



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

**State of West Virginia  
 Solicitation Response**

**Proc Folder :** 658130  
**Solicitation Description :** ADDENDUM #1  
**Proc Type :** Agency Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-12-16 14:30:00	SR 0803 ESR12161900000003658	1

<b>VENDOR</b>
VS0000004446 Doss Enterprises LC DWAIN D DOSS

**Solicitation Number:** ARFQ 0803 DOT2000000022

**Total Bid :** \$0.00                      **Response Date:** 2019-12-16                      **Response Time:** 13:46:03

**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
 Tina L Lewis  
 (304) 558-9398  
 tina.l.lewis@wv.gov

<b>Signature on File</b>	<b>FEIN #</b>	<b>DATE</b>
--------------------------	---------------	-------------

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	0.00000	EA	\$1.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
72141702			

<b>Extended Description :</b>	EQUIPMENT LEASE/RENTAL WITH OPERATOR PER THE ATTACHED EXHIBIT B
-------------------------------	-----------------------------------------------------------------

**Comments:** PLEASE SEE ATTACHED

# Equipment Rental/Lease WITH Operator

Attachment B Mandatory Information Form  
ARQM DOT200000005

**Base Location:**

The Vendor should identify their base location and any other potential base locations where the equipment bid may be delivered by the Vendor. The Vendor should provide the 911 address or the most recent physical street address, city and state for the base location(s). If the Vendor fails to provide the base location(s) on the Information Attachment Form, the Vendor's bid may be disqualified. If additional space is needed for additional base locations, you may duplicate this page. This list does not determine sole base locations for a Vendor, but provides a base for determining potential mileage.

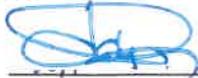
Vendor Base Location:	
7522 us 19 north	
jane lew wv. 26378	
Vendor Base Location:	
Vendor Base Location:	

**Counties Bid:**

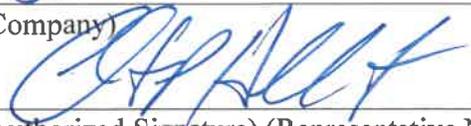
Vendor should indicate the County, Counties or Statewide serviced by the Vendor for lease/rent of equipment to the WVDOH by placing an "X" or "✓" beside the County, Counties or Statewide. If the Vendor fails to indicate which County or Counties, it will be expected that the Vendor can service Statewide in the State of WV.

	STATEWIDE					
x			x	Kanawha		Pocahontas
			x	Lewis	x	Preston
				Lincoln		Putnam
x				Logan		Raleigh
				McDowell		Randolph
			x	Marion	x	Ritchie
x			x	Marshall		Roane
x				Mason		Summers
x				Mercer	x	Taylor
				Mineral	x	Tucker
x				Mingo	x	Tyler
			x	Monongalia	x	Upshur
				Monroe		Wayne
				Morgan	x	Webster
			x	Nicholas	x	Wetzel
			x	Ohio	x	Wirt
x				Pendleton	x	Wood
				Pleasants		Wyoming
				Jefferson		

**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.

  
\_\_\_\_\_  
(Name, Title) *JOHN MANNON, Division Manager*  
\_\_\_\_\_  
(Printed Name and Title) *JOHN MANNON, Division Manager*  
\_\_\_\_\_  
(Address) *7522 US Hwy 19N, JANE LEW, WV 26378*  
\_\_\_\_\_  
(Phone Number) / (Fax Number) *(304) 884-2325 / (304) 884-2319*  
\_\_\_\_\_  
(E-mail address) *JOHN.MANNON@DOSSENTERPRISES.COM*

**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 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.

*DOSS ENTERPRISES LC*  
\_\_\_\_\_  
(Company)  
  
\_\_\_\_\_  
(Authorized Signature) (Representative Name, Title) *CLINT P HERBERT, CFO*  
*CLINT P HERBERT CFO*  
\_\_\_\_\_  
(Printed Name and Title of Authorized Representative)  
*12/13/19*  
\_\_\_\_\_  
(Date)  
*(304) 884-2325 / (304) 884-2319*  
\_\_\_\_\_  
(Phone Number) (Fax Number)

## ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

**1. CONTRACTOR'S LICENSE:** West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor. West Virginia Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. If an apparent low bidder fails to submit a license number in accordance with this section, the Purchasing Division will promptly request by telephone and electronic mail that the low bidder and the second low bidder provide the license number within one business day of the request. Failure of the bidder to provide the license number within one business day of receiving the request shall result in disqualification of the bid. Vendors should include a contractor's license number in the space provided below.

