

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	STONE, AGGREGATE, CINDERS - MAT.&DEL. TO NON-ESTAB.	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
11111600			

Extended Description : STONE, AGGREGATE, CINDERS - MAT.&DEL. TO NON-ESTAB. LOCATION PER ATTACHED PRICING PAGE AND INFORMATION ATTACHMENT FORM



State of West Virginia
Request For Quotation

Procurement Folder : 716643

Document Description : ADDENDUM #1

Procurement Type : Agency Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version	Phase
2020-05-21	2020-06-11 13:30:00	ARFQ 0803 DOT2000000045	2	Final

SUBMIT RESPONSES TO:	VENDOR
FINANCE & ADMINISTRATION DIVISION OF HIGHWAYS BLDG 5, RM A-220 1900 KANAWHA BLVD E CHARLESTON US	Vendor Name, Address and Telephone <i>Allegany Aggregates</i> <i>PO Box 127</i> <i>Cumbyland, MD 21501</i> <i>301-777-1777</i> <i>Jim Eber cell Phone 301-268-7302</i>

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

Signature X *[Handwritten Signature]* FEIN # *52-1641964* DATE *6/10/20*

ADDITIONAL INFORMATION:

ADDENDUM #1
TO ADD CHART TO SPECIFICATIONS SECTION 4.1

*****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

MAKE SURE YOU DOWNLOAD ALL INFORMATION

TERMS AND CONDITIONS-SPECIFICATIONS-INFORMATIONAL ATTACHMENTS-PURCHASING AFFIDAVIT-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	
VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		US	

Line	Commodity Line Description	Qty	Unit Issue	Unit Price	Total Price
1	STONE, AGGREGATE, CINDERS - MAT.&DEL. TO NON-ESTAB.	0.00000	EA		

Commodity Code	Manufacturer	Model #	Specification
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Extended Description

STONE, AGGREGATE, CINDERS - MAT.&DEL. TO NON-ESTAB. LOCATION PER ATTACHED PRICING PAGE AND INFORMATION ATTACHMENT FORM

SCHEDULE OF EVENTS

Line	Event	Event Date
1	TECHNICAL QUESTIONS DUE BY 10:00 AM	2020-05-26

DOT2000000045	Document Phase Final	Document Description ADDENDUM #1 STONE & AGGREGATE MAT.&DEL. TO NON-ESTAB. LOC	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

CERTIFICATION AND SIGNATURE PAGE

By signing below, or submitting documentation through the West Virginia Vendor Self Service Portal website, 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.

Allegany Aggregates, Inc.
(Full Company Name)

James W. Eber
(Authorized Signature)

James W. Eber
(Print or Type Name and Title of Signatory)

301-777-1777 / 301-268-7302
(Phone Number)

(Fax Number)

jin@aggmgT.com
(Email address)

6/10/20
(Date)

**Form pre-approved by DOH legal division on July 12, 2016.
Attorney signature not required.**

REQUEST FOR QUOTATION
Stone and Aggregate Materials and Delivery by Vendor to Non-Established Locations

10.4 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 shall provide and maintain the Agency with current email addresses, billing/payment addresses, phone numbers, fax numbers, and any changes to the Contract Manager during the life of the contract. Vendor should list its Contract Manager and his or her contact information below.

Contract Manager: Jim Eber
Telephone Number: 301-777-1777/cell-301-268-7302
Fax Number: _____
Email Address: jim@agg.mgt.com

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: ARFQ DOT2000000045

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.

Allegany Aggregates, Inc.

Company



Authorized Signature

6/10/20

Date

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

Attachment B - INFORMATION FORM

Vendor's Storage Sites

Stone and Aggregate - Material and Delivery by Vendor to Non-Established Locations ONLY

Mandatory - Vendor shall complete this form and return with bid submission or bid will be Disqualified.

VENDOR NAME Allegany Aggregates, Inc.

Vendors should be sure to write their name on each Information Form AND their matching Pricing Pages.

Vendor may submit more than one Vendor Storage Sites information on ONE Information Form ONLY IF PRICING is the SAME for all Storage Sites & DOH locations bid. IF PRICING VARIES between Storage Sites, Vendor MUST submit a Separate Information Form.

Information for LIMESTONE, SANDSTONE, GRAVEL, SAND, BLAST FURNACE SLAG, and STEEL SLAG:

a) SOURCE OF MATERIAL - list all sources for which bid prices apply

(Sandstone/Limestone Quarry name & location; Gravel Dredging or pit name & location; Slag Production plant name & location)

Allegany Aggregates, Inc.	Allegany Aggregates, Inc.
Short Gap Quarry	Bedrock Quarry
10676 Waxler RD	21235 National Pike, NE
Keyser, WV 26726	Flintsone, MD 21530

b) EXACT LOCATION OF VENDOR'S STORAGE SITE(S):

Reminder: A separate bid schedule **must** be submitted when bid price varies between Vendor's storage sites.

