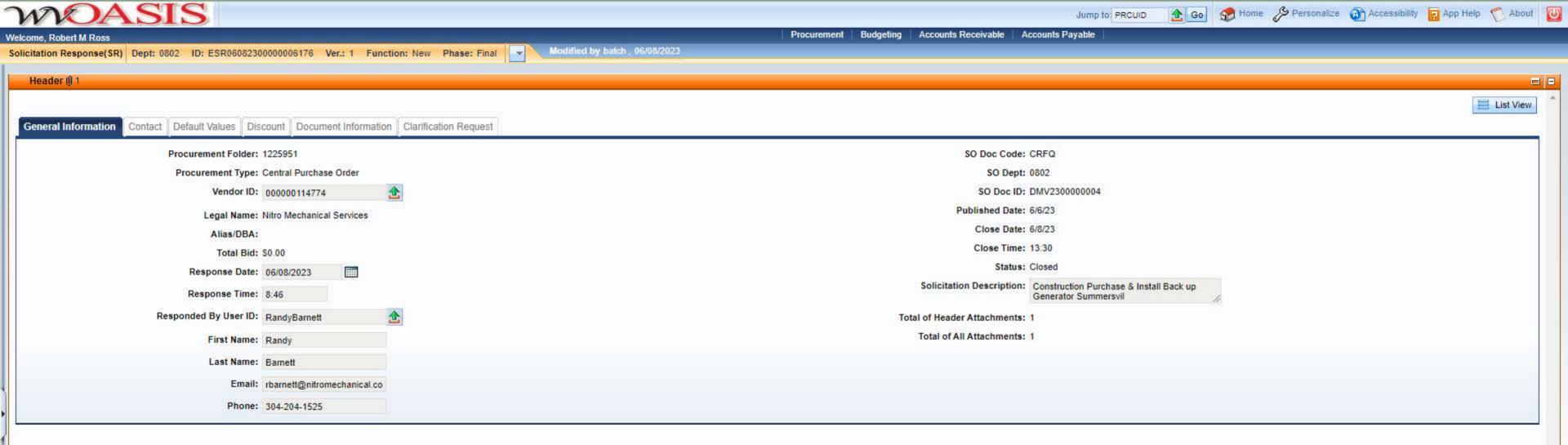


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





#### **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:** 1225951

**Solicitation Description:** Construction Purchase & Install Back up Generator Summersvil

**Proc Type:** Central Purchase Order

**Solicitation Closes** Solicitation Response Version 2023-06-08 13:30 SR 0802 ESR06082300000006176 1

**VENDOR** 

000000114774

Nitro Mechanical Services

**Solicitation Number:** CRFQ 0802 DMV2300000004

**Total Bid:** 0 **Response Date:** Response Time: 2023-06-08 08:46:31

Comments:

FOR INFORMATION CONTACT THE BUYER

David H Pauline 304-558-0067 david.h.pauline@wv.gov

Vendor Signature X

FEIN# DATE

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

FORM ID: WV-PRC-SR-001 2020/05 Date Printed: Jun 8, 2023 Page: 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Backup Diesel Powered Generator	0.00000	EA	192736.000000	0.00
	Summersville Regional Office				

Comm Code	Manufacturer	Specification	Model #	
26111601				

#### **Commodity Line Comments:**

#### **Extended Description:**

Backup Diesel Powered Generator Summersville Regional Office Please reference Exhibit "A" Pricing Page. See Attached.

