

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) Phillip Craig-Parts Manager

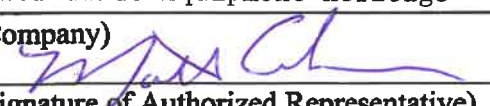
(Address) 1 Jain Drive, Cross Lanes WV 25313

(Phone Number) / (Fax Number) 304-693-2643 X95400, phone & fax

(email address) phillip.craig@thetruckpeople.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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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.

Worldwide Equipment-Heritage
(Company) 
(Signature of Authorized Representative)
Matt Cochran Sales Manager 01/10/2025
(Printed Name and Title of Authorized Representative) (Date)
304-208-2542 phone 304-343-6959 fax
(Phone Number) (Fax Number)
matt.cochran@thetruckpeople.com
(Email Address)

RECEIVED

2025 JAN 10 PM 1:07


WV PURCHASING
DIVISION

VENDOR: _____Worldwide-Heritage_____ MACK TRUCK OEM parts and Components - Pricing Page
Discount Percentage** 0.00% (Please enter as a negative. Example discount of 5% should be -5.0%)

Markup Percentage** 0.00%
(Only 1 of these fields should be marked)

Item No.	MACK TRUCK OEM Part number	"Or Equal" Parts	Estimated Unit Quantity	Unit (for calculation purposes)	Catalog Unit Price	Units Provided for Catalog Price	**Discount/Markup** Percentage	Adjusted Unit Price	Item Total Cost
1	Part No. 1543499 Description: Nut	Part No. Description:	24	EA	\$ 2.41	1.00	0.00%	\$ 2.41	\$57.84
2	Part No. 1078315 Description: Solenoid valve	Part No. Description:	10	EA	\$ 125.28	1.00	0.00%	\$ 125.28	\$1,252.80
3	Part No. 1079283 Description: Insulator cover	Part No. Description:	8	EA	\$ 9.39	1.00	0.00%	\$ 9.39	\$75.12
4	Part No. 1677355 Description: Shim	Part No. Description:	15	EA	\$ 15.00	1.00	0.00%	\$ 15.00	\$225.00
5	Part No. 20556179 Description: Shim	Part No. Description:	15	EA	\$ 5.17	1.00	0.00%	\$ 5.17	\$77.55
6	Part No. 20562642 Description: Position sensor	Part No. Description:	10	EA	\$ 106.20	1.00	0.00%	\$ 106.20	\$1,062.00
7	Part No. 20586427 Description: Valve spare parts	Part No. Description:	12	EA	\$ 168.23	1.00	0.00%	\$ 168.23	\$2,018.76
8	Part No. 20704775 Description: Key	Part No. Description:	10	EA	\$ 3.83	1.00	0.00%	\$ 3.83	\$38.30

Worldwide-Heritage

Item No.	MACK TRUCK OEM Part number	"Or Equal" Parts	Estimated Unit Quantity	Unit (for calculation purposes)	Catalog Unit Price	Units Provided for Catalog Price	**Discount/Markup** Percentage	Adjusted Unit Price	Item Total Cost
9	Part No. 20704787 Description: Hollow screw	Part No. Description:	24	EA	\$ 18.66	1.00	0.00%	\$ 18.66	\$447.84
10	Part No. 20704934 Description: Sleeve	Part No. Description:	10	EA	\$ 114.41	1.00	0.00%	\$ 114.41	\$1,144.10
11	Part No. 20706009 Description: Clamp	Part No. Description:	6	EA	\$ 7.71	1.00	0.00%	\$ 7.71	\$46.26
12	Part No. 20706490 Description: Fitting	Part No. Description:	6	EA	\$ 17.77	1.00	0.00%	\$ 17.77	\$106.62
13	Part No. 20883068 Description: Pipe	Part No. Description:	9	EA	\$ 54.23	1.00	0.00%	\$ 54.23	\$488.07
14	Part No. 20855731 Description: Gasket	Part No. Description:	15	EA	\$ 18.32	1.00	0.00%	\$ 18.32	\$274.80
15	Part No. 25505086 Description: Bracket	Part No. Description:	12	EA	\$ 59.83	1.00	0.00%	\$ 59.83	\$717.96
Total Bid Cost									\$8,033.02

