



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: 1310806
Solicitation Description: ADDENDUM 3-ALL TERRAIN TREE TRIMMER WITH OPERATOR
Proc Type: Agency Master Agreement

Solicitation Closes	Solicitation Response	Version
2023-10-25 14:30	SR 0803 ESR10222300000001925	1

VENDOR
 000000113225
 J & R LANDSCAPING & TREE EXPERTS INC

Solicitation Number: ARFQ 0803 DOT2400000033

Total Bid: 0 **Response Date:** 2023-10-23 **Response Time:** 12:34:32

Comments:

FOR INFORMATION CONTACT THE BUYER

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

Vendor Signature X	FEIN#	DATE
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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	ALL TERRAIN TRIMMER-JARRAFF OR EQUAL	0.00000	HOUR	375.000000	0.00

Comm Code	Manufacturer	Specification	Model #
72141702			

Commodity Line Comments:

Extended Description:

All Terrain Tree Trimmer - Jarraff or equal, saw head boom with 180 degree rotation, 75 ft max cutting height, 360 degree turntable rotation, four wheel drive. See Pricing Pages ATT A for actual costs.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	ALL TERRAIN TRIMMER-JARRAFF OR EQUAL-MOBILIZATION	0.00000	MILE	10.000000	0.00

Comm Code	Manufacturer	Specification	Model #
78121603			

Commodity Line Comments:

Extended Description:

See Pricing Pages ATT A for actual costs.




**State of West Virginia
Agency Request for Quote**

Proc Folder: 1310806		Reason for Modification: Addendum 3: 1. To Attach Vendor Questions with Agency Answers 2. To attach revised ATT A Pricing Page
Doc Description: ADDENDUM 3-ALL TERRAIN TREE TRIMMER WITH OPERATOR		
Proc Type: Agency Master Agreement		
Date Issued	Solicitation Closes	Solicitation No
2023-10-19	2023-10-25 14:30	ARFQ 0803 DOT2400000033
		Version
		4

BID RECEIVING LOCATION
BUDGET & PROCUREMENT DIVISION OF HIGHWAYS BLDG 5, RM A-317 1900 KANAWHA BLVD E CHARLESTON WV 25305 US

VENDOR		
Vendor Customer Code: 000000113225		
Vendor Name : J & R Landscaping and Tree Experts INC		
Address : 375		
Street : Timber Ridge Lane		
City : Keyser		
State : WV	Country : USA	Zip : 26726
Principal Contact : Jimmy Lucas JR		
Vendor Contact Phone: 3048137308	Extension:	

FOR INFORMATION CONTACT THE BUYER
Jerry D Rush 304-414-6683 jerry.d.rush@wv.gov

Vendor Signature X 	FEIN# 205083168	DATE 10/22/2023
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All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

Addendum 3

1. To Attach Vendor Questions with Agency Answers
2. To attach revised ATT A Pricing Page

No other changes

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	ALL TERRAIN TRIMMER-JARRAFF OR EQUAL	0.00000	HOUR	\$375.00	\$375.00

Comm Code	Manufacturer	Specification	Model #
72141702	Jarraff	Telescope boom with saw head	4 wheel drive, all terrain with rubber tires

Extended Description:

All Terrain Tree Trimmer - Jarraff or equal, saw head boom with 180 degree rotation, 75 ft max cutting height, 360 degree turntable rotation, four wheel drive. See Pricing Pages ATT A for actual costs.

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	ALL TERRAIN TRIMMER-JARRAFF OR EQUAL-MOBILIZATION	0.00000	MILE	\$10.00	\$10.00

Comm Code	Manufacturer	Specification	Model #
78121603	Jarraff	Telescope boom with saw head	4 wheel drive all terrain rubber tires

Extended Description:

See Pricing Pages ATT A for actual costs.

