

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			

Commodity Line Comments:

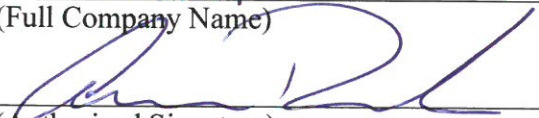
Extended Description:

EQUIPMENT LEASE/RENTAL WITH OPERATOR PER THE ATTACHED EXHIBIT B

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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated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.

SPAN 1, LLC
(Full Company Name)


(Authorized Signature)

AARON RANDOLPH, MANAGING MEMBER
(Print or Type Name and Title
of Signatory)

(304) 546-4773
(Phone Number)

(304) 757-1029
(Fax Number)

aaron@span-1.com
(Email address)

1/21/2022
(Date)

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

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: ARFQ DOT2200000017

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.

SPAN 1, LLC
Full Company Name

[Signature]
Authorized Signature

1-21-2022
Date

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

CONTRACTOR LICENSE

Authorized by the
West Virginia Contractor Licensing Board

Number: WV027098

Classification:
SPECIALTY

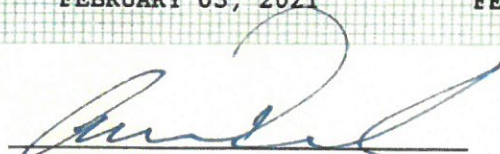
SPAN 1 LLC
DBA SPAN 1 LLC
PO BOX 1276
SCOTT DEPOT, WV 25560

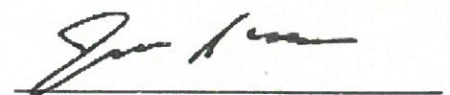
Date Issued

Expiration Date

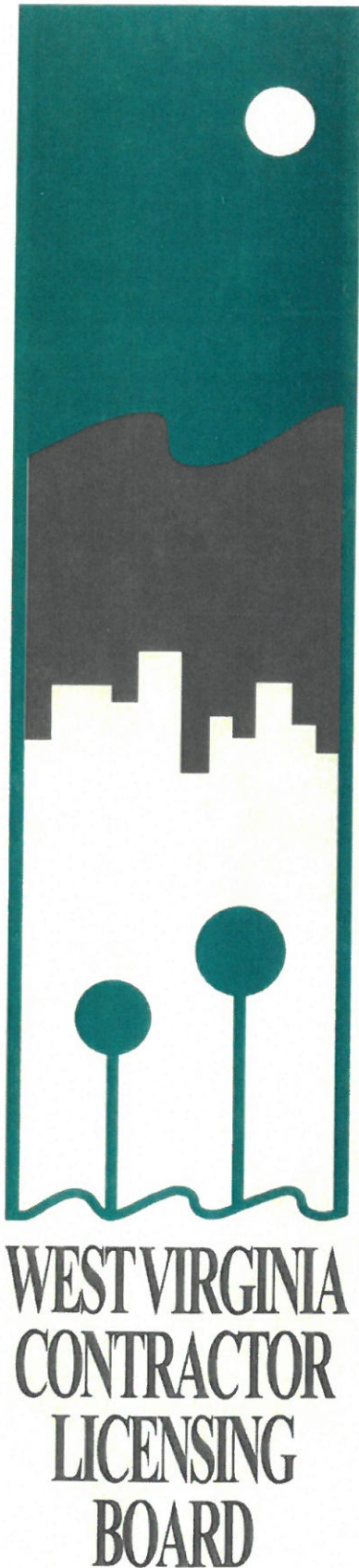
FEBRUARY 03, 2021

FEBRUARY 03, 2022


Authorized Company Signature


Chair, 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 6622C020

Contract Manager: AARON RANDOLPH
Telephone Number: (304) 546-4773
Fax Number: (304) 757-1029
Email Address: aaron@span-1.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.