CONTRACT MANAGER: Matt cochranTELEPHONE NUMBER: 304-208-2542FAX NUMBER: 304-343-6959E-MAIL ADDRESS: matt.cochran@thetruckpeople.com

Worldwide - Heritage

Item No.	MACK TRUCK OEM Part number	"Or Equal" Parts	Estimated Unit Quantity	Unit (for calculation purposes)	Catalog Unit Price	Units Provided for Catalog Price	**Discount/Markup** Percentage	Adjusted Unit Price	Item Total Cost
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CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY)

05/15/2024

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).

PRODUCER Shepherd Insurance, LLC. 111 Congressional Boulevard Suite 200 Carmel IN 46032	CONTACT NAME: Certificate Processing Department PHONE (A/C, No, Ext): (317)846-5554 FAX (A/C, No): (317)846-5444 E-MAIL ADDRESS: certs@shepherdins.com																					
INSURED Worldwide Equipment Enterprises, Inc. 6614 Wilbanks Road Knoxville TN 37912	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Arch Insurance Group</td><td>11150</td></tr><tr><td>INSURER B:</td><td>Starstone National Insurance Co</td><td>44776</td></tr><tr><td>INSURER C:</td><td>Fortegra Specialty Insurance</td><td>16823</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Arch Insurance Group	11150	INSURER B:	Starstone National Insurance Co	44776	INSURER C:	Fortegra Specialty Insurance	16823	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES PROD / CUSTOMER ID: 00043943

CERTIFICATE #: CL2451530384

REVISION #:

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																					
A	<input checked="" type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS USED IN GARAGE BUSINESS		ZACAT9297902	10/01/2024	10/01/2025	<table><tr><td>AUTO ONLY (Ea accident)</td><td>\$</td><td>2,000,000</td></tr><tr><td>OTHER THAN AUTO ONLY</td><td>EA ACCIDENT</td><td>\$ 2,000,000</td></tr><tr><td></td><td>AGGREGATE</td><td>\$ 4,000,000</td></tr></table>	AUTO ONLY (Ea accident)	\$	2,000,000	OTHER THAN AUTO ONLY	EA ACCIDENT	\$ 2,000,000		AGGREGATE	\$ 4,000,000												
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	AGGREGATE	\$ 4,000,000																									
A	<input checked="" type="checkbox"/> GARAGE KEEPERS LIABILITY <input checked="" type="checkbox"/> LEGAL LIABILITY DIRECT BASIS <input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS		ZACAT9297902	10/01/2024	10/01/2025	<table><tr><td><input checked="" type="checkbox"/> COMP / OTC SPECIFIED PERILS</td><td>LOC</td><td>\$ 2,000,000</td></tr><tr><td><input checked="" type="checkbox"/> COLLISION</td><td>LOC</td><td>\$ 2,000,000</td></tr><tr><td></td><td>LOC</td><td>\$</td></tr></table>	<input checked="" type="checkbox"/> COMP / OTC SPECIFIED PERILS	LOC	\$ 2,000,000	<input checked="" type="checkbox"/> COLLISION	LOC	\$ 2,000,000		LOC	\$												
<input checked="" type="checkbox"/> COMP / OTC SPECIFIED PERILS	LOC	\$ 2,000,000																									
<input checked="" type="checkbox"/> COLLISION	LOC	\$ 2,000,000																									
	LOC	\$																									
A	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ZACAT9297902	10/01/2024	10/01/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td>2,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>2,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>4,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>4,000,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	MED EXP (Any one person)	\$	10,000	PERSONAL & ADV INJURY	\$	2,000,000	GENERAL AGGREGATE	\$	4,000,000	PRODUCTS - COMP/OP AGG	\$	4,000,000		\$	
EACH OCCURRENCE	\$	2,000,000																									
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PRODUCTS - COMP/OP AGG	\$	4,000,000																									
	\$																										
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		80894S230ALI	05/15/2024	10/01/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td>5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$</td><td>5,000,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	5,000,000	AGGREGATE	\$	5,000,000		\$													
EACH OCCURRENCE	\$	5,000,000																									
AGGREGATE	\$	5,000,000																									
	\$																										
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under REMARKS below Y/N <input checked="" type="checkbox"/> N	N/A	ZAWC19755302	10/01/2024	10/01/2025	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE</td><td>OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE	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									
<input checked="" type="checkbox"/> PER STATUTE	OTH-ER																										
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E.L. DISEASE - EA EMPLOYEE	\$	1,000,000																									
E.L. DISEASE - POLICY LIMIT	\$	1,000,000																									
C	Excess Liability		EGL1000099-01	05/15/2024	10/01/2025	<table><tr><td>Ea. Occurrence</td><td>\$</td><td>5,000,000</td></tr><tr><td>Aggregate</td><td>\$</td><td>5,000,000</td></tr></table>	Ea. Occurrence	\$	5,000,000	Aggregate	\$	5,000,000															
Ea. Occurrence	\$	5,000,000																									
Aggregate	\$	5,000,000																									