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Technical Questions due at 10am	2023-10-23

ADDITIONAL TERMS AND CONDITIONS

See attached program for a full list of Terms and Conditions

	Document Phase	Document Description	Page
DOT2400000033	Final	ADDENDUM 3-ALL TERRAIN TREE TRIMMER WITH OPERATOR	4

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

ACCEPTANCE AND SIGNATURE. By signing this document, I certify that I have reviewed the terms and conditions of this bid, that I understand the requirements, terms and conditions, and other bid requirements, that this bid, if accepted, will be an offer to the State of Florida for the purchase of the product or service proposed under the mandatory procurement process for the purchase of the product or service, and I agree to the terms and conditions of the bid. I agree to the terms and conditions of the bid, and I agree to the terms and conditions of the bid, and I agree to the terms and conditions of the bid. I agree to the terms and conditions of the bid, and I agree to the terms and conditions of the bid, and I agree to the terms and conditions of the bid.

STATE OF FLORIDA
Department of Transportation
Office of the Chief Information Officer
1900 North West 23rd Street
Tallahassee, Florida 32310
www.floridadot.com

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.

Jimmy Lucas JR- President

(Printed Name and Title)

375 Timber Ridge Lane Keyser WV 26726

(Address)

3048137308 / 3047885832

(Phone Number) / (Fax Number)

Jandrexcavating6260@yahoo.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.

J & R Landscaping and Tree Experts INC

(Company)

(Signature of Authorized Representative)

Jimmy Lucas JR- president

(Printed Name and Title of Authorized Representative)

10/22/2023

(Date)

3048137308 / 3047885832

(Phone Number) (Fax Number)

Revised 8/24/2023

REQUEST FOR QUOTATION
All Terrain Tree Trimmer with Operator 6624C037

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.

Jimmy Lucas JR
Contract Manager: _____
Telephone Number: 3048137308
Fax Number: 3047885832
Email Address: Jandrexavating6260@yahoo.com

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

All Terrain Tree Trimmer-Jarraff or Equal
ATTACHMENT A PRICING PAGE (ATT A)

Vendor Name: J & R Landscaping and Tree Experts 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. All qualifying vendor 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.

<input checked="" type="checkbox"/> Boone	<input checked="" type="checkbox"/> Cabell	<input checked="" type="checkbox"/> Calhoun	<input checked="" type="checkbox"/> Doddridge	<input checked="" type="checkbox"/> Berkeley	<input checked="" type="checkbox"/> Brooke	<input checked="" type="checkbox"/> Barbour	<input checked="" 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 checked="" type="checkbox"/> Harrison	<input checked="" type="checkbox"/> Grant	<input checked="" type="checkbox"/> Hancock	<input checked="" type="checkbox"/> Braxton	<input checked="" 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 checked="" type="checkbox"/> Marion	<input checked="" type="checkbox"/> Hampshire	<input checked="" type="checkbox"/> Marshall	<input checked="" type="checkbox"/> Gilmer	<input checked="" 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 checked="" type="checkbox"/> Monongalia	<input checked="" type="checkbox"/> Hardy	<input checked="" type="checkbox"/> Ohio	<input checked="" type="checkbox"/> Lewis	<input checked="" 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 checked="" type="checkbox"/> Preston	<input checked="" type="checkbox"/> Jefferson	<input checked="" type="checkbox"/> Tyler	<input checked="" type="checkbox"/> Upshur		<input checked="" type="checkbox"/> Summers	
		<input checked="" type="checkbox"/> Wirt	<input checked="" type="checkbox"/> Taylor	<input checked="" type="checkbox"/> Mineral	<input checked="" type="checkbox"/> Wetzel	<input checked="" type="checkbox"/> Webster			
		<input checked="" type="checkbox"/> Wood		<input checked="" 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	Addition Mile	
TRIMMER							
1	All Terrain Tree Trimmer - Jarraff or equal, saw head boom with 180 degree rotation, 75 ft max cutting height, 360 degree turntable rotation, four wheel drive.	\$3,750	\$18,750	\$81,375	\$10	\$10	

ALL TERRAIN TREE TRIMMER

6624C037

ATT B - Information Form

J & R Landscaping and Tree Experts INC

Vendor Name: _____

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

Bids submitted without ATT B will be disqualified.