 Date Printed:
 Jun 8, 2023
 Page: 2
 FORM ID: WV-PRC-SR-001 2020/05

#### **BID BOND**

KNO	W ALL MEN BY THESE PRESEN	ITS, That we, the u	ndersigned, _	Nitro Construction	on Services , Inc.	
	Nitro	WV	, as P	rincipal, and <u>Phila</u>	delphia Indemnity I	nsurance
Company of	Bala Cynwyd,	PA	_, a corporati	on organized and	existing under the la	aws of the State of
PA	with its principal office in the	City of Bala	Cynwyd	_, as Surety, are	held and firmly box	and unto the State
of West Virgin	ia, as Obligee, in the penal sum o	Five Percent of A	mount Bid	(\$		payment of which,
well and truly	to be made, we jointly and severa	lly bind ourselves,	our heirs, adn	ninistrators, execu	itors, successors an	d assigns.
The	Condition of the above obligation	n is such that who	ereas the Pri	ncipal has submit	ted to the Purchas	ing Section of the
Department o	f Administration a certain bid or pr	oposal, attached h	ereto and ma	de a part hereof, to	o enter into a contra	ct in writing for
Purchase/In	stallation, Backup Generators	s, Summersville I	Regional Of	fice Division of I	Motor Vehicles	
-						
NOV	V THEREFORE,					
(0)	If said bid shall be rejected, o	ir.				
(a) (b)	or and the dealth and annual or	d and the Dringing	I shall enter	into a contract in	accordance with the	ne bid or proposal
	eto and shall furnish any other boil t created by the acceptance of sa	nd hid then this on	unaunn soau	DM THUM WING VUIG. U	10 161 WISE 0113 ODINGO	HOLL GLICH LOLLING
the agreement	effect. It is expressly understood	d and agreed that I	he liability of	the Surety for any	y and all claims her	eunder shall, in no
event, exceed	the penal amount of this obligation	on as herein stated				
	Surety, for the value received, he	soby ofinylator and	annes that	the obligations of	said Surety and its	bond shall be in no
The way impaired	or affected by any extension of	the time within wh	ich the Oblig	ee may accept so	uch bid, and said S	Surety does hereby
waive notice	of any such extension.					
	NESS, the following signatures ar	ed apple of Discips	l and Surety	executed and sea	aled by a proper offic	er of Principal and
AAIII	NESS, the following signatures are Principal individually if Principal is	on individual this	8th day	of June	2023	2
Surety, or by	Principal individually if Principal is	an mulviduai, uns_	uay	01		
m / .//	54			Nitro Construc	ction Services , Ir	ıc
Principal Sea	J				(Name of Princip	al)
				By V	1 to han	
	Yal			(Must b	e President, Vice P	resident, or
					Duly Authorized Ag	ent)
				Presid	unt	
					(Title)	
				DUN LARY		on Company
Surety Seal				Philadelphia I	ndemnity Insurar (Name of Surety)	
				92.0	(radine or edicty)	,
				BV: Damon	was shel	) R
				Tarrimy S. Selbe, Li WV Resident Agent	Attorney	-in-Fact
				TV V I TOOKO III TIGOTI		

IMPORTANT — Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.

#### PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004-0950

#### **Power of Attorney**

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint <u>Douglas P. Taylor, Andrew K. Teeter, Kimberly L. Miles, Tammy S. Selbe and Jessica J. Bentley.</u> its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED:

That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED:

That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.



(Seal)

John Glomb, President & CEO

Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Gommonwealth of Pennsylvania - Notary Seal Venessa Mckenzle, Notary Public Montgomery County My commission expires November 3, 2024 Commission number 1366394 Member, Pennsylvan a Association of Notaries Notary Public:

Vanessa mcKenzie

residing at:

Bala Cynwyd, PA

My commission expires:

November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 8th day of June , 2023



Edward Sayago, Corporate Secretary

PHILADELPHIA INDEMNITY INSURANCE COMPANY

## ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: DMV2300000004

**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.

necessary revisions to my proposal, plans and/or specification, etc.					
	um Numbers Received: ne box next to each addendum rece	eived)			
Σ	Addendum No. 1		Addendum No. 6		
	Addendum No. 2		Addendum No. 7		
	Addendum No. 3		Addendum No. 8		
	Addendum No. 4		Addendum No. 9		
	Addendum No. 5		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 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.					
	Nitro Construction Services, Inc.				
Company Authorized Signature					
	6/8/23 Date				

