



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 2

List View

General Information

Contact

Default Values

Discount

Document Information

Procurement Folder: 488627

Procurement Type: Central Master Agreement

Vendor ID: 000000114774

Legal Name: Nitro Mechanical Services

Alias/DBA:

Total Bid: \$67,480.00

Response Date: 06/05/2019

Response Time: 13:23

SO Doc Code: CRFQ

SO Dept: 0211

SO Doc ID: GSD1900000032

Published Date: 5/30/19

Close Date: 6/5/19

Close Time: 13:30

Status: Closed

Solicitation Description: Addendum No. 1 Sprinkler/
Domestic Backflow Inspections, etc

Total of Header Attachments: 2

Total of All Attachments: 2



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

State of West Virginia
Solicitation Response

Proc Folder : 488627

Solicitation Description : Addendum No. 1 Sprinkler/ Domestic Backflow Inspections, etc

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-06-05 13:30:00	SR 0211 ESR06051900000005634	1

VENDOR

000000114774

Nitro Mechanical Services

Solicitation Number: CRFQ 0211 GSD19000000032

Total Bid : \$67,480.00 Response Date: 2019-06-05 Response Time: 13:23:01

Comments:

FOR INFORMATION CONTACT THE BUYER

Melissa Pettrey
(304) 558-0094
melissa.k.pettrey@wv.gov

Signature on File

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	Sprinkler/ Domestic Backflow Inspections, etc.				\$67,480.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :	Sprinkler/ Domestic Backflow Inspections, etc. Enter Total Bid Cost amount from Exhibit A: Pricing Page
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ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.:

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: No Addendum Numbers Received
(Check the box next to each addendum received)

- ☒ Addendum No. 1
- ☐ Addendum No. 2
- ☐ Addendum No. 3
- ☐ Addendum No. 4
- ☐ Addendum No. 5

- ☐ Addendum No. 6
- ☐ Addendum No. 7
- ☐ Addendum No. 8
- ☐ Addendum No. 9
- ☐ 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.

Nitro Construction Service

Company

Robert McCallister

Authorized Signature

5-31-19

Date

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

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.

Robert McCallister, Fire Protection Division Manager
(Name, Title)

(Printed Name and Title)

4300 1st Ave, Nitro, WV 25143
(Address)

304-204-1566 / 304-204-1350
(Phone Number) / (Fax Number)

rmccallister@nitrocs.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.

Nitro Construction Service
(Company)

Robert McCallister
(Authorized Signature) (Representative Name, Title)

Robert McCallister, Fire Protection Division Manager
(Printed Name and Title of Authorized Representative)

05/31/2019
(Date)

304-204-1566 / 304-204-1350
(Phone Number) (Fax Number)



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
12/24/2018

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 of Pennsylvania, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com																					
INSURED Nitro Construction Services, Inc 4300 1st Avenue Nitro, WV 25143	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Arch Insurance Company</td><td>11150</td></tr><tr><td>INSURER B:</td><td>XL Specialty Insurance Company</td><td>37885</td></tr><tr><td>INSURER C:</td><td>Western World Insurance Company</td><td>13196</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></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Arch Insurance Company	11150	INSURER B:	XL Specialty Insurance Company	37885	INSURER C:	Western World Insurance Company	13196	INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** W9626003**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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ZAGLB9222202	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ZACAT9243302	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			US00077260LI19A	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	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"/> No N/A			ZAWCI9402602	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
C	Auto Buffer Occurrence Basis			GLX1000037-01	01/01/2019	01/01/2020	Each Occurrence: \$1,000,000 Aggregate: \$1,000,000

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

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

Evidence of Insurance

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ACORD 25 (2016/03)

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SR ID: 17272105

BATCH: 1000578

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number: WV042601

Classification:

ELECTRICAL
GENERAL BUILDING
HEATING, VENTILATING & COOLING
PIPING
LOW VOLTAGE SYSTEMS
SPRINKLER AND FIRE PROTECTION

NITRO CONSTRUCTION SERVICES INC
DBA NITRO MECHANICAL SERVICES
4300 1ST AVE #2
NITRO, WV 25143-1001

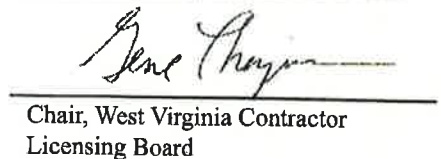
Date Issued

JUNE 13, 2019

Expiration Date

JUNE 13, 2020


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.

