



Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

**State of West Virginia  
 Solicitation Response**

**Proc Folder:** 1334280  
**Solicitation Description:** ADDENDUM 1-EQUIP LEASE/RENTAL WITH OPERATOR-SUPPLEMENTAL  
**Proc Type:** Agency Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-01-11 14:30	SR 0803 ESR01102400000003343	1

**VENDOR**  
 000000219141  
 BTI CONTRACTING INC

**Solicitation Number:** ARFQ 0803 DOT2400000052  
**Total Bid:** 0  
**Response Date:** 2024-01-10  
**Response Time:** 15:15:28  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**

Dusty J Smith  
 304-414-6859  
 dusty.j.smith@wv.gov

**Vendor Signature X** **FEIN#** **DATE**

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	EQUIPMENT LEASE/RENTAL WITH OPERATOR-SUPPLEMENTAL	0.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
72141702			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT, A FOR ACTUAL COST

Equipment Lease/Rental With Operator-Supplemental  
ATTACHMENT A PRICING PAGE (ATT A)

Vendor Name: BTI Contracting Inc

**Vendor Instructions:** Vendor shall mark with an "X" the counties that correspond with the bid prices on this page. If Vendor has varied pricing per county, Vendor shall complete a separate set of Pricing Pages (ATT A and ATT B if different) for each county pricing set. **Failure to include ATT A and ATT B will result in the disqualification of the affected bid.**

This is a multiple vendor award contract. Qualifying vendors meeting the contract specifications will be awarded with a contract. The low bid vendor per project will be determined at the time of need, as per Section 8 of the contract specifications. Estimated quantities are not available.

<b>District 1</b>	<b>District 2</b>	<b>District 3</b>	<b>District 4</b>	<b>District 5</b>	<b>District 6</b>	<b>District 7</b>	<b>District 8</b>	<b>District 9</b>	<b>District 10</b>
<input checked="" type="checkbox"/> Boone	<input checked="" type="checkbox"/> Cabell	<input checked="" type="checkbox"/> Calhoun	<input type="checkbox"/> Doddridge	<input type="checkbox"/> Berkeley	<input type="checkbox"/> Brooke	<input type="checkbox"/> Barbour	<input type="checkbox"/> Pendleton	<input checked="" type="checkbox"/> Fayette	<input checked="" type="checkbox"/> McDowell
<input checked="" type="checkbox"/> Clay	<input checked="" type="checkbox"/> Lincoln	<input checked="" type="checkbox"/> Jackson	<input type="checkbox"/> Harrison	<input type="checkbox"/> Grant	<input type="checkbox"/> Hancock	<input type="checkbox"/> Braxton	<input type="checkbox"/> Pocahontas	<input checked="" type="checkbox"/> Greenbrier	<input checked="" type="checkbox"/> Mercer
<input checked="" type="checkbox"/> Kanawha	<input checked="" type="checkbox"/> Logan	<input checked="" type="checkbox"/> Pleasants	<input type="checkbox"/> Marion	<input type="checkbox"/> Hampshire	<input type="checkbox"/> Marshall	<input type="checkbox"/> Gilmer	<input type="checkbox"/> Randolph	<input checked="" type="checkbox"/> Monroe	<input checked="" type="checkbox"/> Raleigh
<input checked="" type="checkbox"/> Mason	<input checked="" type="checkbox"/> Mingo	<input checked="" type="checkbox"/> Ritchie	<input type="checkbox"/> Monongalia	<input type="checkbox"/> Hardy	<input type="checkbox"/> Ohio	<input type="checkbox"/> Lewis	<input type="checkbox"/> Tucker	<input checked="" type="checkbox"/> Nicholas	<input checked="" type="checkbox"/> Wyoming
<input checked="" type="checkbox"/> Putnam	<input checked="" type="checkbox"/> Wayne	<input checked="" type="checkbox"/> Roane	<input type="checkbox"/> Preston	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Tyler	<input type="checkbox"/> Upshur		<input checked="" type="checkbox"/> Summers	
		<input checked="" type="checkbox"/> Wirt	<input type="checkbox"/> Taylor	<input type="checkbox"/> Mineral	<input type="checkbox"/> Wetzell	<input type="checkbox"/> Webster			
		<input checked="" type="checkbox"/> Wood		<input type="checkbox"/> Morgan					

