

# State of West Virginia Solicitation Response

Proc Folder:

1240708

**Solicitation Description:** 

District-1 Rental Paver 012303958

Proc Type:

Agency Master Agreement

| Solicitation Closes | Solicitation Response        | Version |
|---------------------|------------------------------|---------|
| 2023-06-27 14:30    | SR 0803 ESR06262300000006563 | 1       |

**VENDOR** 

000000219141

BTI CONTRACTING INC

Solicitation Number: ARFQ 0803 DOT2300000124

**Total Bid:** 27910 **Response Date:** 2023-06-26 **Response Time:** 15:34:05

Comments:

FOR INFORMATION CONTACT THE BUYER

Jerry D Rush 304-414-6683 jerry.d.rush@wv.gov

Vendor Signature X

FEIN#

DATE

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

 Date Printed:
 Jun 27, 2023
 Page: 1
 FORM ID: WV-PRC-SR-001 2020/05

| Line | Comm Ln Desc                   | Qty     | Unit Issue | Unit Price   | Ln Total Or Contract Amount |
|------|--------------------------------|---------|------------|--------------|-----------------------------|
| 1    | Asphalt Paver Rental-Per Month | 1.00000 | MO         | 27500.000000 | 27500.00                    |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 72141700  |              |               |         |  |

# **Commodity Line Comments:**

#### **Extended Description:**

Asphalt Paver Rental-Per Month

| Line | Comm Ln Desc                    | Qty     | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---------------------------------|---------|------------|------------|-----------------------------|
| 2    | Mobilization/Delivery -1st Mile | 1.00000 | MILE       | 400.000000 | 400.00                      |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 72141700  |              |               |         |  |
|           |              |               |         |  |

#### **Commodity Line Comments:**

#### **Extended Description:**

Asphalt Paver Rental-Mobilization/Delivery -1st Mile

| Line | Comm Ln Desc                                | Qty     | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|---------|------------|------------|-----------------------------|
| 3    | Mobilization/Delivery -Each Additional Mile | 1.00000 | MILE       | 10.000000  | 10.00                       |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 72141700  |              |               |         |  |
|           |              |               |         |  |

## **Commodity Line Comments:**

#### **Extended Description:**

Mobilization/Delivery -Each Additional Mile

Date Printed: Jun 27, 2023 Page: 2 FORM ID: WV-PRC-SR-001 2020/05



#### State of West Virginia **Agency Request for Quote** Equip. Rental

Proc Folder: 1240708 Reason for Modification: Doc Description: District-1 Rental Paver 012303958 **Proc Type: Agency Master Agreement** Date Issued Solicitation Closes Solicitation No Version

DOT2300000124

0803

**BID RECEIVING LOCATION** 

**BUDGET & PROCUREMENT** 

DIVISION OF HIGHWAYS

BLDG 5, RM A-317

1900 KANAWHA BLVD E

CHARLESTON

2023-06-13

WV 25305

2023-06-27

14:30

ARFQ

US

VENDOR

Vendor Customer Code: OOOOOO219141

Vendor Name:

Address:

BTI Contracting Inc

PO Box 314

Street:

Catlettsburg, KY 41129

City:

State:

Country: US

Zip:

Principal Contact: 454 M. DEAN

Vendor Contact Phone: 304-453-6196

**Extension:** 

FOR INFORMATION CONTACT THE BUYER

Jerry D Rush 304-414-6683 jerry.d.rush@wv.gov

Vendor

Signature X

FEIN# 61-1367923

DATE JUNE 26, 2023

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

Date Printed:

Jun 12, 2023

Page 1

FORM ID: WV-PRC-ARFQ-002 2020/05

#### **ADDITIONAL INFORMATION**

THE WEST VIRGINIA DEPARTMENT OF TRANSPORTATION- BUDGET AND PROCUREMENT DIVISION - THIS IS AN AGENCY OPEN END PURCHASE CONTRACT FOR ASPHALT PAVER RENTAL FOR DISTRICT ONE PER THE ATTACHED DOCUMENTS. QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO dotprocurement echques@wv.gov PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS.