Please duplicate this page if listing additional source locations.

Vendor Source Location
375 Timber Ridge Lane
Keyser, WV 26726
Vendor Source Location
Vendor Source Location
Vendor Source Location
Vendor Source Location
Vendor Source Location

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: ARFQ DOT2400000033

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.

J + R Landscaping and Tree Experts INC
Company

[Signature]
Authorized Signature

10/22/2023
Date

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: ARFQ DOT2400000033

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.

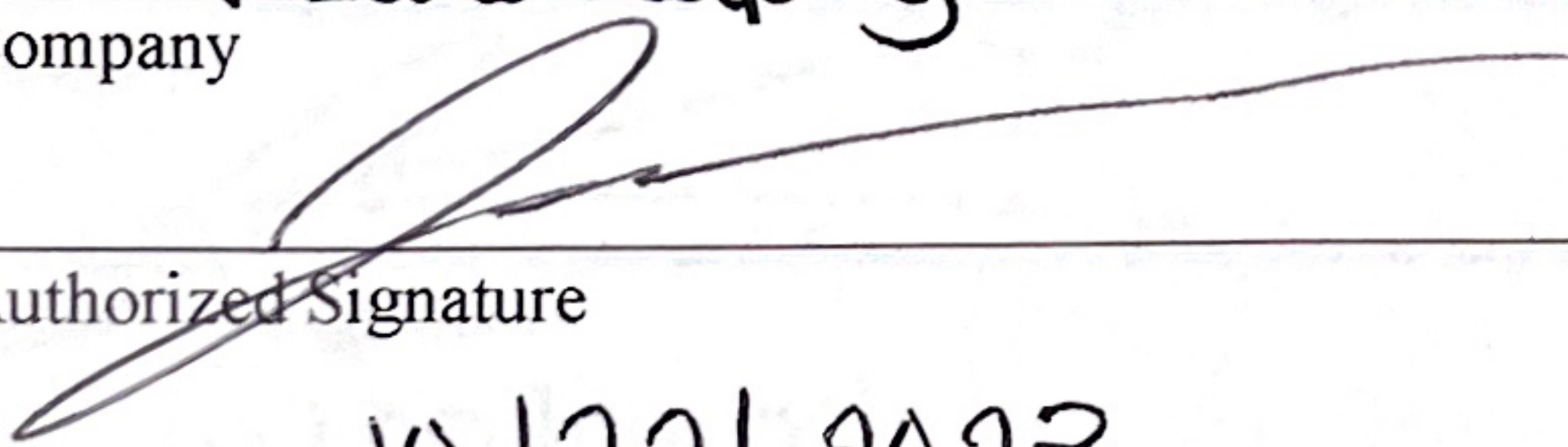
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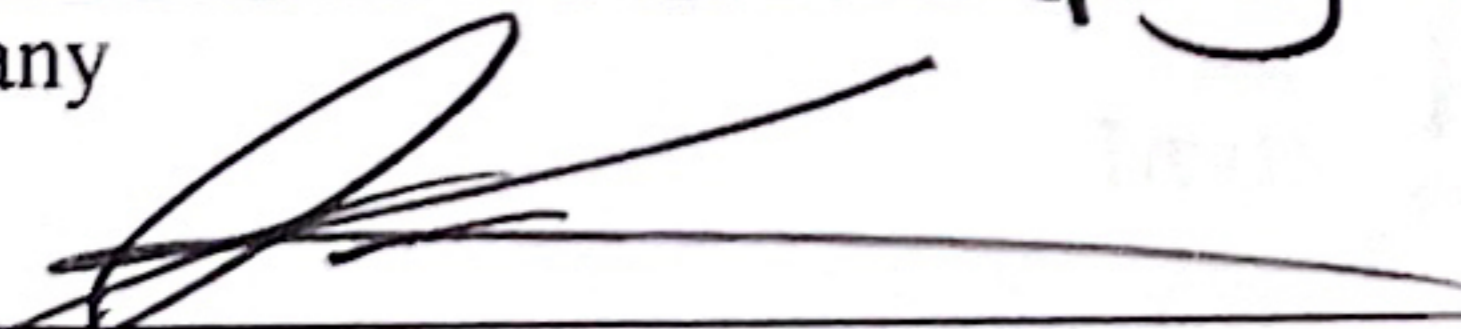
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- | | |
|--|--|
| <input type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
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| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
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J+R Landscaping and Tree Experts INC
Company


