



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](#)

**Procurement Folder:** 726420

**SO Doc Code:** CRFQ

**Procurement Type:** Central Purchase Order

**SO Dept:** 0803

**Vendor ID:**

**SO Doc ID:** DOT2000000172

**Legal Name:** STEELCON SUPPLY CO

**Published Date:** 6/8/20

**Alias/DBA:**

**Close Date:** 6/25/20

**Total Bid:** \$37,810.75

**Close Time:** 13:30

**Response Date:**

**Status:** Closed

**Response Time:**

**Solicitation Description:**

**Total of Header Attachments:** 1

**Total of All Attachments:** 1



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

**State of West Virginia  
 Solicitation Response**

**Proc Folder :** 726420  
**Solicitation Description :** STEEL REINFORCING BARS (05200347)  
**Proc Type :** Central Purchase Order

Date issued	Solicitation Closes	Solicitation Response	Version
	2020-06-25 13:30:00	SR 0803 ESR06242000000007843	1

VENDOR
000000207690 STEELCON SUPPLY CO

**Solicitation Number:** CRFQ 0803 DOT2000000172

**Total Bid :** \$37,810.75      **Response Date:** 2020-06-24      **Response Time:** 15:22:55

**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
 Crystal G Hustead  
 (304) 558-2402  
 crystal.g.hustead@wv.gov

<b>Signature on File</b>	<b>FEIN #</b>	<b>DATE</b>
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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	Rebar #4, at 20' lengths, Grade 60 (Made in USA)	1125.00000	EA	\$4.810000	\$5,411.25

Comm Code	Manufacturer	Specification	Model #
11101704			

<b>Extended Description :</b>	05200347 STEEL REINFORCING BARS
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**Comments:** 7.21

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Rebar #4,AT 30' length, Grade 60 (Made in USA)	50.00000	EA	\$7.210000	\$360.50

Comm Code	Manufacturer	Specification	Model #
11101704			

<b>Extended Description :</b>	05200347 STEEL REINFORCING BARS
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Rebar #5, at 20' lengths, Grade 60 (Made in USA)	1525.00000	EA	\$7.510000	\$11,452.75

Comm Code	Manufacturer	Specification	Model #
11101704			

<b>Extended Description :</b>	05200347 STEEL REINFORCING BARS
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Rebar #5, at 30' lengths, Grade 60 (Made in USA)	100.00000	EA	\$11.260000	\$1,126.00

Comm Code	Manufacturer	Specification	Model #
11101704			

<b>Extended Description :</b>	05200347 STEEL REINFORCING BARS
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Rebar #8, at 30' length, Grade 60 (Made in USA)	675.00000	EA	\$28.830000	\$19,460.25

Comm Code	Manufacturer	Specification	Model #
11101704			

<b>Extended Description :</b>	05200347 STEEL REINFORCING BARS
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STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), 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: Steelcon Supply Co.

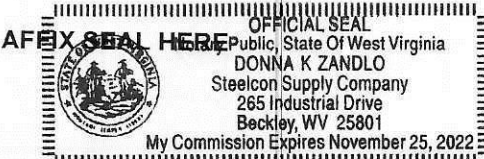
Authorized Signature: [Signature] Date: 6-24-20

State of WV

County of Raleigh, to-wit:

Taken, subscribed, and sworn to before me this 24 day of June, 2020

My Commission expires Nov 25, 2022, 20  



NOTARY PUBLIC [Signature]

**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.

\_\_\_\_\_  
(Name, Title)

\_\_\_\_\_  
(Printed Name and Title)

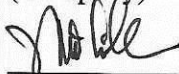
\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number) / (Fax Number)

\_\_\_\_\_  
(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.

STEELCON Supply Co.  
\_\_\_\_\_  
(Company)

 MGR. REBAR + CONSTRUCTION PRODUCTS  
\_\_\_\_\_  
(Authorized Signature) (Representative Name, Title)

MIKE COOK - MGR. REBAR + CONSTRUCTION PRODUCTS  
\_\_\_\_\_  
(Printed Name and Title of Authorized Representative)

6-24-20  
\_\_\_\_\_  
(Date)

304-255-1416                      304-255-6799  
\_\_\_\_\_  
(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.: DOT2000000172

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: — NONE  
(Check the box next to each addendum received)

- |                                         |                                          |
|-----------------------------------------|------------------------------------------|
| <input 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.

STERCOW SUPPLY CO.

Company

[Signature]

Authorized Signature


6-24-20


Date

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



Exhibit A Pricing Page

CRFQ DOT2000000172					
Item Number	Quantity	Unit of Measure	Description	Unit Price	Total Cost
1	1125	EA	Rebar #4 at 20' length Grade 60 (Made in USA)	\$4.81	\$5,411.25
2	50	EA	Rebar #4 at 30' length Grade 60 (Made in USA)	\$7.21	\$360.50
3	1525	EA	Rebar #5 at 20' length Grade 60 (Made in USA)	\$7.51	\$11,452.75
4	100	EA	Rebar #5 at 30' length Grade 60 (Made in USA)	\$11.26	\$1,126.00
5	675	EA	Rebar #8 at 30' length Grade 60 (Made in USA)	\$28.83	\$19,460.25
<b>Total Bid Amount</b> 					\$37,810.75

<b>VENDOR NAME</b>	SteelCON Supply Company
<b>VENDOR ADDRESS</b>	265 Industrial Dr. Beckley, WV 25801
<b>PHONE #</b>	304-255-1416
<b>EMAIL</b>	<a href="mailto:macook@raleighmine.com">macook@raleighmine.com</a>
<b>SIGNATURE</b>	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/10/2019

**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).**

<b>PRODUCER</b> Peoples Insurance Agency, LLC 101 Fifth Avenue Huntington WV 25701	<b>CONTACT NAME:</b> Tom Bottoms <b>PHONE (A/C No, Ext):</b> 304-528-2478 <b>FAX (A/C No):</b> 304-522-6563 <b>E-MAIL ADDRESS:</b> Thomas.Bottoms@pebo.com
<b>INSURED</b> SteelCON Supply Company PO Box 72 Mount Hope WV 25880	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A : Maxum Indemnity Co. INSURER B : Ohio Casualty Group      24074 INSURER C : The Ohio Casualty Insurance Co      24074 INSURER D : INSURER E : INSURER F :

**COVERAGES      CERTIFICATE NUMBER: 1625364553      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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		GLP601623409	7/1/2019	7/1/2020	EACH OCCURRENCE      \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ 100,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ 1,000,000 GENERAL AGGREGATE      \$ 2,000,000 PRODUCTS - COMP/OP AGG      \$ 2,000,000 OTHER:      \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" 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	Y		BAS59165066	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident)      \$ 1,000,000 BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ OTHER:      \$
A C	<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			EXC601623509 ESO59165066	7/1/2019 7/1/2019	7/1/2020 7/1/2020	EACH OCCURRENCE      \$ 2,000,000 AGGREGATE      \$ 2,000,000 OTHER:      \$
B	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	XWW57068291 STEEL&REBAR	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT      \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE      \$ 1,000,000 E.L. DISEASE - POLICY LIMIT      \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Evidence of insurance. Workers compensation policy includes West Virginia broad form (deliberate intent) employers liability endorsement. Evidence of insurance. Certificate holder is listed as an additional insured as respects to work performed by the named insured throughout the policy term.

<b>CERTIFICATE HOLDER</b>  State of West Virginia 1900 Kanawha Blvd E, Bldg 5 Charleston WV 25305	<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 
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