\*\*\*\*\*\*\*\*NOTICE\*\*\*\*\*\*

WE DO NOT ACCEPT EMAIL BIDS

MUST USE ONE THE FOLLOWING TO SUBMIT A BID:

\* UPLOAD TO OASIS

\* HAND DELIVERY

\* MAIL IN HARD COPY

\* FAX 304-558-0047

MAKE SURE YOU DOWNLOAD ALL INFORMATION

THE- COMPLETE SOLICITATION-PRICING PAGES-SIGN THE PAGES THAT NEED SIGNED PLEASE NOTE THAT TO BE AWARDED THIS CONTRACT YOU WILL BE TO A REGISTER VENDOR WITH WV STATE PURCHASING, AND COMPLIANT WITH SEVERAL AGENCIES SUCH AS THE WVSOS, TAX DEPARTMENT, WORKER'S COMPENSATION, AND UNEMPLOYMENT INSURANCE

| INVOICE TO           |    | SHIP TO              |    |  |  |
|----------------------|----|----------------------|----|--|--|
| DIVISION OF HIGHWAYS |    | DIVISION OF HIGHWAYS |    |  |  |
| DISTRICT ONE HQ      |    | DISTRICT ONE HQ      |    |  |  |
| 1340 SMITH ST        |    | 1340 SMITH ST        |    |  |  |
| CHARLESTON           | WV | CHARLESTON           | WV |  |  |
| US                   |    | US                   |    |  |  |

| Line | Comm Ln Desc                   | Qty     | Unit Issue | Unit Price | Total Price |
|------|--------------------------------|---------|------------|------------|-------------|
| 1    | Asphalt Paver Rental-Per Month | 1.00000 | МО         |            |             |
|      |                                |         |            |            | 0.          |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 72141700  |              |               |         |  |
|           |              |               |         |  |

#### **Extended Description:**

Asphalt Paver Rental-Per Month

INVOICE TOSHIP TODIVISION OF HIGHWAYSDIVISION OF HIGHWAYSDISTRICT ONE HQDISTRICT ONE HQ1340 SMITH ST1340 SMITH ST

CHARLESTON WV CHARLESTON US US

 Line
 Comm Ln Desc
 Qty
 Unit Issue
 Unit Price
 Total Price

 2
 Mobilization/Delivery -1st Mile
 1.00000
 MILE

Comm Code Manufacturer Specification Model # 72141700

#### **Extended Description:**

Asphalt Paver Rental-Mobilization/Delivery -1st Mile

INVOICE TO

DIVISION OF HIGHWAYS

DISTRICT ONE HQ

1340 SMITH ST

CHARLESTON

WV

US

SHIP TO

DIVISION OF HIGHWAYS

DISTRICT ONE HQ

1340 SMITH ST

CHARLESTON

WV

US

| Line | Comm Ln Desc                                | Qty     | Unit Issue | Unit Price | Total Price |
|------|---|---------|------------|------------|-------------|
| 3    | Mobilization/Delivery -Each Additional Mile | 1.00000 | MILE       |            | ,           |
| 1    |   |         |            |            |             |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 72141700  |              |               |         |  |
|           |              |               |         |  |

#### **Extended Description:**

Mobilization/Delivery -Each Additional Mile

#### **SCHEDULE OF EVENTS**

Line Event Date

1 TECHNICAL QUESTION DEADLINE 10:00 A.M. 2023-06-21

Date Printed: Jun 12, 2023

WV

# REQUEST FOR QUOTATION

# **Equipment Rental**

# Vogele 1700-3i Super Track Paver or Equal WVDOH DISTRICT-1 PO#012303958

- **14.6 Liens:** The WVDOH shall not directly or indirectly create, incur, assume or suffer to exist any mortgage, pledge, lien, charge and encumbrance or claim on or with respect to the lease/rented equipment, except with respect to the respective rights of the Vendor and the WVOOH.
- 14.7 Vendor shall inform the Agency in writing of any change to the information provided above within ten (10) calendar days of such change. Failure to comply may be grounds for cancellation of the contract.
- 14.8 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: Lobelt E.