Authorized Signature

10/22/2023
Date

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



State of West Virginia
DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT
West Virginia Code §21-1D-5

I, Jimmy Lucas JR, after being first duly sworn, depose and state as follows:

1. I am an employee of J & R Landscaping and Tree Experts INC; and,
(Company Name)
2. I do hereby attest that J & R Landscaping and Tree Experts INC
(Company Name)

maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code §21-1D**.

The above statements are sworn to under the penalty of perjury.

Printed Name: Jimmy Lucas JR
 Signature: _____
 Title: President
 Company Name: J & R Landscaping and Tree Experts INC
 Date: 10/22/2023

STATE OF WEST VIRGINIA,

COUNTY OF Mineral, TO-WIT:

Taken, subscribed and sworn to before me this 22 day of October, 2023.

By Commission expires NOV 17, 2025

(Seal)



Shauna R Cook
 (Notary Public)



Professional Nursing Service, Inc.
 709 Simmons Street
 Goldsboro, North Carolina 27530

Phone: (919) 735-0094

E-Mail pnssa@pnsi.biz

Month Day, Year

Name, Title

Company Name *J+R Landscaping + Tree Expert*

Company Address *Rt 1 Box 112 F*

Somewhere, North Carolina 21111 *Keyser, WV 26726*

Re: Proposal For Substance Abuse / Employment Screening Services

Dear Whomever:

Professional Nursing Service, Inc., proposes to assume total responsibility for screening, chain of custody processing, laboratory analysis, medical review and provide reporting services for your company's substance abuse testing program.

The scope of this proposal will apply to all of your company locations throughout the country. Testing will be provided under the following circumstances:

- a. Pre-employment testing
- b. Random testing
- c. Reasonable suspicion testing
- d. Return to duty and follow up testing on a required basis, and
- e. Regulatory commercial drivers license requirements (DOT testing and program management.)

A detailed proposal is provided as an attachment to this letter.

Sincerely yours,

Derek Walls
 Territory Manager

F:\wpdocs\subabuse\newprop
 Effective 03-10-04
 Revised 03/01/07



Professional Nursing Service, Inc.

709 Simmons Street
Goldsboro, NC 27530
Phone: (919) 735-0094 E-Mail: pnssa@pnsi.biz

"Absolute Assurance"
for your
Workplace Substance Abuse Needs

Agreement

Professional Nursing Service, Inc. agrees to provide substance abuse testing and related services to J+R Landscaping + Tree Experts (Company Name) hereafter referred to as the Company, and as the Company has requested such services on this the 17 day of AUGUST, 2000.

The Company agrees to pay for the substance abuse testing and related services set out in the proposal; PNSI shall promptly bill the Company for the sums due and the sums shall be due upon receipt of the invoice. All unpaid balances, after 30 days, shall accrue interest at a rate of 1.5% per month.

The Company agrees to notify PNSI sites, if utilized, for appointment times.

The Company agrees to adhere to the HIPAA, State and Federal regulations pertaining to their Substance Abuse Program needs. If the Company becomes noncompliant, the Company will be removed from our program and that will terminate this agreement.

PNSI will e-mail all results to your designated employer representative. The Company will need to provide the name, code name, and e-mail address to which results are to be sent. The Company shall assign an alternate in case of absence or illness.