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Automatic additional insured status as agreed per written contract or written agreement for covered autos liability per form CA2048 10/13. Automatic additional insured status when agreed in writing in a contract or agreement for general liability "your operations" (including ongoing and completed ops liability/worked you performed) per form 00ML020700 11/03. Insurance is on a primary and noncontributory basis for general/auto liability per form 00CA014300 10/13. A waiver of subrogation for general/auto liability is automatic as agreed per written contract or written agreement per form CA0444

CERTIFICATE HOLDER

CANCELLATION

State of West Virginia
1900 Kanawha Blvd E.
Building 5
Charleston

WV 25305

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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AGENCY CUSTOMER ID: 00043943

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Shepherd Insurance, LLC.		NAMED INSURED Worldwide Equipment Enterprises, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 30 FORM TITLE: Certificate of Garage Insurance: Remarks

10/13. A waiver of subrogation as agreed per written contract or written agreement is included on the Workers Compensation per form WC000313 04/84.
All in accordance with the policy terms, conditions and exclusions.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NON-CONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

The following is added to the **Other Insurance** Condition in the **Auto Dealers Coverage Form** and **Business Auto Coverage Form** and the **Other Insurance – Primary and Excess Insurance Provisions** Condition in the **Motor Carrier Coverage Form**:

Primary and Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional "insured" under your policy provided that:

1. The additional "insured" is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional "insured".

All other terms and conditions of this Policy remain unchanged.

Endorsement Number:

Policy Number: ZACAT9297902

Named Insured: Worldwide Equipment Enterprises, Inc.

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: 10/01/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

AUTO DEALER COVEAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

ANY PERSON OR ORGANIZATION WITH WHOM YOU AGREED IN WRITING IN A CONTRACT OR AGREEMENT TO BE ADDED AS AN ADDITIONAL INSURED ON YOUR POLICY.

A. Section II - General Liability Coverages, Paragraph D. Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your operations;
2. Arising out of your "products" or "work you performed" or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section II – General Liability Coverages, Paragraph F. Limits Of Insurance – General Liability Coverages:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance; whichever is less.

This endorsement shall not increase the applicable limits of insurance.

All other terms and conditions of this Policy remain unchanged.

00 ML0207 00 11 03

Includes copyrighted material of Insurance Services Office, Inc., Page 1 of 2 with its permission.

Issued By:

Endorsement Number:

Policy Number: ZACAT9297902

Named Insured: Worldwide Equipment Enterprises, Inc.

Endorsement Effective Date: 10/01/2024

A handwritten signature in black ink, appearing to read "Brian D. Firo".

President

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Worldwide Equipment Enterprises, Inc.