DOT6622C020 - Attachment A - Equipment Rental Lease WITH Operator

Attention Bidders - Please enter your name in the block→

Requested Contract Items Vendor's Pricing shall include All Support Vehicles needed for Equipment Operation such as water, transport, other ancillary vehicles, etc.	Counties serviced - Enter each County name (write "ALL" for statewide availability)	Span 1, LLC				
		Equipment Rental Without Delivery/ WITH Operator			Equipment Delivery Fee	
		\$ /Day	\$ /Week	\$ /Month	1st Mile	Add. Mi.
MOTORIZED BOSUNS CHAIRS with Support Crew of Mobile Vertical Inspection Platform MoVIP or equal max veritcal drop 250 ft Approx wt 16 tons						
HP35 Hydra Platform or equal Sidewalk Tracker less than 10 tons. 180° platform	ALL	\$ 2,000	\$ 8,500	\$ 38,000	\$ 250	\$ 4.00
Safety Boat with operator, Total Wt capacity of approx. 1500 lbs (passenger wt	ALL	\$ 750	\$ 3,500	\$ 13,000	\$ 250	\$ 4.00
Boat WITH Bucket/Manlift, Harcon or equal intended for bridge inspection/maintenance. Working Bucket/manlift arm with vertical reach of 50' and lateral						
Aquatic Bucket/Manlift Vehicle Bridge Tracker						
T40 or equal with working ht 40'						
T44 or equal with working ht 44'						
Aquatic Bucket/Manlift Vehicle. for example, Bridge reach 60' above the water and 30' lateral reach						
T63 or equal						
HRT40 HIGH RAIL TRACKER 40 or equal 40' working height						
Sidetracker or Harcon equal Weight less than 3000 lbs. Basket rating 220 lb Max reach 12'. Track width Min. 27.8" Track Width						
MANLIFT SP 40 FT						
MANLIFT SP 30 FT						
MANLIFT SP 80FT						
MANLIFT SP 125 FT.. minimum to 135 FT. max						
UNDERBRIDGE INSPECTION UNIT Small Bucket Type 30 FT. min. to 32 FT. max. Horiz. (including operator AND driver)						
UNDERBRIDGE INSPECTION UNIT Small Bucket Type. 33 FT. min. to 40 FT. max. Horiz. (including operator AND driver)						
UNDERBRIDGE INSPECTION UNIT Medium Bucket Type. 41 FT. min. to 52 FT. max. Horiz. (including operator AND driver)	ALL	\$ 2,100	\$ 9,800	\$ 35,200	\$ 250	\$ 4.00
UNDERBRIDGE INSPECTION UNIT Medium Bucket Type. 53 FT. min. to 62 FT. max. Horiz. (including operator AND driver)	ALL	\$ 2,450	\$ 11,000	\$ 38,000	\$ 250	\$ 4.00
UNDERBRIDGE INSPECTION UNIT Large Bucket Type 63 FT. min. to 75 FT. max. Horiz. (including Operator AND Driver)	ALL	\$ 3,250	\$ 13,000	\$ 44,000	\$ 250	\$ 4.00
UNDERBRIDGE PLATFORM Trailer Mtd., Hyd. SP Min. 20 FT. Horiz. reach	ALL	\$ 1,300	\$ 5,700	\$ 19,600	\$ 250	\$ 4.00
UNDERBRIDGE PLATFORM Trailer Mtd., Hyd. SP Min. 30 FT. Horiz. reach	ALL	\$ 2,000	\$ 8,500	\$ 38,000	\$ 250	\$ 4.00
UNDERBRIDGE PLATFORM Trailer Mtd., Hyd. SP Min. 40 FT. Horiz. reach						
UNDERBRIDGE PLATFORM Trailer Mtd., Hyd. SP Min. 50 FT. Horiz. reach						
UNDERBRIDGE PLATFORM Trailer Mtd., Hyd. SP Min. 60 FT. Horiz. reach						
UNDERBRIDGE PLATFORM, with driver Truck Mtd., Hyd. Min. 23 FT. Horiz. reach						

Equipment Rental/Lease WITH Operator 6622C020

Attachment B (ATT B) Mandatory Information Form

This form allows the Agency to calculate mileage cost and must be included with the bid.

Vendor shall complete this form to identify locations from where Vendor will deliver equipment with operator as ordered. The Vendor shall provide the 911 address or the most recent physical street address of its base locations.

Vendor Base Location(s) - Vendor shall list the Physical or 911 Address for each location:

10401 Teays Valley Road, Scott Depot, WV 25560	Span 1, LLC

Service Counties as Bid: Vendor shall place an "X" beside the County(s) that Vendor agrees to service as ordered.

If no county(s) are marked, it will be expected that the Vendor can service ALL COUNTIES in the State of WV.

<input checked="" type="checkbox"/>	ALL WV Counties
-------------------------------------	-----------------

<input type="checkbox"/>	Barbour
<input type="checkbox"/>	Berkeley
<input type="checkbox"/>	Boone
<input type="checkbox"/>	Braxton
<input type="checkbox"/>	Brooke
<input type="checkbox"/>	Cabell
<input type="checkbox"/>	Calhoun
<input type="checkbox"/>	Clay
<input type="checkbox"/>	Doddridge
<input type="checkbox"/>	Fayette
<input type="checkbox"/>	Gilmer
<input type="checkbox"/>	Grant
<input type="checkbox"/>	Greenbrier
<input type="checkbox"/>	Hampshire
<input type="checkbox"/>	Hancock
<input type="checkbox"/>	Hardy
<input type="checkbox"/>	Harrison
<input type="checkbox"/>	Jackson
<input type="checkbox"/>	Jefferson

