



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

State of West Virginia
Master Agreement

Order Date: 04-22-2025

CORRECT ORDER NUMBER MUST
APPEAR ON ALL PACKAGES, INVOICES,
AND SHIPPING PAPERS. QUESTIONS
CONCERNING THIS ORDER SHOULD BE
DIRECTED TO THE DEPARTMENT
CONTACT.

Order Number:	CMA 0211 4072 GSD2200000004 4	Procurement Folder:	1003256
Document Name:	Open End Contract for Capitol Complex Lawn Care	Reason for Modification:	Change Order No. 3 - to renew contract
Document Description:	Capitol Complex Lawn Care		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2022-05-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-11-14

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000101128 ADVANCED TREE & LAWN CARE LLC 101 Southbrooke DR Hurricane WV 25526 US Vendor Contact Phone: 304-397-6006 Extension:	Requestor Name: John C Cummings Requestor Phone: 304-352-5521 Requestor Email: john.c.cummings@wv.gov 2025 FILE LOCATION _____																				
Discount Details:																					
<table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></tbody></table>			Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No		
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
GENERAL SERVICES DIVISION DEPARTMENT OF ADMINISTRATION 112 CALIFORNIA AVENUE BLDG 4, 6TH FLOOR CHARLESTON WV 25305 US	STATE OF WEST VIRGINIA SEE SPECIFICATIONS FOR DELIVERY REQUIREMENTS No City WV 99999 US

CR 4-22-25
Purchasin

Total Order Amount:	Open End
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PURCHASING DIVISION AUTHORIZATION
DATE: *Mark Ott 4/22/25*
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
DATE: *J. L. S. Gray*
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: *4/23/25*
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 3 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders.

Effective date of renewal 05/15/2025 through 11/14/2025

Renewal Remaining: 6 months

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	70111706			EA	2580.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: MOWING, TRIMMING AND EDGING GRASS

Extended Description:

4.1.1

MOWING, TRIMMING AND EDGING GRASS

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	70111706			EA	3550.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: LEAF BLOWING AND DISPOSAL

Extended Description:

4.1.2

BLOWING AND DISPOSING OF LEAVES-

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	70111706			EA	4000.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: TRIMMING OF SHRUBS AND TREES

Extended Description:

4.1.3

TRIMMING OF SHRUBS AND TREES

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	70111706			EA	10000.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: OVERSEEDING

Extended Description:

4.1.4

OVERSEEDING

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	70111706			EA	1600.000000
Service From		Service To	Service Contract Amount		
					0.00

Commodity Line Description: EDGING SHRUB AND TREE BEDS

Extended Description:

4.1.5
EDGING SHRUB AND TREE BEDS

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	70111706			EA	700.000000
Service From		Service To	Service Contract Amount		
					0.00

Commodity Line Description: WEEDING SHRUB AND TREE BEDS

Extended Description:

4.1.6
WEEDING SHRUB AND TREE BEDS

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	70111706			EA	4000.000000
Service From		Service To	Service Contract Amount		
					0.00

Commodity Line Description: LAWN FERTILIZING

Extended Description:

4.1.7
LAWN FERTILIZING CONTACT JOHN

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	70111706			EA	12000.000000
Service From		Service To	Service Contract Amount		
					0.00

Commodity Line Description: MULCHING

Extended Description:

4.1.8
MULCHING- CONTACT JOHN

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
GENERAL SERVICES DIVISION
State Capitol
Charleston, West Virginia 25305

Eric L. Householder
Cabinet Secretary

Bob Kilpatrick
Director

April 15, 2025

Advanced Tree & Lawn Care LLC
101 Southbrooke Dr.
Hurricane, WV 25526

REF: CMA 0211 GSD2200000004 Capitol Complex Lawn Care

Ms. Riffle,

The above referenced contract will expire on May 14, 2025. The West Virginia Department of Administration, General Services Division wishes to renew the contract for six months under the same pricing, specifications, terms and conditions. The renewal term of the contract will be May 15, 2025 through November 14, 2025. If you are in agreement to renew this contract, please sign below and return to James Jones, via email at James.R.Jones@wv.gov, or fax at 304-558-1475 at your earliest convenience.