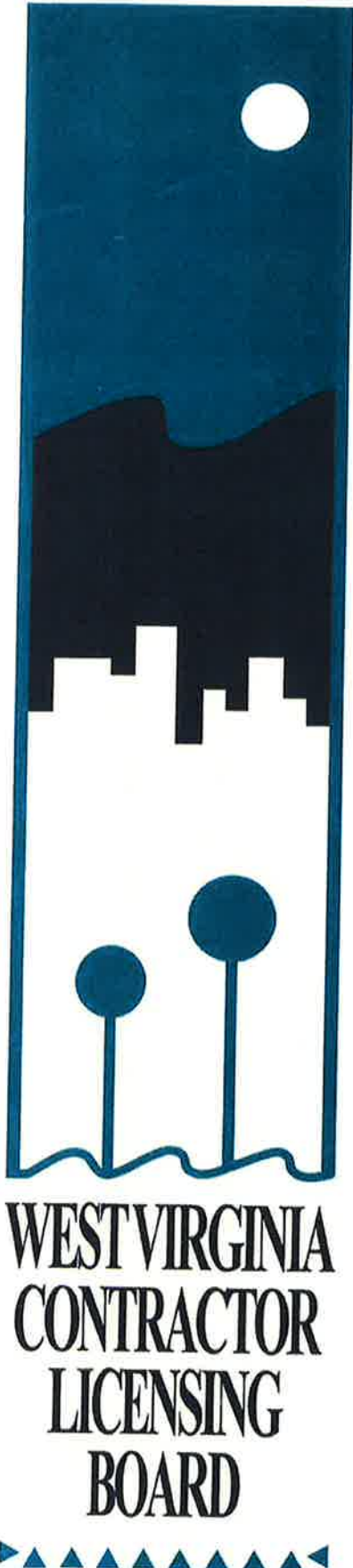


Exhibit A: Pricing Page

Revised 05/30/2019

	A	B	C	D	E	F	G
SAMPLE ONLY	<small>Equipment Price</small>	<small>Hourly Labor Rate</small>	<small>Hourly Labor Rate</small>	<small>Equipment Price</small>	<small>Equipment Price</small>	<small>Equipment Price</small>	<small>Equipment Price</small>
SAMPLE ONLY	\$ 1,000.00	\$ 60.00	\$ 600.00	12%	1.12	\$ 1,120.00	\$ 2,720.00

Follow this sample in completing the Pricing Pages, below

DISTRICT A	<small>Equipment Price</small>	<small>Hourly Labor Rate</small>	<small>Hourly Labor Rate</small>	<small>Equipment Price</small>	<small>Equipment Price</small>	<small>Equipment Price</small>	<small>Equipment Price</small>
Sprinkler Inspection & Domestic Back Flow Preventer	\$ 53,800.00	\$ 80.00 -	\$ 12,000.00	20%	1.20	1,200.00	67,00.00
DISTRICT B	<small>Equipment Price</small>	<small>Hourly Labor Rate</small>	<small>Hourly Labor Rate</small>	<small>Equipment Price</small>	<small>Equipment Price</small>	<small>Equipment Price</small>	<small>Equipment Price</small>
Sprinkler Inspection & Domestic Back Flow Preventer	\$ 13,680	\$ 85.00 -	\$ 6,800.00-	20%	1.20	1,200.00	21,680.00
TOTAL of BOTH DISTRICTS	<small>Equipment Price</small>	<small>Hourly Labor Rate</small>	<small>Hourly Labor Rate</small>	<small>Equipment Price</small>	<small>Equipment Price</small>	<small>Equipment Price</small>	<small>Equipment Price</small>
Sprinkler Inspection & Domestic Back Flow Preventer	\$ 67,480.00	\$ -	\$ 18,800.00	20%	1.20	1,200.00	\$88,680.00