Contract Item #	Contract Item Description	Lease/Rental With Operator			Mobilization	
		\$/Day up to 10 hours	\$/Week up to 50 Hours	\$/Month up to 217 Hours	First Mile	Additional Mile
<b>COMPACTORS</b>						
65	Compactor - Pneumatic Tired Roller					
66	Compactor - Smooth Drum Vibratory Roller					
67	Compactor - Vibratory Padfoot Roller					
<b>CEMENT/CONCRETE</b>						
68	Cement Spreader - Mechanical for Dry Cement Placement					
69	Concrete Line Pump - Truck Mounted up to 30 meters no outrigger					
70	Concrete Pump - Trailer Mounted					
71	Slurry Cement Spreader					
<b>PAVING</b>						
72	Patching Trailer					
73	Patching Truck					
74	Paver - Hot Mix Asphalt Track Paver	\$1,250.00	\$6,000.00	\$24,000.00	\$350.00	\$10.00
75	Planer/Cold Planer - BOMAG 500 or 600 or similar					
76	Reclaimer - 500 HP Self-propelled CAT RM500 B or similar					
77	Shoulder Paver/Road Widener Diesel Powered - 46 hp minimum, 1' to 6' width, 6" to 12" depth. 5 T, Dual Drum					
78	Shoulder Paver/Road Widener Gas Powered - 67 hp minimum, 1' to 6' width, 6" to 12" depth. 5 ton, Dual Drum					
79	Stabilizer - BOMAG 250 HP or similar					
80	Stabilizer/Recycler COLD MILLING MACHINE - BOMAG MPH 364 R-2 or similar.					

EQUIPMENT LEASE/RENTAL WITH OPERATOR-SUPPLEMENTAL

6624C035

ATT B - Information Form

Vendor Name: BTI Contracting Inc

Vendor shall identify source locations (physical 911 address) where Contract Items will be provided from upon contract award.

**Bids submitted without ATT B will be disqualified.**

Please duplicate this page if listing additional source locations.

Vendor Source Location
2334 RT 52
KENOVA, WV 25530
Vendor Source Location
Vendor Source Location
Vendor Source Location
Vendor Source Location
Vendor Source Location

**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.**

Tave Parker Manager

**(Printed Name and Title)**

PO Box 314 Catlettsburg, KY 41229

**(Address)**

304-453-6196/ 304-453-6430

**(Phone Number) / (Fax Number)**

tavejparker.aawv@gmail.com

**(E-mail address)**

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, 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.*

BTI Contracting Inc

(Company)



(Signature of Authorized Representative)

Lisa M. Dean, President

(Printed Name and Title of Authorized Representative)

January 9, 2024

(Date)

304-453-6196/304-453-6430

(Phone Number) (Fax Number)

Revised 8/24/2023



BTICONT-01

JTHOMAS

# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 1/2/2024

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).

<b>PRODUCER</b> Sterling G Thompson Company, LLC 401 W. Main St Suite 1200 Louisville, KY 40202	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (502) 585-3277 <b>FAX (A/C, No):</b> (502) 585-3306 <b>E-MAIL ADDRESS:</b> info@sterlingthompson.com														
<b>INSURED</b>  <b>BTI CONTRACTING, INC.</b> P.O. Box 314 Catlettsburg, KY 41129	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : <b>BITCO National Insurance Company</b></td> <td><b>20109</b></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>BITCO National Insurance Company</b>	<b>20109</b>	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : <b>BITCO National Insurance Company</b>	<b>20109</b>														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**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 INSD	SUBR 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CLP3738269	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAP3738271	1/1/2024	1/1/2025	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 \$ 10,000			CUP3738272	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

