

Cook's Tree Services LLC

202 Highland Street
Gassaway, WV 26624
(304) 689-6124

05/24/17 13:20:35
MMU Purchasing Division

To: Department of Administration, Purchasing Division
April Battle, Buyer 22
Fax Number: (304) 558-3970

From: Heath Cook

Memo: Solicitation Number- CRFQ 0506 HHR 1700000008

May 24 2017 01:09pm
No. 3348 P. 1
P001

Received: 3043642441
ELK MEMORIAL CLINIC
May 24 2017 1:12PM

REQUEST FOR QUOTATION
CRFQ 0506 HHR170000008
Tree Trimming, Removal and Stump Grinding

- 11.6. **Codes:** All work is to be performed in compliance with applicable Federal and State codes including but not limited to International Building Code, International Mechanical Code, Life Safety Code, NEC, OSHA, UL, ANSI, ASME and related standards.
- 11.7. **Safety:** All applicable local safety and OSHA rules and guidelines shall be met by the Vendor. Work shall be subject to verification and inspection DHHR Safety representatives. Such verification shall not relieve the Vendor from meeting all applicable safety regulations and inspection by other agencies.
- 11.8. **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: Heath Cook

Telephone Number: 304-689-6124

Fax Number: _____

Email Address: cookstreeservicesllc@gmail.com

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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.

Heath Cook - Owner
(Name, Title)
Heath Cook - Owner
(Printed Name and Title)
202 Highland St Cassaway WV 26624
(Address)
304-689-6124
(Phone Number) / (Fax Number)
CooksTreeServicesllc@gmail.com
(email 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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated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 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.

Cooks Tree Services llc
(Company)

Heath Cook - Heath Cook owner
(Authorized Signature) (Representative Name, Title)

Heath Cook - Owner
(Printed Name and Title of Authorized Representative)

5-24-17
(Date)

304-689-6124
(Phone Number) (Fax Number)

Revised 04/07/2017

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: CRFQ 0508 HHR170000008

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 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.

Cooks Tree Services LLC
Company

John H Cook
Authorized Signature

5-24-17
Date

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

Revised 04/07/2017

PO04
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EXHIBIT A

Region 1

TREE TRIMMING AND REMOVAL PRICING PAGE

Hourly rate*	X	Estimated Hours**	=	Total Cost
\$ <u>900</u>	X	50	=	\$ <u>45,000</u>
		Grand Total Bid		\$ <u>49,500</u>

Contract will be awarded to the Vendor meeting the required specifications for the lowest overall Total Price by Region.

Vendor Section (Complete all fields):

Vendor Name: <u>Cook's Tree Services LLC</u>	
Physical Address: <u>202 Highland St Gassaway WV 26624</u>	
Remit To Address:	
Telephone: <u>304-689-6124</u>	
Fax:	
E-mail: <u>cooksreeservicesLLC@gmail.com</u>	
Vendor Representative: <u>Heath Cook</u>	
Signature: <u>John H Cook</u>	Date: <u>5-24-17</u>

*Hourly rate shall include all labor, materials, and necessary equipment to complete the work.

**Quantities listed are estimates only. Actual needs of the Agency will be met whether greater than or less than those listed.

EXHIBIT A

Region IV

TREE TRIMMING AND REMOVAL PRICING PAGE

Hourly rate*	X	Estimated Hours**	=	Total Cost
\$ <u>900</u>	X	50	=	\$ <u>45,000</u>
		Grand Total Bid		\$ <u>49,500</u>

Contract will be awarded to the Vendor meeting the required specifications for the lowest overall Total Price by Region.

Vendor Section (Complete all fields):

Vendor Name: <u>Cooks Tree Services LLC</u>	
Physical Address: <u>202 Highland St Gassaway WV 26624</u>	
Remit To Address:	
Telephone: <u>304-689-6124</u>	
Fax:	
E-mail: <u>Cooks Tree Services LLC</u>	
Vendor Representative: <u>Heath Cook</u>	
Signature: <u>Heath Cook</u>	Date: <u>5-24-17</u>

*Hourly rate shall include all labor, materials, and necessary equipment to complete the work.

**Quantities listed are estimates only. Actual needs of the Agency will be met whether greater than or less than those listed.

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number: WV056151

Classification:

SPECIALTY

COOKS TREE SERVICES LLC
DBA COOKS TREE SERVICES LLC
202 HIGHLAND ST
GASSAWAY, WV 26624

Date Issued

Expiration Date


APRIL 18, 2017

APRIL 18, 2018



**WEST VIRGINIA
CONTRACTOR
LICENSING
BOARD**


Authorized Company Signature


Chair, West Virginia Contractor
Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where 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 cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.

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CERTIFICATE OF INSURANCE
ERIE INSURANCE GROUP

Vehicle Owner
Enter Plate No. _____

Policy Number **Q04 5330304**

An authorized West Virginia insurer certifies that there is in effect a motor vehicle liability policy upon the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Code.