The Company shall notify PNSI if it has not received communication in a timely manner, as PNSI will not be able to determine if such has been received. This is due to the fact that technology has not yet been provided that would allow for acknowledgment. For example, if the company was expecting test results within three days and none had been received, the company representative would contact PNSI and PNSI would investigate. PNSI could determine from the program history data that the results were or were not E-mailed from

If any person or agent signs this Agreement on behalf of the Company, said person or agent certifies that they have authority to enter into this Agreement for and on behalf of the Company and to make the Company financially responsible for the sums due hereunder.

Physical address:

Mailing Address:

Rt 1 Box 112F
Kaysville, UT 26726

SAME

N/A (Mail)
 Primary e-mail address
 for reporting of results

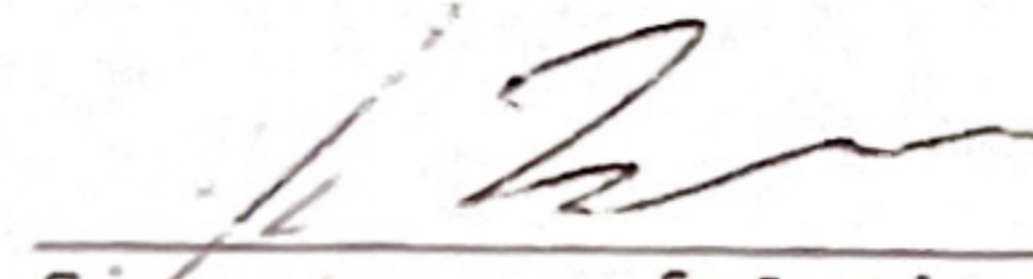
 Secondary e-mail address
 for reporting of results