If you have any questions, please feel free to contact me.

Thank you,

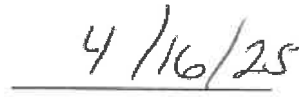


James R. Jones

Procurement Administrator, General Services Division



Name/Signature



Date



Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/08/2024

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		CONTACT NAME: Cody Javins	
Garlow Insurance Agency Inc		PHONE (A/C No. Ext): 304-347-8972	FAX (A/C No): 304-347-8973
20 MacCorkle Avenue SW		E-MAIL ADDRESS: Cody@garlowinsurance.com	
South Charleston WV 25303		INSURER(S) AFFORDING COVERAGE	
		INSURER A: ERIE INS CO	NAIC # 26263
		INSURER B: Erie Ins Prop & Cas Co	26830
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			Q61-0230438	10/04/2024	10/04/2025	EACH OCCURRENCE \$ 1000000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000
							MED EXP (Any one person) \$ 5000
							PERSONAL & ADV INJURY \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2000000
	OTHER:						\$
B	AUTOMOBILE LIABILITY			Q01-6530329	01/15/2024	01/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Q87-5700380	03/07/2024	03/07/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverages afforded by the above policies

CERTIFICATE HOLDER**CANCELLATION**

State of West Virginia General Services Division 1900 Kanawha Blvd 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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Fax: Email:

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Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

ADVANCED TREE & LAWN CARE LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability Company	7/19/2012		7/19/2012	Domestic	Profit			

Organization Information			
Business Purpose	2389 - Construction - Special Trade Contractors - Other Specialty Trade Contractors (site prep, other specialty)		Capital Stock
Charter County	Putnam	Control Number	99VXT
Charter State	WV	Excess Acres	
At Will Term	A	Member Managed	MBR
At Will Term Years	Par Value		
Authorized Shares	Young Entrepreneur		Not Specified

Addresses	
Type	Address
Designated Office Address	101 SOUTHBROOKE DRIVE HURRICANE, WV, 25526
Mailing Address	PO BOX 876 HURRICANE, WV, 25526 USA
Notice of Process Address	TALICIA RIFFLE PO BOX 876 HURRICANE, WV, 25526
Principal Office Address	101 SOUTHBROOKE DRIVE P O BOX 876 HURRICANE, WV, 25526 USA
Type	Address

Officers	
Type	Name/Address
Member	TALICIA RIFFLE PO BOX 876 HURRICANE, WV, 25526
Member	JERRY RIFFLE PO BOX 876 HURRICANE, WV, 25526
Organizer	TALICIA RIFFLE PO BOX 876 HURRICANE, WV, 25526 USA
Organizer	JERRY RIFFLE PO BOX 876 HURRICANE, WV, 25526 USA
Type	Name/Address

Annual Reports	
Filed For	
2025	
2024	
2023	
2022	

2021
2020
2019
2018
2017
2016
2015
2014
2013
Date filed

For more information, please contact the Secretary of State's Office at 304-558-8000.

Tuesday, April 22, 2025 — 7:03 AM

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Search Editor

- ☐ Any Words ⁱ
- ☐ All Words ⁱ
- ☐ Exact Phrase ⁱ

e.g. 123456789, Smith Corp

"advanced tree & Lawn care llc"

×

Entity

Location

Status

- ☒ Active
- ☐ Inactive

Reset 

Entity Information ^



All Entity Information

Entities

Disaster Response Registry

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>05 R / 05</u> Date: <u>4/22/25</u> Solicitation No. <u>CO#3</u> <u>Renew</u>	Agency: General Services Division <hr/> Procurement Officer Submitting Requisition: Jamie Jones <hr/> Requisition No. <hr/> PF No.: 1003256
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: Tanya G.