



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

State of West Virginia
 Request for Quotation
 19 - Highways

Proc Folder: 512930

Doc Description: STONE AGGREGATE CINDERS 2019 MATERIAL & PICKUP BY WDOH

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2018-11-07	2018-11-21 13:30:00	CRFQ 0803 DOT1900000039	1

BID/REPLYING LOCATION
 BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

RECEIVED
 2018 NOV 20 AM 9:44
 WV PURCHASING
 DIVISION

VENDOR
 Vendor Name, Address and Telephone Number:
 Buckeye Aggregates, Inc. 304-282-7331
 364 Patteson Drive, Suite 277
 Morgantown, WV 26505

FOR INFORMATION CONTACT THE BUYER
 Crystal Rink
 (304) 558-2402
 crystal.g.rink@wv.gov

Signature X *Bone M. Kural* FEIN # 34-1873371 DATE 11/15/18
 All offers subject to all terms and conditions contained in this solicitation

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: DOT1900000039

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 checked="" 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.

Buckeye Aggregates, Inc. 11/15/18

Company


Authorized Signature

11/15/18

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012



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

State of West Virginia
 Request for Quotation
 19 -- Highways

Proc Folder: 512930

Doc Description: ADDENDUM 2 STONE AGGREGATE CINDERS 2019 MAT & P/U BY DOH

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2018-11-14	2018-11-21 13:30:00	CRFQ 0803 DOT1900000039	3

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

Buckeye Aggregates, Inc. Ph. 304-282-7331
 364 Patteson Drive, Suite 277
 Morgantown, WV 26505

FOR INFORMATION CONTACT THE BUYER

Crystal Rink
 (304) 558-2402
 crystal.g.rink@wv.gov

Signature X

FEIN # 34-1873371

DATE 11/15/18

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

INFORMATION ATTACHMENT FORM
Vendor's Storage Sites -- REQUIRED TO BE SUBMITTED WITH BID
2019 Stone and Aggregate - Material and Pickup by WVDOH ONLY

VENDOR NAME: Buckeye Aggregates, Inc.

Mandatory - Vendor shall complete this form and return with bid submission.

A Vendor may submit more than one Vendor's Storage Sites information on one Information Attachment Form ONLY if bid pricing is the SAME for all Storage Sites. A separate bid submission and Information Attachment Form MUST be submitted when bid price varies between Vendor's Storage Sites.

Limestone, Sandstone, Gravel, Sand, Blast Furnance Slag and Steel Slag

<p>a) SOURCE OF MATERIAL (all sources for which bid prices apply (e.g., Quarry location if Sandstone or Limestone; dredging or pit location if Gravel; production plant name and location if Slag)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Uniontown Stone</td></tr> <tr><td>St. Clairsville, OH 43950</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Uniontown Stone	St. Clairsville, OH 43950			
Uniontown Stone						
St. Clairsville, OH 43950						
<p>b) EXACT LOCATION OF VENDOR'S STORAGE SITE(S): A separate bid schedule <u>must</u> be submitted when bid price varies between Vendors' storage sites.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Uniontown Stone</td></tr> <tr><td>72607 Gun Club Road</td></tr> <tr><td>St. Clairsville, OH 43950</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Uniontown Stone	72607 Gun Club Road	St. Clairsville, OH 43950		
Uniontown Stone						
72607 Gun Club Road						
St. Clairsville, OH 43950						
<p>c) SOURCE OF MATERIAL: Name and Location of plant</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Shelly Materials</td></tr> <tr><td>Willow Island</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Shelly Materials	Willow Island			
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Willow Island						
<p>d) EXACT LOCATION OF VENDOR'S STORAGE SITE(S) A separate bid schedule <u>must</u> be submitted when bid price varies between Vendors' storage sites.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Shelly Materials</td></tr> <tr><td>30222 State Route 7</td></tr> <tr><td>Marietta, OH 45750</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Shelly Materials	30222 State Route 7	Marietta, OH 45750		
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Limestone, Sandstone, Gravel, Sand, Blast Furnance Slag and Steel Slag

a) SOURCE OF MATERIAL (all sources for which bid prices apply (e.g., Quarry location if Sandstone or Limestone; dredging or pit location if Gravel; production plant name and location if Slag)

Phoenix Services LLC
Weirton, WV 26062

b) EXACT LOCATION OF VENDOR'S STORAGE SITE(S): A separate bid schedule must be submitted when bid price varies between Vendors' storage sites.

Phoenix Services LLC
900 Pennsylvania Avenue
Weirton, WV 26062

Steel slag abrasives

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

Phoenix Services LLC
Mingo Junction, OH 43938

d) EXACT LOCATION OF VENDOR'S STORAGE SITE(S) A separate bid schedule must be submitted when bid price varies between Vendors' storage sites.