MAIL
 Primary e-mail address
 for billing

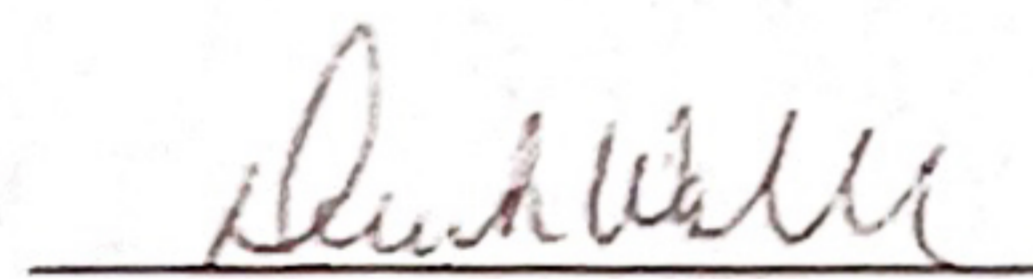
 Secondary e-mail address
 for billing

Jimmy Lucas - white
 Primary contact & Code word
 for reporting of results

Leona Lucas - white
 Secondary contact & Code word
 for reporting of results


 Signature of Authorized
 Company Agent

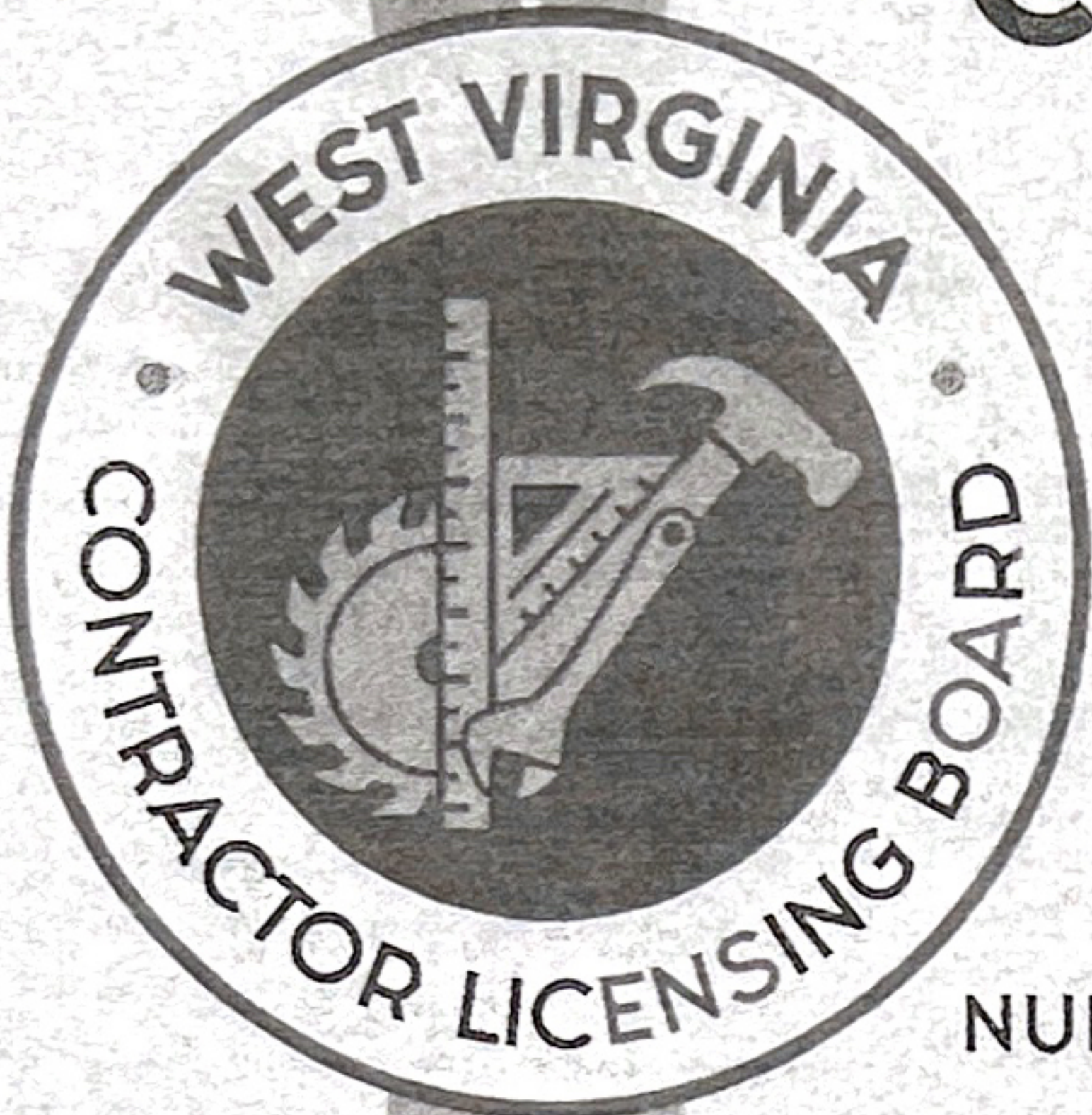
8-17-10
 Date


 Signature of Authorized
 Agent of PNSI

8-17-10
 Date

Please return all pages of the signed Agreement

F:\pdocs\subabuse\agree
 Effective 03/10/04
 Revised 07/20/09



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV031662

CLASSIFICATION:

