



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

State of West Virginia  
 Request for Quotation  
 23 - Laboratory

Proc Folder: 512065

Doc Description: OPEN END CONTRACT FOR DRUG AND ALCOHOL TESTING

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2018-11-20	2018-12-11 13:30:00	CRFQ 0506 HHR1900000001	1

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

Vendor Name, Address and Telephone Number:

Joe Boggs & Associates, Inc  
 1703 Woodvale Dr  
 Charleston, WV 25314

RECEIVED

2018 DEC 11 AM 9:39

WV PURCHASING  
 DIVISION

**FOR INFORMATION CONTACT THE BUYER**

Heather D Bundrage  
 304-558-2566  
 heather.d.bundrage@wv.gov

Signature X

FEIN #

55-0664639

DATE

12/11/18

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

Any anticipated travel may be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor.

Vendor must include the cost of a certified Medical Review Officer (MRO) in the per test cost.

The vendor's quotation must include bids for the following information as outlined:

Spec. #	Service	Qty	Unit	Unit Price	Total Price
1.1 A	Pre-Employment Drug Testing - Laboratory Screen	765	tests	\$ 92.00	\$ 70,380.00
1.1 B	Pre-Employment Alcohol Testing	765	tests	\$ 3.00	\$ 2,295.00
1.2 A	Reasonable Suspicion Drug Testing - Preliminary On-Site Screen	185	tests	\$ 60.00	\$ 11,100.00
1.2 B	Reasonable Suspicion Drug Testing - Laboratory Screen	185	tests	\$ 92.00	\$ 17,020.00
1.2 C	Reasonable Suspicion Alcohol Testing	185	tests	\$ 4.00	\$ 740.00
1.3 A	Post-Accident Drug Testing - Preliminary On-Site Screen	2	tests	\$ 60.00	\$ 120.00
1.3 B	Post-Accident Drug Testing - Laboratory Screen	2	tests	\$ 92.00	\$ 184.00
1.3 C	Post-Accident Alcohol Testing	2	tests	\$ 4.00	\$ 8.00
1.4 A	Return to Work Drug Testing - Laboratory Screen	25	tests	\$ 92.00	\$ 2,300.00
1.4 B	Return to Work Alcohol Testing	25	tests	\$ 4.00	\$ 100.00
4.1.1.17.1	Collection Expert Testimony	10	hours	\$ 10.00	\$ 100.00
4.1.1.17.2	Laboratory Expert Testimony	10	hours	\$ 10.00	\$ 100.00
4.1.1.17.3	MRO Expert Testimony	10	hours	\$ 35.00	\$ 350.00
4.1.1.17.4	Collection Expert Testimony at Deposition	10	hours	\$ 10.00	\$ 100.00
4.1.1.17.5	Laboratory Expert Testimony at Deposition	10	hours	\$ 35.00	\$ 350.00
4.1.1.17.6	MRO Expert Testimony at Deposition	10	hours	\$ 35.00	\$ 350.00
4.1.2.8	Blind Performance Tests (One Per Quarter)	4	tests	\$ 50.00	\$ 200.00
<b>Total Bid</b>					<b>\$ 105,797.00</b>

CONTACT INFORMATION

Vendor Name:

Vendor Address:

Vendor Contact Name:

Vendor Phone Number:

Vendor Fax Number:

Vendor Email Address:

24-Hr Phone Number for Callback Services:

Signature of Authorized Vendor Agent:

Joe Boggs + Associates Inc

1703 Woodvale Drive  
Charleston, WV 25314

Ritchie Boggs

304-345-1396

304-345-8907

ra.boggs@suddenlinkmail.com

304-345-1396

Date: 12/11/18

**ADDITIONAL INFORMATION:**

The West Virginia Purchasing Division is soliciting bids on behalf of the Department of Health and Human Resources ("DHHR," "Department", or "Agency") to establish an open-end contract for drug and alcohol testing services for select pre-employment, reasonable suspicion/cause, post-accident, and return-to-duty/follow-up, as needed and requested by its agencies, available 24-hours-per-day/7-days-per-week per the bid requirements, specifications, terms and conditions attached to this solicitation.

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Pre-Employment Drug Testing - Laboratory Screen	765.00000	TEST	92.00	70,380. <sup>00</sup>

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :  
Pre-Employment Drug Testing - Laboratory Screening - Section 1.1.A

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Pre-Employment Alcohol Testing	765.00000	TEST	3.00	2,295.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :  
Pre-Employment Alcohol Testing Section 1.1 B

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Reasonable Suspicion Drug Testing - On-Site Screen	185.00000	TEST	60 <sup>00</sup>	11,100. <sup>00</sup>

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :  
Reasonable Suspicion Drug Testing - On-Site Screen Section 1.2 A

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Reasonable Suspicion Drug Testing - Laboratory Screen	185.00000	TEST	92.00	17,020. <sup>00</sup>

