



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: 1201087
Solicitation Description: Switch Ties
Proc Type: Agency Purchase Order

Solicitation Closes	Solicitation Response	Version
2023-04-18 14:30	SR 0810 ESR04042300000004846	1

VENDOR
 000000202531
 ACME WOOD PRESERVING INC

Solicitation Number: ARFQ 0810 DMT2300000006
Total Bid: 15240.1499999999963620211929 **Response Date:** 2023-04-04 **Response Time:** 15:58:49

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	7" X 9" X 9' Switch Ties	56.00000	EA	86.100000	4821.60

Comm Code	Manufacturer	Specification	Model #
25121716			

Commodity Line Comments:

Extended Description:

7" X 9" X 9' Switch Ties

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	7" X 9" X 11' Switch Ties	8.00000	EA	104.050000	832.40

Comm Code	Manufacturer	Specification	Model #
25121716			

Commodity Line Comments:

Extended Description:

7" X 9" X 11' Switch Ties

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	7" X 9" X 13' Switch Ties	8.00000	EA	131.550000	1052.40

Comm Code	Manufacturer	Specification	Model #
25121716			

Commodity Line Comments:

Extended Description:

7" X 9" X 13' Switch Ties

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	7" X 9" X 14' Switch Ties	15.00000	EA	137.250000	2058.75

Comm Code	Manufacturer	Specification	Model #
25121716			

Commodity Line Comments:

Extended Description:

7" X 9" X 14' Switch Ties

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	7" X 9" X 15' Switch Ties	15.00000	EA	149.400000	2241.00

Comm Code	Manufacturer	Specification	Model #
25121716			

Commodity Line Comments:

Extended Description:

7" X 9" X 15' Switch Ties

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	7" X 9" X 16' Switch Ties	20.00000	EA	157.700000	3154.00

Comm Code	Manufacturer	Specification	Model #
25121716			

Commodity Line Comments:

Extended Description:

7" X 9" X 16' Switch Ties

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	7" X 9" X 20' Switch Ties	5.00000	EA	216.000000	1080.00

Comm Code	Manufacturer	Specification	Model #
25121716			

Commodity Line Comments: Materials are currently in-stock but may take longer if, placing the order is delayed!

Extended Description:

7" X 9" X 20' Switch Ties

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.

Bruce N. Hobbs

(Printed Name and Title)
914 South Wickham Ave., Princeton, WV 24740

(Address)
304/425-8769 304/425-1496


(Phone Number) / (Fax Number)
bnh.acmewood@frontiernet.net

(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.

Acme Wood Preserving, Inc.

(Company)


(Signature of Authorized Representative)

Bruce N. Hobbs

(Printed Name and Title of Authorized Representative)

03-01-23

(Date)

304/425-8769 304/425-1496

(Phone Number) (Fax Number)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/31/2022

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

PRODUCER HALLASON GROUP LLC 200 Lafayette St. Lewisburg WV 24901	CONTACT NAME: Jason Lobban PHONE (A/C, No, Ext): 304-645-7252 FAX (A/C, No): 304-645-1192 E-MAIL ADDRESS: Jasonlobban@hotmail.com
INSURER(S) AFFORDING COVERAGE	
INSURED Acme Wood Preserving, Inc. 914 South Wickham Ave Princeton WV 24740	INSURER A: The Cincinnati Insurance Companies NAIC # 10677 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 SUBR INSD 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	CSU0142814	11/18/2022	11/18/2023	EACH OCCURRENCE \$ 1,000,000			
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			
						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 type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	ENP0559093	11/18/2022	11/18/2023	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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	CSU0142817	11/18/2022	11/18/2023	EACH OCCURRENCE \$ 1,000,000			
						AGGREGATE \$ 1,000,000			
						\$			
						PER STATUTE OTH-ER			
						E.L. EACH ACCIDENT \$			
						E.L. DISEASE - EA EMPLOYEE \$			
						E.L. DISEASE - POLICY LIMIT \$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A							
A	Leased/Rented equipment	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	ENP0559093	11/18/2022	11/18/2023	1,000 deductible			
						\$			

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

CERTIFICATE HOLDER CANCELLATION

Additional Insured: State of WV 1900 Kanawha 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 Jason Lobban
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