- EXCAVATION
- LANDSCAPING
- ASPHALT
- DEMOLITION

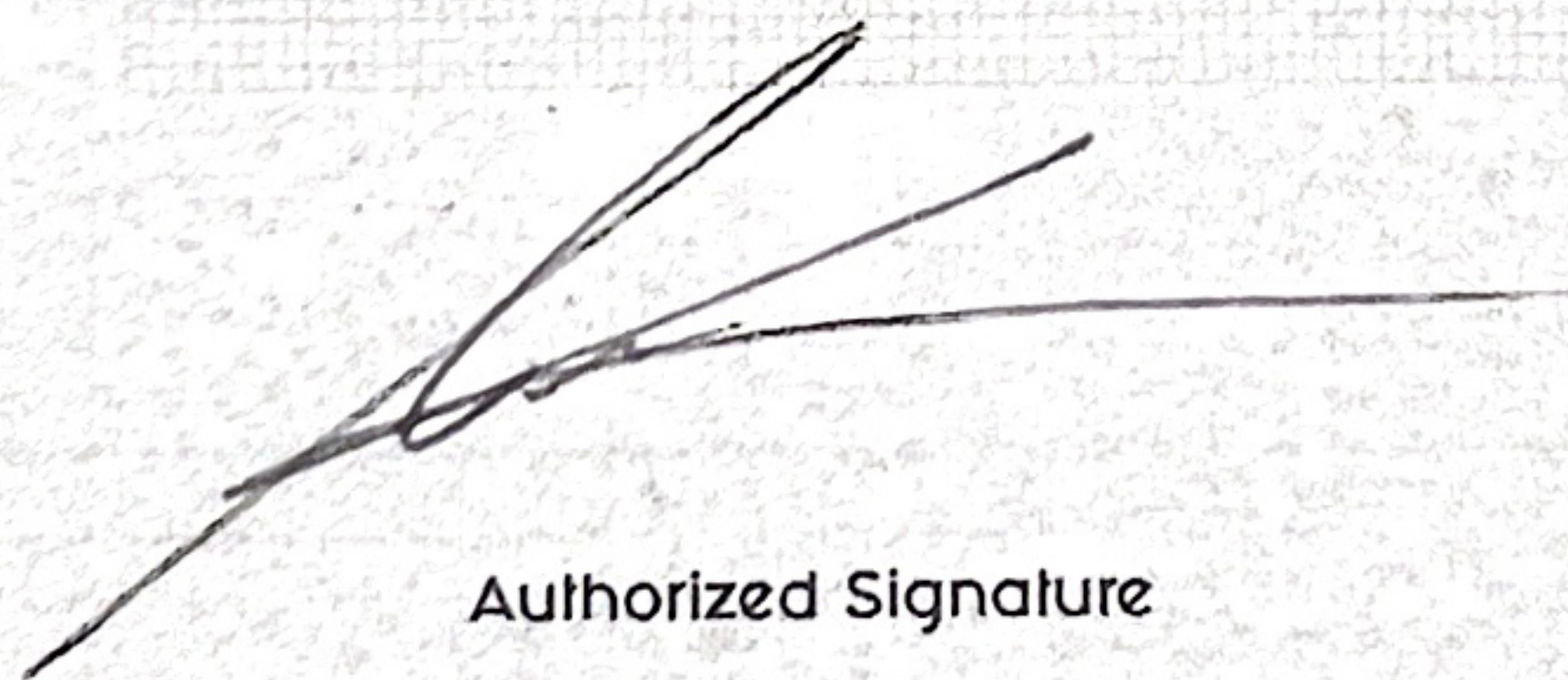
J & R LANDSCAPING TREE EXPERTS INC
DBA J & R LANDSCAPING TREE EXPERTS INC
375 TIMBER RIDGE LANE
KEYSER, WV 26726

DATE ISSUED

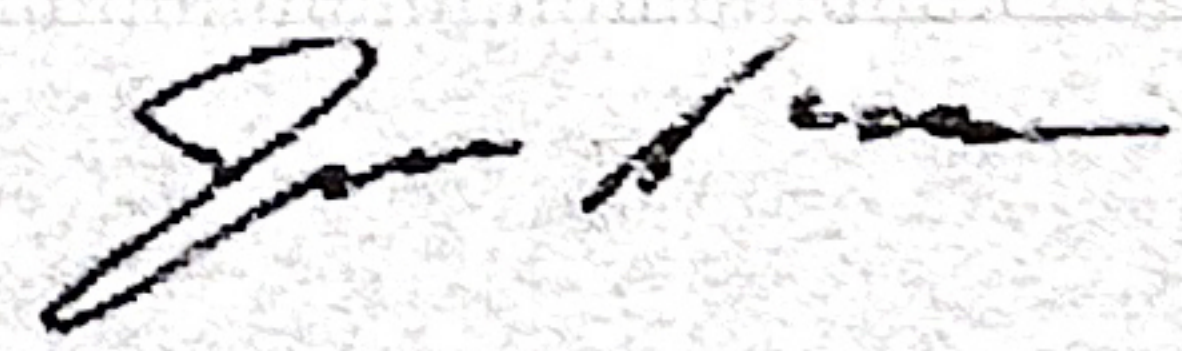
JANUARY 13, 2023

EXPIRATION DATE

JANUARY 13, 2024



Authorized Signature



Chair, West Virginia Contractor
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/29/23