Phoenix Services LLC
700 Township Road 167a
Mingo Junction, OH 43938

Material and pick up by WVDOH forces from the Vendor's Storage Site, ONLY.

Contract Item	Description of Material	Bid Price per Ton Items A-W and AA F.O.B. Vendor's Storage Site		
		Limestone, Sandstone, Gravel, Sand	Blast Furnace Slag	Steel Slag
A	Class 1 Aggregate			\$7.50
B	Class 2 Aggregate			
C	Class 10 Aggregate			\$8.00
D	AASHTO #1 Aggregate			
E	AASHTO #3 Aggregate			
F	AASHTO #4 Aggregate			
G	AASHTO #467 Aggregate			
H	AASHTO #57 Aggregate			
I	AASHTO #67 Aggregate			
J	AASHTO #7 Aggregate			
K	AASHTO #8 Aggregate			
L	AASHTO #9 Aggregate			
M	Stone for Gabions	\$16.25		
N	Fine Aggregate			
OA	Limestone Standard Abrasives			
OB	Sandstone Standard Abrasives	\$9.25		
PA	Limestone Modified Abrasives			
PB	Sandstone Modified Abrasives			
Q	Rip Rap	\$19.00		
R	Shot Rock			
S	AASHTO #8 Modified			
T	AASHTO #9 Modified			
U	Pea Gravel			
V	#11 Limestone Abrasives			
W	Quarry Waste			
AA	Cinders Steel slag abrasives			\$5.00

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.

Gene M. Kiral President
(Name, Title)
Gene M. Kiral President
(Printed Name and Title)
364 Patteson Drive, Morgantown, WV 26505
(Address)
304-282-7331
(Phone Number) / (Fax Number)
gkiral@comcast.net
(email 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 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.

Buckeye Aggregates, Inc.
(Company)

Gene M. Kiral PRES.
(Authorized Signature) (Representative Name, Title)

Gene M. Kiral President
(Printed Name and Title of Authorized Representative)

11/15/18
(Date)

304-282-7331
(Phone Number) (Fax Number)

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Buckeye Aggregates, Inc. Address: 364 Patteson Drive, Suite 277
Morgantown, WV 26505

Name of Authorized Agent: Gene M. Kiral Address: 364 Patteson Dr., Morgantown, WV 26505

Contract Number: CRFQ 0803 DOT1900002039 Contract Description: STONE AGG. C/WPERS 2019 ^{PICK UP}

Governmental agency awarding contract: WV PURCHASING - WVDON

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: Gene M. Kiral

Date Signed: 11/19/18

Notary Verification

State of North Carolina County of Mecklenburg:

I, Gene M. Kiral, 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 19 day of November, 2018

Kathryn A. Lampeter
Notary Public's Signature

To be completed by State Agency:

Date Received by State Agency: _____

Date submitted to Ethics Commission: _____

Governmental agency submitting Disclosure: _____

KATHRYN A. LAMPETER
Notary Public
Mecklenburg Co., North Carolina
My Commission Expires Jan 21, 2020
Revised June 8, 2019

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: Buckeye Aggregates, Inc.

Authorized Signature: [Signature] Date: 11/19/18

State of North Carolina

County of Mecklenburg, to-wit:

Taken, subscribed, and sworn to before me this 19 day of November, 2018.

My Commission expires January 31, 2022

AFFIX SEAL HERE
KATHRYN A. LAMPETER
Notary Public
Mecklenburg Co., North Carolina
Commission Expires Jan. 31, 2022

NOTARY PUBLIC [Signature]
Purchasing Affidavit (Revised 01/19/2018)

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 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 USI Insurance Services, LLC 2 22nd Street, 2nd Floor Wheeling, WV 26003 304 232-0600	CONTACT NAME: Shelly Kuttie		
	PHONE (A/C, No, Ext): 304-238-5548	FAX (A/C, No):	
	E-MAIL ADDRESS: shelly.kuttie@usi.biz		
INSURED Buckeye Aggregates, Inc.. 125 Carrie St. Powhatan Point, OH 43943	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Westfield Insurance Company		24112
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		CWP3997889	01/15/2018	01/15/2019	EACH OCCURRENCE \$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$2,000,000	
							PRODUCTS - COMPROP AGG \$2,000,000
							\$
	AUTOMOBILE LIABILITY						
<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$		
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$		
<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$		
					\$		
UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$		
EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$		
DED <input type="checkbox"/> RETENTION \$					\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N			E.L. EACH ACCIDENT \$		
If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			E.L. DISEASE - EA EMPLOYEE \$		
					E.L. DISEASE - POLICY LIMIT \$		

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

Evidence of Insurance

CERTIFICATE HOLDER State of West Virginia 1900 Kanawha Blvd. E. 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 