

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:	1306468					
Solicitation Description:	Addendum 2: 10-24-B322 4' x 8' x 1/2" Steel Plates					
Proc Type:	Agency Purchase Order					
Solicitation Closes		Solicitation Response	Version			
2023-11-07 14:30		SR 0803 ESR11062300000002242	1			

VENDOR				
000000200005 WV STEEL CORP				
Solicitation Number:	ARFQ 0803 DOT240000035			
Total Bid:	4116.670000000000072759576141 Response Date:	2023-11-06	Response Time:	17:01:45
Comments:				

FOR INFORMATION CONTACT THE BUYER Amber J Heath 304-414-7105 amber.j.heath@wv.gov

Vendor Signature

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 Steel Plates 1/2" x 4' x 8'			6534.4000 LB 0.63		0.630000	4116.67	
Comm	Code	Manufacturer		Specifica	ation	Model #	
111715	00						

Commodity Line Comments:

Extended Description:

Steel Plates 1/2" x 4' x 8'

ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/20/2023

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 If SUBROGATION IS WAIVED, subject to th	e terms and conditions of th	ne policy, certain p	olicies may				
this certificate does not confer rights to the	certificate holder in lieu of s	CONTACT					
PRODUCER Peoples Insurance Agency, LLC		CONTACT NAME: Tom Bottoms					
101 5th Avenue	(A/C, NO, EXI).	28-2478	FAX (A/C, No): 30	04-522-6563			
Huntington WV 25701	E-MAIL ADDRESS: tbottor	ns@pebo.con	n				
	INSURER(S) AFFORDING COVERAGE NAIC #						
	INSURER A: Charter	СНО					
INSURED West Virginia Steel Corp.		INSURER B: Travele	25674				
PO Box 1029		INSURER C: Travele	ers Casualty a	nd Surety	T12		
Poca WV 25159		INSURER D :					
		INSURER E :					
		INSURER F :					
COVERAGES CERTIFIC	ATE NUMBER:			REVISION NUMBER:	i		
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POLIC INSR	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORD XIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO WHICH THIS		
LTR TYPE OF INSURANCE INSD	WVD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
A COMMERCIAL GENERAL LIABILITY	6303R665936	11/22/2022	11/22/2023	EACH OCCURRENCE \$ DAMAGE TO RENTED	1,000,000		
CLAIMS-MADE 🖌 OCCUR				PREMISES (Ea occurrence) \$	100,000		
				MED EXP (Any one person) \$	5,000		
				PERSONAL & ADV INJURY \$	1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$	2,000,000		
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG \$	2,000,000		
OTHER:				\$			
B AUTOMOBILE LIABILITY	BA3R666656	11/22/2022	11/22/2023	COMBINED SINGLE LIMIT (Ea accident)	1,000,000		
ANY AUTO				BODILY INJURY (Per person) \$			
OWNED AUTOS ONLY SCHEDULED				BODILY INJURY (Per accident) \$			
HIRED AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY				PROPERTY DAMAGE (Per accident)			
				\$			
B 🗸 UMBRELLA LIAB 🖌 OCCUR	CUP3R668428	11/22/2022	11/22/2023	EACH OCCURRENCE \$	5,000,000		
EXCESS LIAB CLAIMS-MADE				AGGREGATE \$	5,000,000		
DED V RETENTION \$ 0				\$			
C WORKERS COMPENSATION	UB3R668508	11/22/2022	11/22/2023	✓ PER STATUTE OTH- ER			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT \$	1,000,000		
OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below					1,000,000		
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$	1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	COPD 101 Additional Remarks Sabadu	la may be attached if may		ad)			
Evidence of insurance. Workers compensation in		•	• •	•	er underlying		
general liability, auto liability and employers liability	ity policies. Solicitation No: AR	FQ 0803 DOT23000	000119		or anaonying		
Description: 09-23-B149 Spring Creek Bridge S							
Notice of cancellation or material change to any o		a dia dia amilifianta i	h a lala n				
Notice of cancellation of material change to any c	or these policies shall be provid	led to the certificate	noider.				
CERTIFICATE HOLDER		CANCELLATION					
State of West Virginia Budget & Procurement, Division of	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Bldg 5, Rm A-317, 1900 Kanawha I Charleston, WV 25305	AUTHORIZED REPRESENTATIVE						
				THAN	Ø.L		
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ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: ARFQ DOT2400000035

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)

Addendum No. 1
Addendum No. 2
Addendum No. 3
Addendum No. 4
Addendum No. 5

Addendum No. 6 Addendum No. 7 Addendum No. 8 Addendum No. 9 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.

VIA STEEL CORP Company Authorized Signature 72

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

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.

SMITH (Printed Name and Title) WV 25159 300 WRIGHT KOAD TOCA. (Address) 304 - 755 -304-755-5638 8611 (Phone Number) / (Fax Number) SMITH @ WV-STEEL. 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.

(Company)

(Signature of Authorized Representative)

(Printed Name and Title of Arthorized Representative)

(Date)

304 755 5638 304795 86

(Phone Number) (Fax Number)

Revised 8/24/2023