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 EE4007 CHANEY - BUSKIRK AGENCY INC PO BOX 50 WILEY FORD, WV 26767	CONTACT NAME: Kelly Courtney	FAX (A/C, No): 304-460-8556	
	PHONE (A/C, No, Ext): 304-721-4733	E-MAIL ADDRESS: kelly@chaneybuskirk.com	
INSURED J & R Landscaping & Tree Experts Inc 375 Timber Ridge Ln Keyser, WV 26726	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Eric Insurance Company		26263
	INSURER B: Eric Insurance Property & Casualty Company		26830
	INSURER C: Eric Insurance Exchange		26271
	INSURER D: Eric Insurance Company of New York		16233
	INSURER E: Flagship City Insurance Company		35585
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: N/A

REVISION NUMBER: N/A

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	
B	<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:			Q35 5500014	11/5/22	11/5/23	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							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
								\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTO ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Garage			Q09 5730068	9/7/22	9/7/23	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q35 5570012	11/5/22	11/5/23	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Walmart Inc., its Subsidiaries & Its Affiliates are listed as Additional Insureds in regards to General Liability and Auto.

CERTIFICATE HOLDER

CANCELLATION

Walmart Inc., Its
Subsidiaries and Affiliates
702 SW 8th St.,
Bentonville, AR 72716-0145

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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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/21/23

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 EE4007 CHANEY - BUSKIRK AGENCY INC PO BOX 50 WILEY FORD, WV 26767	CONTACT NAME: Kelly Courtney PHONE (A/C, No, Ext): 304-721-4733 E-MAIL ADDRESS: kelly@chaneybuskirk.com	FAX (A/C, No): 304-460-8556
	INSURER(S) AFFORDING COVERAGE	
INSURED J & R Landscaping & Tree Experts Inc 375 Timber Ridge Ln Keyser, WV 26726	INSURER A: Erie Insurance Company	26263
	INSURER B: Erie Insurance Property & Casualty Company	26830
	INSURER C: Erie Insurance Exchange	26271
	INSURER D: Erie Insurance Company of New York	16233
	INSURER E: Flagship City Insurance Company	35585
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: N/A

REVISION NUMBER: N/A

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
B	<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:	X	X	Q35 5500014	11/5/23	11/5/24	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTO ONLY Garage	X		Q09 5730068	9/7/23	9/7/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q35 5570012	11/5/23	11/5/24	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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)

Divisions Inc. dba Divisions Maintenance Group along with any other persons or entities required by written contract between the named insured and the certificate holder shall be listed as additional insured as respects to general liability for ongoing and completed operations and auto liability.

CERTIFICATE HOLDER

CANCELLATION

Divisions Inc. DBA Divisions Maint. One Riverfront Place 300 Dave Cowens Dr, St 510 Newport, KY 41070	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/02/23

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 MID-ATLANTIC GROUP PO Box 700 Petersburg, WV 26847 License #:	CONTACT NAME: Bill Deadrick PHONE (A/C, No, Ext): (304)257-4616 E-MAIL ADDRESS: billd@midatlanticgroup.com	FAX (A/C, No): (304)257-2069
	INSURER(S) AFFORDING COVERAGE	
INSURED J & R Landscaping and Tree Experts, Inc J & R Tree Service 375 Timber Ridge Lane Keyser, WV 26726	INSURER A: Travelers	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 1002202301** **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			6JUB-6R08783-6-22	10/08/23	10/08/24	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER First Energy 76 South Main Street Akron, OH 44308	CANCELLATION 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 <i>Bill Deadrick</i>
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