Telephone Number: 304-453-6196
Fax Number: 304-453-6430

Email Address: vober

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.

| Robert E. Scott                               |              |  |
|---|--------------|--|
| ( <b>Printed Name a</b><br>PO Box 314 Catlett |              |  |
| ( <b>Address</b> )<br>304-453-6196            | 304-453-6430 |  |
| (Phone Number) robertscottbti@live.           |              |  |
| (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)   |  |  |  |  |  |  |  |
| Issa ten, tresvent                                    |  |  |  |  |  |  |  |
| (Signature of Authorized Representative)              |  |  |  |  |  |  |  |
| Lisa M. Dean, President                               |  |  |  |  |  |  |  |
| (Printed Name and Title of Authorized Representative) |  |  |  |  |  |  |  |
| June 26, 2023   |  |  |  |  |  |  |  |
| (Date)  |  |  |  |  |  |  |  |
| 304-453-6196 304-453-6430                             |  |  |  |  |  |  |  |
| (Phone Number) (Fax Number)                           |  |  |  |  |  |  |  |
| Revised 09/12/2022                                    |  |  |  |  |  |  |  |

# Pricing Page-EXHIBIT A Vogele 1700-3i Super Track Paver Equipment Rental WITHOUT Operator

|        |          |    |  | Equipment Delivery Fee |          |          |  |  |  |
|--------|----------|----|--|------------------------|----------|----------|--|--|--|
| Item   | Quantity |    | Description  |                        |          |          |  |  |  |
| Number |          |    |  | \$/Month               | 1st Mile | Add. Mi. |  |  |  |
| 3.1.1  | 1        | EA | Equipment Rental-Roadtec RP-170E Rubb<br>Tired Paver | \$27,500.00            | \$400.00 | \$10.00  |  |  |  |

| VENDOR NAME    | BTI Contracting Inc               |  |  |  |  |
|----------------|-----------------------------------|--|--|--|--|
| VENDOR ADDRESS | PO Box 314 Catlettsburg, KY 41129 |  |  |  |  |
| PHONE #        | 304-453-6196                      |  |  |  |  |
| EMAIL          | robertscottbti@live.com           |  |  |  |  |
| SIGNATURE      | a dea-M. in son trooper           |  |  |  |  |



BTICONT-01

JTHOMAS

DATE (MM/DD/YYYY) 6/26/2023

## CERTIFICATE OF LIABILITY INSURANCE

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).