Endorsement Effective Date: 10/01/2024

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

AS AGREED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Worldwide Equipment Enterprises, Inc.

Endorsement Effective Date: 10/01/2024

SCHEDULE

Name Of Person(s) Or Organization(s):

AS AGREED PER WRITTEN CONTRACT OR WRITTEN AGREEMENT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** — Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** — Covered Autos Coverages of the Auto Dealers Coverage Form.

POLICY NUMBER: ZAWC19755302

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

AS AGREED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium

Insurance Company ARCH INSURANCE COMPANY

DATE OF ISSUE:

Countersigned By _____

Additional Named Insureds

Other Named Insureds

Worldwide Equipment Enterprises, Inc
Service Parts, Inc
Volunteer Volvo & GMC, Inc.
Worldwide Equipment of West Virginia, Inc,
Worldwide Equipment, Inc
Worldwide Equipment Leasing, Inc.
Paclease Franchisee, Mack Lease Franchisee
Worldwide Equipment of Ohio, Inc.
Worldwide Equipment of South Carolina, Inc.
DBA Worldwide Kenworth of South Carolina
Worldwide Equipment of TN, Inc.
Worldwide Fabricating and Manufacturing, Inc
Worldwide Equipment-Heritage, Inc.
Worldwide Auto Group, Inc
DBA Worldwide Ford Sales
Worldwide Equipment of Georgia, Inc.
The Truck People, Inc.
Lee Properties, LLC
TLD Properties, LLC
Volunteer Leasing and Financial Services, LLC
TDSB Properties, LLC
TDSB Albany Properties, LLC
Judith Dotson
Kingston Meadows

REQUEST FOR QUOTATION
Mack Truck OEM Parts and Components or Equal

- 9.4 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- 9.5 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: Matt Cochran

Telephone Number: 304-208-2542

Fax Number: 304-343-6959

Email Address: matt.cochran@thetruckpeople.com



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
Equipment

Proc Folder: 1581716

Doc Description: MACK TRUCK OEM PARTS AND COMPONENTS - 7025C006

Reason for Modification:

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2024-12-16	2025-01-14 13:30	CRFQ 0803 DOT2500000034	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 0000016691

Vendor Name : Worldwide Equipment-Heritage

Address :

Street : 1 Jain Drive

City : Cross Lanes

State : WV

Country : USA

Zip : 25313

Principal Contact : Matt Cochran

Vendor Contact Phone: 304-208-2542

Extension:

FOR INFORMATION CONTACT THE BUYER

John W Estep
304-558-2566
john.w.estep@wv.gov

Vendor
Signature X

FEIN# 81-3450134

DATE 01/10/2025

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



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
Equipment

Proc Folder: 1581716			Reason for Modification: ADDENDUM NO_1 Vendor Question and response Revised Pricing Page
Doc Description: MACK TRUCK OEM PARTS AND COMPONENTS - 7025C006			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2025-01-09	2025-01-14 13:30	CRFQ 0803 DOT2500000034	2

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 0000016691

Vendor Name : Worldwide Equipment-Heritage

Address :

Street : 1 Jain Drive

City : Cross Lanes

State : WV **Country :** USA **Zip :** 25313

Principal Contact : Matt Cochran

Vendor Contact Phone: 304-208-2542 **Extension:**

FOR INFORMATION CONTACT THE BUYER

John W Estep
304-558-2566
john.w.estep@wv.gov

Vendor
Signature X

FEIN# 81-3450134

DATE 01/10/2025

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFO DOT2500000034

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 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.

Worldwide Equipment-Heritage

Company



Authorized Signature

01/10/2025

Date

NOTE: This addendum acknowledgment 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
Equipment

Proc Folder: 1581716

Doc Description: MACK TRUCK OEM PARTS AND COMPONENTS - 7025C006

Reason for Modification:

ADDENDUM NO_1
Vendor Question and response
Revised Pricing Page

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2025-01-09	2025-01-14 13:30	CRFQ 0803 DOT2500000034	2

BID RECEIVING LOCATION

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

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