



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

## General Information

Contact

Default Values

Discount

Document Information

Clarification Request

Procurement Folder: 782104

Procurement Type: Central Master Agreement

Vendor ID: VS0000010581

Legal Name: Green Rivers Mitigation LLC

Alias/DBA: RYAN C GAUJOT

Total Bid: \$50,750.00

Response Date: 10/12/2020

Response Time: 11:55

Responded By User ID: ryan.gaujot

First Name: Ryan

Last Name: Gaujot

Email: gaujot@greenrivers.net

Phone: 304-704-4283

SO Doc Code: CRFQ

SO Dept: 0313

SO Doc ID: DEP2100000012

Published Date: 9/22/20

Close Date: 10/13/20

Close Time: 13:30

Status: Closed

Solicitation Description: Mitigation Credits

Total of Header Attachments: 1

Total of All Attachments: 1



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

**State of West Virginia  
 Solicitation Response**

**Proc Folder:** 782104  
**Solicitation Description:** Mitigation Credits  
**Proc Type:** Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2020-10-13 13:30	SR 0313 ESR10122000000002907	1

**VENDOR**  
 VS0000010581  
 Green Rivers Mitigation LLC

**Solicitation Number:** CRFQ 0313 DEP2100000012  
**Total Bid:** 50750  
**Response Date:** 2020-10-12  
**Response Time:** 11:55:28  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
 Joseph E Hager III  
 (304) 558-2306  
 joseph.e.hageriii@wv.gov

**Vendor Signature X** **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	Stream credits in ILF SSA 1	1.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
94131501			

**Commodity Line Comments:**

**Extended Description:**

Mitigation Credits / DWWM as outlined on the attached specifications

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Wetland credits in ILF SSA 5	1.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
94131501			

**Commodity Line Comments:**

**Extended Description:**

Mitigation Credits / DWWM as outlined on the attached specifications

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Wetland credits in ILF SSA 1	1.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
94131501			

**Commodity Line Comments:**

**Extended Description:**

Mitigation Credits / DWWM as outlined on the attached specifications

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Stream credit in ILF SSA 2	1.00000	EA	750.000000	750.00

Comm Code	Manufacturer	Specification	Model #
94131501			

**Commodity Line Comments:**

**Extended Description:**

Mitigation Credits / DWWM as outlined on the attached specifications

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Wetland credits in ILF SSA 2	1.00000	EA	50000.000000	50000.00

Comm Code	Manufacturer	Specification	Model #
94131501			

**Commodity Line Comments:**

**Extended Description:**

Mitigation Credits / DWWM as outlined on the attached specifications

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Stream credits in ILF SSA 3	1.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
94131501			

**Commodity Line Comments:**

**Extended Description:**

Mitigation Credits / DWWM as outlined on the attached specifications

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Wetland credits in ILF SSA 3	1.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
94131501			

**Commodity Line Comments:**

**Extended Description:**

Mitigation Credits/ DWWM as outlined on the attached specifications

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Stream credits in ILF SSA 4	1.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
94131501			

**Commodity Line Comments:**

**Extended Description:**

Mitigation Credits / DWWM as outlined on the attached specifications

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Wetland credits in ILF SSA 4	1.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
94131501			

**Commodity Line Comments:**

**Extended Description:**

Mitigation Credits / DWWM as outlined on the attached specifications

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Stream credits in ILF SSA 5	1.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
94131501			

**Commodity Line Comments:**

**Extended Description:**

Mitigation Credits / DWWM as outlined on the attached specifications



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/12/2020

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> Town&Country Insurance /AdventSure PO BOX 85  Bridgewater VA 22812		<b>CONTACT NAME:</b> Larry Elkins <b>PHONE (A/C. No. Ext):</b> (540)641-2668 <b>FAX (A/C. No):</b> (888) 842-1156 <b>E-MAIL ADDRESS:</b> LarryElkins@TownandCountry-Insurance.com	
<b>INSURED</b>  Green Rivers Mitigation LLC PO Box 106  Thomas WV 26292-0106		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Mesa Underwriters Specialty Insurance Co  <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		TBD	10/12/2020	10/12/2021	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ na \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

West Virginia Department of Administration 2019 Washington St E  Charleston WV 25305-2214	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 <i>Larry Elkins</i>
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