<input type="checkbox"/>	Kanawha
<input type="checkbox"/>	Lewis
<input type="checkbox"/>	Lincoln
<input type="checkbox"/>	Logan
<input type="checkbox"/>	McDowell
<input type="checkbox"/>	Marion
<input type="checkbox"/>	Marshall
<input type="checkbox"/>	Mason
<input type="checkbox"/>	Mercer
<input type="checkbox"/>	Mineral
<input type="checkbox"/>	Mingo
<input type="checkbox"/>	Monongalia
<input type="checkbox"/>	Monroe
<input type="checkbox"/>	Morgan
<input type="checkbox"/>	Nicholas
<input type="checkbox"/>	Ohio
<input type="checkbox"/>	Pendleton
<input type="checkbox"/>	Pleasants
<input type="checkbox"/>	

<input type="checkbox"/>	Pocahontas
<input type="checkbox"/>	Preston
<input type="checkbox"/>	Putnam
<input type="checkbox"/>	Raleigh
<input type="checkbox"/>	Randolph
<input type="checkbox"/>	Ritchie
<input type="checkbox"/>	Roane
<input type="checkbox"/>	Summers
<input type="checkbox"/>	Taylor
<input type="checkbox"/>	Tucker
<input type="checkbox"/>	Tyler
<input type="checkbox"/>	Upshur
<input type="checkbox"/>	Wayne
<input type="checkbox"/>	Webster
<input type="checkbox"/>	Wetzel
<input type="checkbox"/>	Wirt
<input type="checkbox"/>	Wood
<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	

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 exceeds 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: Span 1, LLC

Authorized Signature:  Date: 1/21/22

State of West Virginia

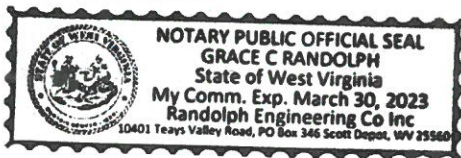
County of Putnam, to-wit:

Taken, subscribed, and sworn to before me this 21 day of January, 2022.

My Commission expires March 30, 2023.

AFFIX SEAL HERE

NOTARY PUBLIC 



West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Span 1, LLC Address: PO Box 1276
Scott Depot, WV 25560

Name of Authorized Agent: Aaron Randolph Address: PO Box 1276, Scott Depot, WV 25560

Contract Number: ARFR DOT 2200000017 Contract Description: EQUIPMENT RENTAL / LEASE
WITH OPERATOR

Governmental agency awarding contract: WEST VIRGINIA DIVISION OF HIGHWAYS

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

- 1. Subcontractors or other entities performing work or service under the Contract**
 Check here if none, otherwise list entity/individual names below.
- 2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)**
 Check here if none, otherwise list entity/individual names below.
- 3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)**
 Check here if none, otherwise list entity/individual names below.

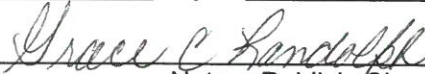
Signature:  Date Signed: 1/21/22

Notary Verification

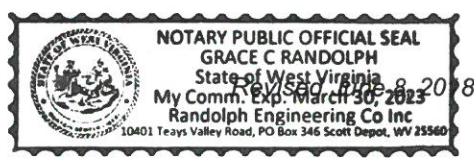
State of West Virginia, County of Putnam:

I, Aaron Randolph, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 21st day of January, 2022.


Notary Public's Signature

To be completed by State Agency:
Date Received by State Agency: _____
Date submitted to Ethics Commission: _____
Governmental agency submitting Disclosure: _____



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 USI Insurance Services, LLC 418 8th Street Huntington, WV 25701 304 710-3700		CONTACT NAME: Belinda Bowyer PHONE (A/C, No, Ext): 304-347-0695 FAX (A/C, No): 304-347-0605 E-MAIL ADDRESS: Belinda.Bowyer@usi.com													
INSURED Span 1 LLC PO Box 1276 Scott Depot, WV 25560		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <td>INSURER A : AIX Specialty Insurance Company</td> <td>NAIC # 12833</td> </tr> <tr> <td>INSURER B : Travelers Property Cas. Co. of America</td> <td>25674</td> </tr> <tr> <td>INSURER C : Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td>INSURER D : Motorists Commercial Mutual Insurance</td> <td>13331</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER A : AIX Specialty Insurance Company	NAIC # 12833	INSURER B : Travelers Property Cas. Co. of America	25674	INSURER C : Evanston Insurance Company	35378	INSURER D : Motorists Commercial Mutual Insurance	13331	INSURER E :		INSURER F :	
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INSURER C : Evanston Insurance Company	35378														
INSURER D : Motorists Commercial Mutual Insurance	13331														
INSURER E :															
INSURER F :															

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"/> B/PP Ded:10000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			L1QH33081701	08/01/2021	08/01/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$0 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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			5000200194	05/03/2021	05/03/2022	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"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$			L1QH33081801	08/01/2021	08/01/2022	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6JUB4N71261121	12/16/2021	12/16/2022	<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
C	Employers Liab-WV			3FC9217	12/16/2021	12/16/2022	\$1,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 State of WV is listed as additional insured on the general liability policy.

CERTIFICATE HOLDER State of WV 1900 Kanawha Blvd., E, Bldg #5 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 <i>James P. Crouse</i>
--	--