| th                               | is c                 | ertificate does not confer rights to                            | the   | certi   | ificate holder in lieu of su                 |  |   |                   |                                  |            |             |              |
|----------------------------------|----------------------|---|-------|---|--|--|---|-------------------|----------------------------------|------------|-------------|--------------|
| PRO                              | DUCE                 | R   |       |   |  | CONTA<br>NAME:   | СТ  |                   |                                  |            |             |              |
| Sterling G Thompson Company, LLC |                      |   |       |   |  | PHONE (A/C, No, Ext): (502) 585-3277 FAX (A/C, No): (502) 585-3306 |   |                   |                                  |            |             |              |
| 401 W. Main St<br>Suite 1200     |                      |   |       |   | E-MAIL<br>ADDRESS: info@sterlingthompson.com |  |   |                   |                                  |            |             |              |
| Lou                              | isvill               | le, KY 40202  |       |   |  | ADDILL   |   |                   | RDING COVERAGE                   |            |             | NAIC #       |
|                                  |                      |   |       |   |  | INCLIDE  |   | (-)               |                                  | nany       |             | 20109        |
| INSURED                          |                      |   |       |   |  |  | INSURER A : BITCO National Insurance Company INSURER B : ENCOVA INSURANCE |                   |                                  |            |             | 52524        |
|                                  | KLD                  | DTI GOLITO I OTINIO INIO  |       |   |  |  |   | AINOUNA           | 101                              |            |             | J2J24        |
|                                  |                      | BTI CONTRACTING, INC.<br>P.O. Box 314                           |       |   |  | INSURER C:   |   |                   |                                  |            |             |              |
|                                  |                      | Catlettsburg, KY 41129  |       |   |  | INSURER D:   |   |                   |                                  |            |             |              |
|                                  |                      |   |       |   |  | INSURER E :  |   |                   |                                  |            |             |              |
|                                  |                      |   |       |   |  | INSURE   | RF:   |                   | 551//0101111                     |            |             |              |
|                                  |                      |   |       |   | E NUMBER:                                    |  |   |                   | REVISION NUM                     |            |             |              |
| IN                               | DICA                 | IS TO CERTIFY THAT THE POLICIE<br>ATED. NOTWITHSTANDING ANY R   | EQUI  | REME  | ENT, TERM OR CONDITION                       | N OF A   | NY CONTRA   | CT OR OTHER       | R DOCUMENT WIT                   | TH RESPE   | CT TO       | O WHICH THIS |
| C                                | ERTI                 | FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH       | PER'  | TAIN,   | THE INSURANCE AFFOR                          | DED BY   | THE POLIC   | IES DESCRIB       | ED HEREIN IS SU                  | JBJECT T   | O ALI       | _ THE TERMS, |
| INSR                             | \CLU                 |   |       |   |  | DEEN   | POLICY EFF  | POLICY EXP        |                                  |            |             |              |
| A A                              | х                    |   | INSD  | SUBR<br>WVD   | POLICY NUMBER                                |  | (MM/DD/YYYY)  | (MM/DD/YYYY)      | LIMITS                           |            | 1,000,000   |              |
| ^                                | ^                    | COMMERCIAL GENERAL LIABILITY                                    |       |   | 01 7070 400 4                                |  | 4/4/0000  | 4/4/0004          | EACH OCCURRENCE DAMAGE TO RENTI  |            | \$          | 300,000      |
|                                  |                      | CLAIMS-MADE X OCCUR   | X     |   | CLP3724994                                   |  | 1/1/2023  | 1/1/2024          | PREMISES (Ea occu                | irrence)   | \$          | 5,000        |
|                                  |                      |   |       |   |  |  |   |                   | MED EXP (Any one                 | person)    | \$          | 1,000,000    |
|                                  |                      |   |       |   |  |  |   |                   | PERSONAL & ADV I                 | INJURY     | \$          | 2,000,000    |
|                                  | GEN                  | N'L AGGREGATE LIMIT APPLIES PER:                                |       |   |  |  |   |                   | GENERAL AGGREGATE \$             |            | 2,000,000   |              |
|                                  |                      | POLICY X PRO-<br>JECT LOC                                       |       |   |  |  |   |                   | PRODUCTS - COMP                  | P/OP AGG   | \$          | 2,000,000    |
| _                                |                      | OTHER:  |       |   |  |  |   |                   | COMBINED SINGLE                  | LIMIT      | \$          | 4 000 000    |
| Α                                | AUTOMOBILE LIABILITY |   |       |   |  |  |   |                   | (Ea accident)                    | LIIVIII    | \$          | 1,000,000    |