Contractor's Name: DOSS ENTERPRISES LC

Contractor's License No.: WV- 027217

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a contract award document

**2. AIA DOCUMENTS:** All construction contracts that will be completed in conjunction with architectural services procured under Chapter 5G of the West Virginia Code will be governed by the attached AIA documents, as amended by the Supplementary Conditions for the State of West Virginia, in addition to the terms and conditions contained herein.

**2A. PROHIBITION AGAINST GENERAL CONDITIONS:** Notwithstanding anything contained in the AIA Documents or the Supplementary Conditions, the State of West Virginia will not pay for general conditions, or winter conditions, or any other condition representing a delay in the contract. The Vendor is expected to mitigate delay costs to the greatest extent possible and any costs associated with Delays must be specifically and concretely identified. The state will not consider an average daily rate multiplied by the number of days extended to be an acceptable charge.

**3. GREEN BUILDINGS MINIMUM ENERGY STANDARDS:** In accordance with § 22-29-4, all new building construction projects of public agencies that have not entered the schematic design phase prior to July 1, 2012, or any building construction project receiving state grant funds and appropriations, including public schools, that have not entered the schematic design phase prior to July 1, 2012, shall be designed and constructed complying with the ICC International Energy Conservation Code, adopted by the State Fire Commission, and the ANSI/ASHRAE/IESNA Standard 90.1-2007: Provided, That if any construction project has a commitment of federal funds to pay for a portion of such project, this provision shall only apply to the extent such standards are consistent with the federal standards.

# CONTRACTOR LICENSE

Authorized by the  
**West Virginia Contractor Licensing Board**

**Number:** WV027217

**Classification:**

GENERAL ENGINEERING  
EXCAVATION  
CONCRETE  
MANUFACTURED HOME INSTALLATION  
SPECIALTY

DOSS ENTERPRISES LC  
DBA DOSS ENTERPRISES LC  
7522 US HWY 19N  
JANE LEW, WV 26378

**Date Issued**

JULY 07, 2019

**Expiration Date**

JULY 07, 2020



Authorized Company Signature



Chair, West Virginia Contractor  
Licensing Board



**WEST VIRGINIA  
CONTRACTOR  
LICENSING  
BOARD**

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where 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 cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.

REQUEST FOR QUOTATION  
Equipment Lease/Rental WITH Operator

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- 9.8 Contract Manager:** During its performance of this Contract, the 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:** JOHN MANNOR  
**Telephone Number:** (304) 884-2325  
**Fax Number:** (304) 884-2319  
**Email Address:** JOHN.MANNOR@BOSSENTERPRISES.COM

**ADDENDUM ACKNOWLEDGEMENT FORM**

SOLICITATION NO.: DOT 2 000000022

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.

Doss Enterprises LC  
Company

[Signature]  
Authorized Signature

12/16/19  
Date

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



State of West Virginia  
Request For Quotation

Procurement Folder : 658130

Document Description : ADDENDUM #1

Procurement Type : Agency Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version	Phase
2019-12-02	2019-12-16 14:30:00	ARFQ 0803 DOT2000000022	2	Draft

SUBMIT RESPONSES TO:	VENDOR
FINANCE & ADMINISTRATION DIVISION OF HIGHWAYS BLDG 5, RM A-220 1900 KANAWHA BLVD E CHARLESTON US	<b>Vendor Name, Address and Telephone</b> <i>DOSS ENTERPRISES LC</i> <i>7522 us Hwy 19N</i> <i>JANE LEW, WV 26378</i>

FOR INFORMATION CONTACT THE

Tina L Lewis  
(304) 558-9398  
tina.l.lewis@wv.gov

*John Mannion*  
*(304) 884-2325*

*John.Mannion@DOSSENTERPRISES.COM*

Signature X  FEIN # *01-0763371* DATE *12/16/19*

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



# CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 2/6/19
----------------------------------

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000  
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

