legal Services

Authorized Dealer/Reseller(s):

Supplier name: N/A

Supplier ID #:

Contract ID #:

Supplier Point of Contact:

Supplier address:

City:	State:	Zip Code:	-
Phone #: 1 - - -	Email:		

Supplier name:

Supplier ID #:	Contract ID #:
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Supplier Point of Contact:

Supplier address:

City:	State:	Zip Code:	-
Phone #: 1 - - -	Email:		