State of WV 1900 Kenawha Blvd E., Bldg 5 Charleston, WV 25305	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 
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REQUEST FOR QUOTATION  
Equipment Lease/Rental With Operator-Supplemental 6624C035

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**8. MISCELLANEOUS:**

- 8.1 No Substitutions:** Vendor shall supply only Contract Items submitted in response to the Solicitation unless a contract modification is approved in accordance with the provisions contained in this Contract.
- 8.2 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response. If Vendor's equipment-stock changes during the contract period, equipment presented by the Vendor to the Agency must match the ADO and meet the parameters specified in the equipment description listed on the pricing pages and shall be subject to the terms and conditions of this contract. Final acceptance of changed equipment for project is at the discretion of the WVDOH.
- 8.3 Inspection of Equipment:** The Vendor shall have the right, during normal working hours, to the extent of the WVDOH's authority, to enter upon the premises where the said equipment is located for the purpose of inspecting or providing maintenance to the rental equipment.
- 8.4 Reports:** Vendor shall provide the Agency with quarterly reports, annual summaries, and/or monthly reports as requested by the Agency and/or the West Virginia Purchasing Division showing quantities, total dollar value of the Contract Items purchased, ordered, shipped & invoiced with dates in spreadsheet format as defined by the Agency. Failure to supply such reports may be grounds for cancellation of this Contract.
- 8.5 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:** TAVE PARKER  
**Telephone Number:** 304-453-6196  
**Fax Number:** 304-453-6430  
**Email Address:** TAVE.PARKER@WVDOH.GOV

Vendor shall inform the Agency in writing of any changes to the information provided above within 10 calendar days of such changes. Failure to comply may be grounds for cancellation of this contract.



State of West Virginia  
Agency Request for Quote  
Equip. Rental

<b>Proc Folder:</b> 1334280 <b>Doc Description:</b> ADDENDUM 1-EQUIP LEASE/RENTAL WITH OPERATOR-SUPPLEMENTAL <b>Proc Type:</b> Agency Master Agreement			<b>Reason for Modification:</b> Addendum 1-To attach the vendor questions and responses.
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2024-01-03	2024-01-11 14:30	ARFQ 0803 DOT2400000052	2

BID RECEIVING LOCATION	
BUDGET & PROCUREMENT DIVISION OF HIGHWAYS BLDG 6 RM 340A 1900 KANAWHA BLVD E CHARLESTON WV 25305 US	

VENDOR	
<b>Vendor Customer Code:</b> 000000219 <b>Vendor Name :</b> <b>Address :</b> BTI Contracting Inc PO Box 314 Catlettsburg, KY 41129 <b>Street :</b> <b>City :</b> <b>State :</b> <b>Country :</b> US <b>Zip :</b> <b>Principal Contact :</b> LISA M. DEAN <b>Vendor Contact Phone:</b> 304-453-6196 <b>Extension:</b>	

FOR INFORMATION CONTACT THE BUYER	
Dusty J Smith 304-414-6859 dusty.j.smith@wv.gov	

<b>Vendor Signature X</b> <i>Lisa M. Dean</i>	<b>FEIN#</b> 61-1367923	<b>DATE</b> 01-10-2024
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**ADDITIONAL INFORMATION**

Addendum 1 is issued for the following reasons:

- 1. To attach the vendor questions and responses

No other changes

INVOICE TO		SHIP TO	
VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER		VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER	
No City US	WV	No City US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	EQUIPMENT LEASE/RENTAL WITH OPERATOR-SUPPLEMENTAL	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
72141702			

**Extended Description:**  
SEE ATTACHED PRICING PAGE - ATTACHMENT, A FOR ACTUAL COST

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Technical Question Deadline 10:00 A.M.	2024-01-03

ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.: ARFQ DOT2400000052

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

*(Check the box next to each addendum received)*

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

*BTI Contracting Inc*

Company

*Lisa M. Dern*

Authorized Signature

*01-10-2024*

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.