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



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

### State of West Virginia Centralized Request for Quote

Proc Folder:	1225951		Reason for Modification:
<b>Doc Description:</b>	Construction Purchase & Ins	stall Back up Generator Summersvil	Addendum No. 1
Proc Type:	Central Purchase Order		
Date Issued	Solicitation Closes	Solicitation No	Version
2023-06-06	2023-06-08 13:30	CRFQ 0802 DMV2300000004	2

		ř.				
BID RECEIVING LOCATION						

#### **VENDOR**

**Vendor Customer Code:** 

Vendor Name: Nitro Construction Services, Inc.

Address: 4300 First Avenue Nitro, WV 25143

Street: 4300 First Avenue

City: Nitro

State: WV Country: USA Zip: 25143

Principal Contact: Wes Yingst

Vendor Contact Phone: 304-204-1500 Extension:

#### FOR INFORMATION CONTACT THE BUYER

David H Pauline 304-558-0067

david.h.pauline@wv.gov

Vendor Signature X

DATE (18123

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

#### ADDITIONAL INFORMATION

Addendum No. 1

To publish Mandatory Pre-bid sheets, see attached.

To respond to vendor technical questions, see attached.

Bid opening remains June 8, 2023 at 1:30 pm., est.

No other changes.

INVOICE TO		SHIP TO	
DIVISION OF MOTOR VEHICLES		DIVISION OF MOTOR VEHICLES	ati
5707 MACCORKLE AVE. SUITE 200	. S.E.,	SUMMERSVILLE DMV	
		2 ARMORY WAY	
CHARLESTON	WV	SUMMERSVILLE	WV
us		US	

Line	Comm Ln Desc	Qty	Unit Issue	<b>Unit Price</b>	Total Price
1	Backup Diesel Powered Generator	0.00000	EA		
	Summersville Regional Office				\$192,736.00

Comm Code	Manufacturer	Specification	Model #	
26111601				

#### **Extended Description:**

Backup Diesel Powered Generator Summersville Regional Office

Please reference Exhibit "A" Pricing Page. See Attached.

#### SCHEDULE OF EVENTS

La contraction of the contractio					
Line	<u>Event</u>	Event Date			
1	Mandatory Pre-Bid Meeting at 10:00 am., est.	2023-05-25			
2	Vendor Technical Questions Due By 11:00 am., est.	2023-06-01			

	Document Phase	Document Description	Page 3
DMV2300000004		Construction Purchase & Install Back up Generator Summersvil	

#### ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

#### Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Nitro Construction Services, Inc.				
Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project.				
Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.			
	¥			

Attach additional pages if necessary

**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.

(Printed Name and Title) Wes Yingst, Project Manager	
(Address) 4300 First Avenue Nitro, WV 25143	
(Phone Number) / (Fax Number) 304-204-1500 / 304-204-1350	
(Email address) wyingst@nitrocs.com	

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

(Company)	1 112	<del>-</del>
(Signature of Authorized (Printed Name and Title	Representative May U18/23 Authorized Representative) (Date)	
304-204-1500 / 304-204-1350 (Phone Number) (Fax Nu	mhar)	

## REQUEST FOR QUOTATION CRFQ DMV23\*04 BACKUP POWER GENERATOR

- 11.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
- 11.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
- **11.4.** Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
- 11.5. Vendor shall inform all staff of Agency's security protocol and procedures.

#### 12. MISCELLANEOUS:

**12.1. 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 should list its Contract manager and his or her contact information below.