NAIC Code
26830

Year **2004** Make **FORD** Vehicle Identification Number **3FRXF75N34V685024**

Your Agent

WARE INSURANCE AGENCY LLC
611 ELK ST
GASSAWAY WV 26624-1135

Policy Number
Q04 5330304

Name and Address of Insured
COOK TREE SERVICE LLC
202 HIGHLAND ST
GASSAWAY WV 26624-1404

Date Certificate Issued
04/03/2017

Effective Dates of Policy Term
From: **04/03/2017**
To: **04/03/2018**

YOUR AGENT PHONE: (304) 364-9120



Trinity S. McLane
Authorized Representative

If you are requested to send this Certificate
← **DETACH** Keep this portion.

THIS CERTIFICATE MUST BE CARRIED IN THE VEHICLE DESCRIBED ABOVE FOR USE AS PROOF OF INSURANCE. A COPY OF THIS CERTIFICATE MAY BE REQUESTED BY THE COMMISSIONER OF MOTOR VEHICLES.

Signature of Owner *Joshua H. Cook* Date **4-03-17**

CLAIM SERVICE - For Claim Service anywhere in U.S. or Canada, call YOUR AGENT or, using the list below, call the Claim Office NEAREST YOUR HOME.

If requested, detach and send this Certificate to the Commissioner of Motor Vehicles

← **DETACH**

State	Branch/Claim Office	Call Toll Free	State	Branch/Claim Office	Call Toll Free
DC	SILVER SPRING	1-800-492-2709	TN	KNOXVILLE	1-888-922-3743
IL	PEORIA	1-888-335-3743	VA	RICHMOND	1-800-322-3743
IN	FORT WAYNE	1-800-892-5655	WA	ROANOKE	1-800-533-3743
	INDIANAPOLIS	1-800-624-1620		WAYNESBORO	1-800-542-2250
KY	WEST VIRGINIA	1-800-642-1948	WI	WISCONSIN	1-877-740-3743
MD	SILVER SPRING	1-800-492-2709	WV	WEST VIRGINIA	1-800-642-1948
	HAGERSTOWN	1-800-533-5602			
NC	CHARLOTTE	1-800-473-3882	<p>*Our phones answer 24 hours a day, 7 days a week!</p> <p>To report your claim after hours (5:30 p.m. to 8:00 a.m.) or on weekends, please call your Agent or our After Hours Claim Service Toll Free at 1-800-367-3743.</p>		
	RALEIGH	1-800-533-3982			
NY	ROCHESTER	1-800-333-0823			
OH	CANTON	1-800-362-6541			
	COLUMBUS	1-800-282-1702			
PA	ALLENTOWN/BETH	1-800-322-9026			
	ERIE	1-877-771-3743			
	HOME OFFICE (ERIE)	1-800-458-0811			
	HARRISBURG	1-800-362-1304			
	JOHNSTOWN	1-800-241-4209			
	MURRYSVILLE	1-800-553-3367			
	PHILADELPHIA	1-800-821-2902			
PITTSBURGH	1-800-922-1824				

In the event of an accident or loss

- Help any injured. Get names, addresses, auto license plate numbers of involved, including all witnesses.
- Do not discuss an accident with anyone except the police or our representative.
- Protect your auto and property from further damage.
- Promptly call police if someone is injured, damage is extensive, or theft is involved. In case of "hit-and-run", you must report the accident to the police within 24 hours or as soon as possible.
- Notify your Agent or ERIE of accident or loss.

The ERIE is Above All in SERVICE®

If we fail to give this promised service, please drop us a note or call us toll free (800-458-0811) and tell us about it.

Trinity S. McLane
President and
Chief Executive Officer

FRAUD FINDERS® HOTLINE	Call ERIEGlassSM
To confidentially report information on Insurance fraud activities, Call our FRAUD FINDERS® HOTLINE Toll-Free at 1-800-368-6696.	To report an auto glass claim, Call ERIEGlassSM Toll-Free at 1-800-552-3743.

Please note that this document may not meet format requirements for insurance Identification (ID) cards in your state. If a replacement ID card is required, please contact your Agent.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/10/2017

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 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	Associated Insurance Centers 138 Baker St Webster Springs WV 26288	CONTACT NAME: Berkley Assigned Risk Services	
		PHONE (A/C No. Ext): (800) 634-4589 FAX (A/C No.): (866) 215-8118	
		E-MAIL ADDRESS: PolicyServices@berkleyrisk.com	
INSURED	COOK'S TREE SERVICES LLC 202 HIGHLAND ST GASSAWAY WV 266241404	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: American Mining Insurance Company	15911
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	AUTOMOBILE LIABILITY						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input type="checkbox"/>	WVWP301233	4/15/2017	4/15/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100000.00 E.L. DISEASE -EA EMPLOYEE \$ 100000.00 E.L. DISEASE - POLICY LIMIT \$ 500000.00

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

Election Category Election Status Name Issue State: All Entities/Insureds:
Member Exclude JOSHUA COOK WV COOK'S TREE SERVICES LLC

CERTIFICATE HOLDER

Joshua Cook
202 Highland Street
Gassaway WV 26624

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

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