Allegany Aggregates, Inc.	Allegany Aggregates, Inc.
Short Gap Quarry	Bedrock Quarry
10676 Waxler RD	21235 National Pike, NE
Keyser, WV 26726	Flintsone, MD 21530

SOURCES for CINDERS only:

c) SOURCE OF MATERIAL - Name and Location of plant which produces Cinder material:

d) EXACT LOCATION OF VENDOR'S STORAGE SITE(S):

Reminder: A separate bid schedule **must** be submitted when bid price varies between Vendor's storage sites.

Material and delivery by the Vendor to Non-Established WVDOH locations, ONLY.

		Bid Price per Ton Items A-W, Z and AA F.O.B. Vendor's Storage Site		
Contract Item	Description of Material	Limestone,	Blast Furnace	
		Sandstone,	Slag	Steel Slag
		Gravel, Sand		
A	Class 1 Aggregate	14.05		
B	Class 2 Aggregate	14.05		
C	Class 10 Aggregate	14.05		
D	AASHTO #1 Aggregate	16.25		
E	AASHTO #3 Aggregate	16.25		
F	AASHTO #4 Aggregate			
G	AASHTO #467 Aggregate	16.25		
H	AASHTO #57 Aggregate	16.25		
I	AASHTO #67 Aggregate	16.25		
J	AASHTO #7 Aggregate	16.25		
K	AASHTO #8 Aggregate	16.25		
L	AASHTO #9 Aggregate	19.15		
M	Stone for Gabions	17.40		
N	Fine Aggregate	35.00		
OA	Limestone Standard Abrasives	13.80		
OB	Sandstone Standard Abrasives			
OC	Steel Slag for SRIC			
PA	Limestone Modified Abrasives	16.25		
PB	Sandstone Modified Abrasives			
Q	Rip Rap	18.50		
R	Shot Rock	12.95		
S	AASHTO #8 Modified	16.25		
T	AASHTO #9 Modified			
U	Pea Gravel			
V	#11 Limestone Abrasives			
W	Quarry Waste	9.75		
Z	Imbricated Stone	23.50		
AA	Cinders			
	Items A-W and AA (Except for Q, R and Z):			
X1	Haul by Vendor - First Ton-Mile			
X2	Haul by Vendor - Additional Ton-Mile			
	Items Q, R and Z ONLY:			
Y1	Haul by Vendor - First Ton-Mile			
Y2	Haul by Vendor - Additional Ton-Mile			

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Allegany Aggregates, Inc.
(Full Company Name)

James W. Eber
(Authorized Signature)

James W. Eber Sales Mgr.
(Print or Type Name and Title of Signatory)

301-777-1777 cell 301-268-7302
(Phone Number)

(Fax Number)

jine@aggmgT.com
(Email address)

6/10/20
(Date)

**Form pre-approved by DOH legal division on July 12, 2016.
Attorney signature not required.**

REQUEST FOR QUOTATION
Stone and Aggregate Materials and Delivery by Vendor to Non-Established Locations

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Contract Manager: Jim Eber
Telephone Number: 301-777-1777/cell 301-268-7302
Fax Number: _____
Email Address: jim@agg.mgt.com

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

PRODUCER CBIZ Insurance Svcs., Inc. 44 Baltimore Street Cumberland, MD 21502 301 777-1500	CONTACT NAME: Marla Mayles
	PHONE (A/C, No, Ext): 301 777-1500
	FAX (A/C, No): 855-288-6106
	E-MAIL ADDRESS: mmayles@cbiz.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Travelers Property Casualty Co of Am.
	INSURER B : RSUI Indemnity Co.
	INSURER C : Rockwood Casualty Insurance Company
	INSURER D : Travelers Prop. Cas. Co. of America
	INSURER E :
	INSURER F :

INSURED: **Allegany Aggregates, Inc.**
 21235 National Pike, NE
 Flintstone, MD 21530

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PP Ded:10000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Y6300152L504TIL1	12/31/2019	12/31/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			8101L554122	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Y6300152L504TIL1	12/31/2019	12/31/2020	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC692872	12/31/2019	12/31/2020	<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
A	Contr Equipment			QT6600E360100	12/31/2019	12/31/2020	\$49,762,584 Limit 2% ded., \$1K minimum \$10K maximum

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Excess Liability (Insurer B) Policy #NHA088612; Eff 12/31/2019-12/31/2020; Limit: \$5,000,000.

CERTIFICATE HOLDER State of West Virginia 1900 Kanawha Blvd E Building 5 Suite A-350 Charleston, WV 25305	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
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STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code §61-5-3*) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Allegany Aggregates

Authorized Signature:  Date: 6/10/20

State of Maryland

County of Allegany, to-wit:

Taken, subscribed, and sworn to before me this 10th day of June, 2020.

My Commission expires December 15th, 2020.

AFFIX SEAL HERE

NOTARY PUBLIC 

Nicole Rea Stevens
Notary Public
Allegany County Maryland
My Commission Expires
December 15, 2023