|                                  | X                    | X ANY AUTO  |       |   | CAP3724995                                   | 1/1/2023   | 1/1/2023  | 1/1/2024          | BODILY INJURY (Pe                | er person) | \$          |              |
|                                  |                      | OWNED SCHEDULED AUTOS   |       |   |  |  |   |                   | BODILY INJURY (Pe                |            | \$          |              |
|                                  |                      | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY                           |       |   |  |  |   |                   | PROPERTY DAMAG<br>(Per accident) | iE         | \$          |              |
|                                  |                      |   |       |   |  |  |   |                   |                                  |            | \$          |              |
| Α                                | X                    | UMBRELLA LIAB X OCCUR   |       |   |  |  |   | EACH OCCURRENC    | CE                               | \$         | 5,000,000   |              |
|                                  |                      | EXCESS LIAB CLAIMS-MADE   |       |   | CUP2823321                                   |  | 1/1/2023  | 1/1/2024          | AGGREGATE                        |            | \$          | 5,000,000    |
|                                  |                      | DED RETENTION \$  |       |   |  |  |   |                   |                                  |            | \$          |              |
| В                                | WOR                  | RKERS COMPENSATION EMPLOYERS' LIABILITY                         | N/A   |   | WCN6007383                                   |  | 8/22/2022   |                   | X PER<br>STATUTE                 | OTH-<br>ER |             |              |
|                                  | ANY                  | PROPRIETOR/PARTNER/EXECUTIVE T/N                                |       |   |  |  |   | 8/22/2023         | E.L. EACH ACCIDEN                | TV         | \$          | 1,000,000    |
|                                  |                      | CER/MEMBER EXCLUDED?  |       |   |  |  |   |                   | E.L. DISEASE - EA E              | EMPLOYEE   | \$          | 1,000,000    |
|                                  | If yes               | s, describe under<br>CRIPTION OF OPERATIONS below               |       |   |  |  |   |                   | E.L. DISEASE - POL               | ICY LIMIT  | \$          | 1,000,000    |
|                                  |                      |   |       |   |  |  |   |                   |                                  | Ţ          |             |              |
|                                  |                      |   |       |   |  |  |   |                   |                                  |            |             |              |
|                                  | L_                   |   |       |   |  |  |   |                   |                                  |            |             |              |
| DES                              | CRIPT                | ION OF OPERATIONS / LOCATIONS / VEHICI                          | ES (A | CORE  | 0 101, Additional Remarks Schedu             | ıle, may b   | e attached if mor   | e space is requir | ed)                              |            |             |              |
|                                  |                      | te Holder Information<br>te holder is listed as Additional Insi | ıred  | as re   | guried by written contract                   |  |   |                   |                                  |            |             |              |
| 00.1                             | ····ou·              | te fiolder is listed as Additional list                         | ai cu | u3 10   | quiled by written contract                   |  |   |                   |                                  |            |             |              |
|                                  |                      |   |       |   |  |  |   |                   |                                  |            |             |              |
|                                  |                      |   |       |   |  |  |   |                   |                                  |            |             |              |
|                                  |                      |   |       |   |  |  |   |                   |                                  |            |             |              |
|                                  |                      |   |       |   |  |  |   |                   |                                  |            |             |              |
| CERTIFICATE HOLDER               |                      |   |       |   | CANCELLATION                                 |  |   |                   |                                  |            |             |              |
| ORIGINAL HOLDER                  |                      |   |       |   |  |  |   |                   |                                  |            |             |              |
|                                  |                      |   |       |   | SHO  | OULD ANY OF  | THE ABOVE D   | ESCRIBED POLIC    | IES BE CA                        | ANCE       | LLED BEFORE |              |
| State of WV                      |                      |   |       | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |  |  |   |                   |                                  |            |             |              |
| 1900 Kanawha Blvd E Bldg 5       |                      |   |       |   | ACCOUNTAIN THE FOLIOT FROMOIONO.             |  |   |                   |                                  |            |             |              |
|                                  |                      | Charleston, WV 25305  | · ·   |   |  |  |   |                   |                                  |            |             |              |

**AUTHORIZED REPRESENTATIVE**