



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.

Header 1

[List View](#)

General Information [Contact](#) [Default Values](#) [Discount](#) [Document Information](#) [Clarification Request](#)

Procurement Folder: 1610798

SO Doc Code: CRFQ

Procurement Type: Central Purchase Order

SO Dept: 1400

Vendor ID:

SO Doc ID: AGR2500000012

Legal Name: SOUTHERN STATES COOPERATIVE INC

Published Date: 1/29/25

Alias/DBA:

Close Date: 2/12/25

Total Bid: \$31,008.00

Close Time: 13:30

Response Date:

Status: Closed

Response Time:

Solicitation Description:

Responded By User ID:

Total of Header Attachments: 1

First Name:

Total of All Attachments: 1

Last Name:

Email:

Phone:



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: 1610798
Solicitation Description: Cattle Mineral Tubs for Huttonsville State Farm
Proc Type: Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2025-02-12 13:30	SR 1400 ESR02052500000004792	1

VENDOR

000000197271
SOUTHERN STATES COOPERATIVE INC

Solicitation Number: CRFQ 1400 AGR2500000012

Total Bid: 31008 **Response Date:** 2025-02-05 **Response Time:** 09:02:33

Comments:

FOR INFORMATION CONTACT THE BUYER
Larry D McDonnell
304-558-2063
larry.d.mcdonnell@wv.gov

Vendor
Signature X

FEIN#

DATE

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Total Overall Costs	1.00000	LS	31008.000000	31008.00

Comm Code	Manufacturer	Specification	Model #
10121507			

Commodity Line Comments:

Extended Description:

See attached documentation for further details.

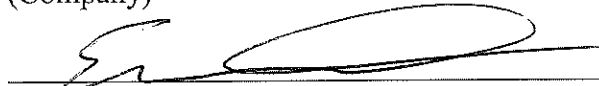
DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Eric Titchnell - manager
(Printed Name and Title)
42 Depot St, Philippi, WV, 26416
(Address)
304-457-2441 / 304-457-2470
(Phone Number) / (Fax Number)
eric.titchnell@sscoop.com
(E-mail address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through WV OASIS, 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 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.

Southern Stores - Philippi
(Company)


(Signature of Authorized Representative)

Eric Titchnell - manager
(Printed Name and Title of Authorized Representative)

2/04 / 2025
(Date)

304-457-2441 / 304-457-2470
(Phone Number) (Fax Number)



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
05/01/2024

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
Willis Towers Watson Southeast, Inc.
c/o 26 Century Blvd
P.O. Box 305191
Nashville, TN 372305191 USA

CONTACT NAME: WTW Certificate Center
PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378
E-MAIL: certificates@wtwco.com
ADDRESS:

INSURED
Southern States Cooperative, Inc.
6606 West Broad Street
Richmond, VA 23260

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Southern States Insurance Exchange	15709
INSURER B: Nationwide Agribusiness Insurance Company	28223
INSURER C: James River Insurance Company	12203
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: W33463664

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> MCS-90 ENDE. Inc.						\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Excess Auto Liability			00071414-8	05/01/2024	05/01/2025	Each Occ/Agg \$5,000,000

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

General Liability Policy No. CGL999999924 - Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV

Auto Policy No: CA853594A - \$1,000,000 SIR / Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV

SEE ATTACHED

CERTIFICATE HOLDER**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

WV Department of Agriculture
Animal Health Division
1900 Kanawha Boulevard, East
Charleston, WV 25305

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AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Southern States Cooperative, Inc. 6606 West Broad Street Richmond, VA 23260	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Re: Southern States Cooperative, Inc. - Philippi Service, 42 Wood St., Philippi, WV, 26416.

INSURER AFFORDING COVERAGE: Southern States Insurance Exchange

NAIC#: 15709

POLICY NUMBER: CAP999999924 EFF DATE: 05/01/2024 EXP DATE: 05/01/2025

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Auto Liability-Any Auto	CSL	\$1,000,000
Auto Physical Damage	Comp/Coll Deductible	\$1,000

ADDITIONAL REMARKS:

Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV

INSURER AFFORDING COVERAGE: James River Insurance Company

NAIC#: 12203

POLICY NUMBER: 00066533-9 EFF DATE: 05/01/2024 EXP DATE: 05/01/2025

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess General Liability	Each Occ/Agg	\$6,000,000

Exhibit A - Pricing Page
Cattle Mineral Tubs for Huttonsville State Farm
CRFQ AGR25*12

Item No.	Description	Unit of Measure	Quantity	Unit Price	Extended Amount
3.1.1	Mineral Tubs with Amaferm or equal per required guaranteed analysis in specifications	Each	204	\$ 152.00	\$ 31,008.00
Note: All items are to be F.O.B. Destination. Freight or delivery charges <u>must</u> be included in the bid unit cost. Delivered to the following location: West Virginia Department of Agriculture, Huttonsville State Farm, 271 Prison Farm Circle, Huttonsville 26273				Total Overall Cost	\$ 31,008.00

	Bidder / Vendor Information
Name:	Southern States Philippi / Eric Titchnell- Manager
Address:	42 Depot St
	Philippi, WV 26416
Phone:	304-457-2441
Email Address:	eric.titchnell@sscoop.com
Authorized Signature:	