Contract Manager:	Wes Yingst	
Telephone Number:	304-204-1500	ú.
Fax Number: 304-	204-1350	
Email Address: wy	ingst@nitrocs.com	



# State of West Virginia DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT West Virginia Code §21-1D-5

I, Carey Marra-Huffman , after being first duly sworn, depose and state as follows:						
I am an employee of Nitro Construction Services, Inc. ; and,  (Company Name)						
2. I do hereby attest that Nitro Construction Services, Inc.  (Company Name)						
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with <b>West Virginia Code</b> §21-1D.						
The above statements are sworn to under the penalty of perjury.						
Printed Name: Carey Marra-Huffman						
Signature: <u>Carey Mana-Huffman</u>						
Title: Corporate Safety Director						
Company Name: Nitro Construction Services, Inc.						
Date: 6/8/23						
STATE OF WEST VIRGINIA,						
COUNTY OF Putnam, TO-WIT:						
Taken, subscribed and sworn to before me this 8 day of 1023.						
By Commission expires durust 5 2023						
OFFICIAL SEAL Notary Public, State Of West Virginia FATINA WITHROW 57 Spruce Drive Sor Spru						

## **CONTRACTOR LICENSE**





):

WV042601

#### **CLASSIFICATION:**

ELECTRICAL
GENERAL BUILDING
HEATING, VENTILATING & COOLING
PIPING
SPECIALTY
LOW VOLTAGE SYSTEMS
SPRINKLER AND FIRE PROTECTION

NITRO CONSTRUCTION SERVICES INC DBA NITRO MECHANICAL SERVICES 4300 1ST AVE #2 NITRO, WV 25143-1001

**DATE ISSUED** 

**EXPIRATION DATE** 

JUNE 13, 2023

JUNE 13, 2024

Authorized Signature

Chair, West Virginia Contractor Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting 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 is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2022

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 rights to the certificate holder in lieu of such endorsement(s).										
	DUCER				CONTACT Willis Towers Watson Certificate Center						
Willis Towers Watson Northeast, Inc.					PHONE (A/C, No, Ext): 1-877-945-7378 (A/C, No): 1-888-467-2378						
							certificates@willis.com				
Nashville, TN 372305191 USA										NAIC#	
					INSURER A: Arch Insurance Company					11150	
INSU	RED							Liability Company		38310	
Nitro Construction Services, Inc			F	INSURER C :							
	0 lst Avenue ro, WV 25143			1	INSURER D :						
	•			T T	INSURER E :						
				T T	INSURE						
CO	VERAGES CER	TIFIC	CATE	NUMBER: W27421387				REVISION NUMBER:			
TH IN CE	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.										
LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	2,000,000	
A								MED EXP (Any one person)	\$	5,000	
ļ				ZAGLB9222206		01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$	2,000,000	
ļ	GEN'L AGGREGATE LIMIT APPLIES PER:	ı ı						GENERAL AGGREGATE	\$	4,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$ \$	4,000,000	
_	OTHER: AUTOMOBILE LIABILITY				_			COMBINED SINGLE LIMIT	\$	5,000,000	
								(Ea accident) BODILY INJURY (Per person)	\$	3,000,000	
A	OWNED SCHEDULED AUTOS ONLY AUTOS			ZACAT9243306		01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$		
-				ZACA19245500	01/01/20	01/01/2023	01/01/2024	PROPERTY DAMAGE			
- 9	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$		
_	X IMPRELLATION X									10.000.000	
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS_MADE			1000588155231		01/01/2023	01 /01 /2024	EACH OCCURRENCE	\$	10,000,000	
	OLAHVIG-WADL		1000588155231		01/01/2023	01/01/2024	AGGREGATE	\$	10,000,000		
_	DED   X RETENTION \$ 10,000	_	+-+					X PER STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY Y/N		ZAWC19402606							1,000,000	
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		0	01/01/2023	01/01/2024	E.L. EACH ACCIDENT	\$	1,000,000		
							E.L. DISEASE - EA EMPLOYEE		1,000,000		
_	DESCRIPTION OF OPERATIONS below	_						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
				3.8							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
				8							
CER	RTIFICATE HOLDER			- r	CANC	ELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.											
						AUTHORIZED REPRESENTATIVE					

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Evidence of Insurance