



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: 1635355

SO Doc Code: CRFQ

Procurement Type: Central Purchase Order

SO Dept: 1400

Vendor ID: 000000197271

SO Doc ID: AGR2500000014

Legal Name: SOUTHERN STATES COOPERATIVE INC

Published Date: 2/28/25

Alias/DBA:

Close Date: 3/13/25

Total Bid: \$27,095.20

Close Time: 13:30

Response Date: 03/12/2025

Status: Closed

Response Time: 9:40

Solicitation Description: Beef Cattle Minerals for Huttonsville

Responded By User ID: eric@philippi

Total of Header Attachments: 1

First Name: Eric

Total of All Attachments: 1

Last Name: Titchnell

Email: eric.titchnell@sscoop.com

Phone: 304-991-4577



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: 1635355
Solicitation Description: Beef Cattle Minerals for Huttonsville
Proc Type: Central Purchase Order

| Solicitation Closes | Solicitation Response | Version |
|---------------------|------------------------------|---------|
| 2025-03-13 13:30 | SR 1400 ESR03122500000005461 | 1 |

VENDOR

000000197271
SOUTHERN STATES COOPERATIVE INC

Solicitation Number: CRFQ 1400 AGR2500000014
Total Bid: 27095.20000000000072759576141 **Response Date:** 2025-03-12 **Response Time:** 09:40:56
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 | Beef Cattle Minerals for Huttonsville | 880.00000 | BAG | 30.790000 | 27095.20 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 10121507 | | | |

Commodity Line Comments:

Extended Description:

See attached documentation for further details.

Contains 90.7 grams per ton (S)-Methoprene, an insect growth regulator for continuous feeding during the fly season to prevent the breeding of horn flies in the manure of treated cattle.

Active Drug Ingredient
(S)-Methoprene..... 133.3 g/ton

| Guaranteed Analysis | |
|------------------------|---------------|
| Calcium (Ca) (Min.) | 11.00% |
| Calcium (Ca) (Max.) | 14.00% |
| Phosphorus (P) (Min.) | 4.00% |
| Salt (NaCl) (Min.) | 17.00% |
| Salt (NaCl) (Max.) | 19.00% |
| Magnesium (Mg.) (Min.) | 9.99% |
| Potassium (K) (Min.) | 0.40% |
| Selenium (Se) (Min.) | 39 ppm |
| Copper (Cu) (Min.) | 1878 ppm |
| Zinc (Zn) (Min.) | 6,000 ppm |
| Iodine (I) (Min.) | 230 ppm |
| Cobalt (Co) (Min.) | 68 ppm |
| Manganese (Mn) (Min.) | 3,500 ppm |
| Vitamin A (Min.) | 300,00 IU/Lb. |
| Vitamin D (Min.) | 30,000 IU/Lb. |
| Vitamin E (Min.) | 400 IU/Lb. |

Ingredients

Monocalcium and Dicalcium Phosphate, Corn Distillers Grain with Solubles, Salt, Calcium Carbonate, Magnesium Oxide, Vegetable Fat, Kelp, Calcium Bentonite (Flow Agent) Vitamin A Supplement, Vitamin E Supplement, Vitamin D-3 Supplement, Zinc Sulfate, Ferrous Sulfate, Manganese Sulfate, Copper Sulfate, Ethylene Diamine Dihydroiodide, Cobalt Sulfate, Calcium Sulfate, Potassium Sulfate, Magnesium Sulfate, Potassium Chloride Copper Hydroxychloride, Zinc Hydroxychloride, Manganese Hydroxychloride, Selenium Yeast and Sodium Selenite

WARNING

Do not feed this product to sheep!

Caution: Keep out of reach of children. Discard empty container according to local regulations. Never reuse empty container

EPA Status: Product is a pesticide when used in non-medicated feeds. EPA registration is required for feeds offered for sale except when custom blended per the provisions of 40 CFR 167.3. In medicated feeds, the product is a food additive and no EPA registration is required when the source of (S)-Methoprene is an EPA-registered product.

Feeding Directions

Feed to provide a free-choice intake of 22.7-45.4 mg s-methoprene per 100 lbs bodyweight per month. Targeted intake is 2.7 oz. per head per day. Offer mineral near the water source or at a popular gathering area for pasture cattle. This mineral should be the sole source of available salt in order to achieve adequate intake levels. Cattle should not be allowed to run out of this mineral. Provide fresh water at all times. 2.7 oz. of mineral per head per day will supply 3 mgs. of supplemental selenium per day. Consult your Kalmbach representative concerning any questions with the use of this product.

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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 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 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)

3/12/2025
(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 ADDRESS: certificates@wtwco.com | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------|--|--------|------------|------------------------------------|-------|------------|---|-------|------------|-------------------------------|-------|------------|--|--|------------|--|--|------------|--|--|
| INSURED Southern States Cooperative, Inc. 6606 West Broad Street Richmond, VA 23260 | <table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Southern States Insurance Exchange</td><td>15709</td></tr><tr><td>INSURER B:</td><td>Nationwide Agribusiness Insurance Company</td><td>28223</td></tr><tr><td>INSURER C:</td><td>James River Insurance Company</td><td>12203</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: | 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: | | |
| 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 SUBR INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG OTHER: | Y | Y | CGL999999924 | 05/01/2024 | 05/01/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 ENCL. Inc. <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> FIP | Y | Y | CA853594A | 05/01/2024 | 05/01/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | 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 <input type="checkbox"/> N/A | | N/A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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**

| | |
|---|---|
| WV Department of Agriculture Animal Health Division 1900 Kanawha Boulevard, East 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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ACORD 25 (2016/03)

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SR ID: 25807518

BATCH: 3444119



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 | | | |
| CARRIER See Page 1 | NAIC CODE See Page 1 | EFFECTIVE DATE: 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 |