<b>NAME AND ADDRESS OF AGENCY</b> G.J. GARTON INSURANCE AGENCY, INC. AGENT'S NO. EE2160 400 US HIGHWAY 33 E WESTON, WV 26452-7051  (304)269-3095	<b>COMPANY(IES) AFFORDING COVERAGE</b> Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact (in NY) Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
--------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>NAME AND ADDRESS OF NAMED INSURED</b>  DOSS ENTERPRISES, LC 7522 US HIGHWAY 19 NORTH JANE LEW, WV 26378	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
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This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO Add'l LTR Ins'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
D <input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</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"/> PROJECT <input type="checkbox"/> LOC	Q37 5150581	1/1/19	1/1/20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any One Fire)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any One Person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL &amp; ADV. INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any One Fire)	\$ 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
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D <input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q0L 5140247	1/1/19	1/1/20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BODILY INJURY (EACH PERSON)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (EACH ACCIDENT)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	BODILY INJURY (EACH PERSON)	\$	BODILY INJURY (EACH ACCIDENT)	\$	PROPERTY DAMAGE	\$	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000,000				
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D <input checked="" type="checkbox"/>	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCURRENCE  <input type="checkbox"/> RETENTION \$ 0	Q25 5170386	1/1/19	1/1/20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 10,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 10,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 10,000,000	AGGREGATE	\$ 10,000,000		\$		\$				
EACH OCCURRENCE	\$ 10,000,000																
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	\$																
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D	<b>WORKERS COMPENSATION &amp; EMPLOYERS LIABILITY</b>	Q85 5104949	1/1/19	1/1/20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">STATUTORY</th></tr> <tr><td rowspan="3" style="text-align: center; vertical-align: middle;"><b>BODILY INJURY BY</b></td><td>ACCIDENT \$ 1,000,000 EACH ACCIDENT</td></tr> <tr><td>DISEASE \$ 1,000,000 POLICY LIMIT</td></tr> <tr><td>DISEASE \$ 1,000,000 EACH EMPLOYEE</td></tr> </table>	STATUTORY		<b>BODILY INJURY BY</b>	ACCIDENT \$ 1,000,000 EACH ACCIDENT	DISEASE \$ 1,000,000 POLICY LIMIT	DISEASE \$ 1,000,000 EACH EMPLOYEE						
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D	<b>OTHER</b> EQUIPMENT FLOATER	Q37 5150581	1/1/19	1/1/20	\$22,888,914 w/\$1,000 DED												

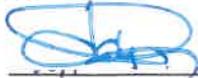
**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

**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.

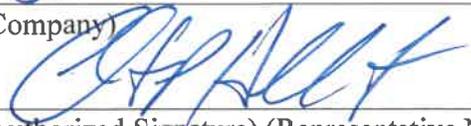
**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>NAME AND ADDRESS OF CERTIFICATE HOLDER</b> EVIDENCE OF INSURANCE C/O DOSS ENTERPRISES, LC 7522 US HIGHWAY 19 NORTH JANE LEW, WV 26378	AUTHORIZED REPRESENTATIVE 
------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------

**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.

  
\_\_\_\_\_  
(Name, Title) *Division Manager*  
\_\_\_\_\_  
(Printed Name and Title) *JOHN MANNON, Division Manager*  
\_\_\_\_\_  
(Address) *7522 US Hwy 19N, JANE LEW, WV 26378*  
\_\_\_\_\_  
(Phone Number) / (Fax Number) *(304) 884-2325 / (304) 884-2319*  
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Chair, West Virginia Contractor  
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**WEST VIRGINIA  
CONTRACTOR  
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Date

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



State of West Virginia  
Request For Quotation

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Procurement Type : Agency Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version	Phase
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SUBMIT RESPONSES TO:	VENDOR
FINANCE & ADMINISTRATION DIVISION OF HIGHWAYS BLDG 5, RM A-220 1900 KANAWHA BLVD E CHARLESTON US	<b>Vendor Name, Address and Telephone</b> <i>DOSS ENTERPRISES LC</i> <i>7522 us Hwy 19N</i> <i>JANE LEW, WV 26378</i>

FOR INFORMATION CONTACT THE

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Signature X  FEIN # *01-0763371* DATE *12/16/19*

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