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :  
Reasonable Suspicion Drug Testing - Laboratory Screen Section 1.2 B

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Reasonable Suspicion Alcohol Testing	185.00000	TEST	4.00	740 <sup>00</sup>

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :

Reasonable Suspicion Alcohol Testing Section 1.2 C

INVOICE TO	SHIP TO
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US	BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Post-Accident Drug Testing - On-Site Screen	2.00000	TEST	60. <sup>00</sup>	120. <sup>00</sup>

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :

Post-Accident Drug Testing - On-Site Screen Section 1.3.A

INVOICE TO	SHIP TO
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US	BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Post-Accident Drug Testing - Laboratory Screen	2.00000	TEST	92.00	184. <sup>00</sup>

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :

Post-Accident Drug Testing - Laboratory Screen Section 1.3 B

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Post-Accident Alcohol Testing	2.00000	TEST	4.00	8.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :  
Post-Accident Alcohol Testing Section 1.3 C

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Return to Work Drug Testing -Laboratory Screen	25.00000	TEST	92.00	2,300.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :  
Return to Work Drug Testing - Laboratory Screen Section 1.4 A

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	Return to Work Alcohol Testing	25.00000	TEST	4.00	100.00

Comm Code	Manufacturer	Specification	Model #
85121810			

**Extended Description :**  
Return to Work Alcohol Testing Section 1.4 B

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
11	Collection Expert Testimony	10.00000	HOUR	10 <sup>00</sup>	100 <sup>00</sup>

Comm Code	Manufacturer	Specification	Model #
85121810			

**Extended Description :**  
Collection Expert Testimony Section 4.1.i.i7.1

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
12	Laboratory Expert Testimony	10.00000	HOUR	10.00	100 <sup>00</sup>

Comm Code	Manufacturer	Specification	Model #
85121810			

**Extended Description :**  
Laboratory Expert Testimony Section 4.1.1.17.2

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
13	MRO Expert Testimony	10.00000	HOUR	35.00	350.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :  
MRO Expert Testimony Section 4.1.1.17.3

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
14	Collection Expert Testimony at Deposition	10.00000	HOUR	10.00	100.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :  
Collection Expert Testimony at Deposition Section 4.1.1.17.4

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
15	Laboratory Expert Testimony at Deposition	10.00000	HOUR	35.00	350.00



Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :

Laboratory Expert Testimony at Deposition Section 4.1.1.17.5

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
16	MRO Expert Testimony at Deposition	10.00000	HOUR	35.00	350.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :

MRO Expert Testimony at Deposition Section 4.1.1.17.6

INVOICE TO		SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV25301 US		BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 CHARLESTON WV 25301 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
17	Blind Performance Tests (One per Quarter)	4.00000	TEST	50.00	200.00

Comm Code	Manufacturer	Specification	Model #
85121810			

Extended Description :

Blind Performance Tests (One per Quarter) Section 4.1.2.8

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	TECHNICAL QUESTIONS DUE BY 130PM	2018-11-29

HHR1900000001	<b>Document Phase</b> Draft	<b>Document Description</b> OPEN END CONTRACT FOR DRUG AND ALCOHOL TESTING	<b>Page 9</b> of 9
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

December 6, 2018

Health and Human Resources  
Office of Human Resources Management  
ONE DAVIS SQ STE 400  
CHARLESTON WV 25301-1729

**Account Information:**

<b>Policy Holder Details :</b>	JOE BOGGS & ASSOCIATES INC
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**Contact Us**

Business Service Center

**Business Hours:** Monday - Friday  
(7AM - 7PM Central Standard Time)

**Phone:** (866) 467-8730

**Fax:** (888) 443-6112

**Email:** [agency.services@thehartford.com](mailto:agency.services@thehartford.com)

**Website:** <https://business.thehartford.com>

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/07/2018

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 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).


<b>PRODUCER</b> Garlow Insurance Agency, Inc. 1217 Quarrier Street Charleston WV 25301	<b>CONTACT NAME:</b> Ryan Fitzer <b>PHONE (A/C, No, Ext):</b> (304)347-8972 <b>E-MAIL ADDRESS:</b> ryan@garlowinsurance.com	<b>FAX (A/C, No):</b> (304)347-8973
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Joe Boggs & Associates, Inc PO Box 771 Charleston, WV 25323	<b>INSURER A:</b> Brickstreet <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b>

**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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$ \$	
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	N/A	N	WCB1025910	11/20/2018	11/20/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	WV Broad Form							

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

<b>CERTIFICATE HOLDER</b> Evidence of Coverage	<b>CANCELLATION</b> 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 

Fax:      Email:

ACORD 25 (2014/01)

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STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(l), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: JOEBOGGS & Associates, INC

Authorized Signature: [Signature]

Date: 12/10/18

State of WV

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 10th day of December, 2018.

My Commission expires 4-15, 2019.

NOTARY PUBLIC

Krista Hinamon

Purchasing Affidavit (Revised 01/19/2018)

