



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](#)[Clarification Request](#)

Procurement Folder: 816504

Procurement Type: Central Purchase Order

Vendor ID: 000000178499

Legal Name: RR DONNELLEY & SONS COMPANY

Alias/DBA:

Total Bid: \$39,656.00

Response Date: 01/13/2021

Response Time: 12:55

Responded By User ID: Lookingforopps2

First Name: Michael

Last Name: Ross

Email: Michael.Ross@rrd.com

SO Doc Code: CRFQ

SO Dept: 0432

SO Doc ID: DCH2100000005

Published Date: 1/8/21

Close Date: 1/13/21

Close Time: 13:30

Status: Closed

Solicitation Description: WV Historical Highway Markers
Publication: Addendum 1

Total of Header Attachments: 2

Total of All Attachments: 2



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: 816504
Solicitation Description: WV Historical Highway Markers Publication: Addendum 1
Proc Type: Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2021-01-13 13:30	SR 0432 ESR01132100000004779	1

VENDOR
 000000178499
 RR DONNELLEY & SONS COMPANY

Solicitation Number: CRFQ 0432 DCH2100000005
Total Bid: 39656
Response Date: 2021-01-13
Response Time: 12:55:35
Comments:

FOR INFORMATION CONTACT THE BUYER
 Dusty J Smith
 (304) 558-2063
 dusty.j.smith@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	WV Historical Highway Markers Publication	1.00000	LS	30740.000000	30740.00

Comm Code	Manufacturer	Specification	Model #
55101500			

Commodity Line Comments:

Extended Description:

INCLUDES 8,000 BOOKLETS

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	1,000 BOOKLETS (OPTIONAL, IF NEEDED)	1.00000	LS	8916.000000	8916.00

Comm Code	Manufacturer	Specification	Model #
55101500			

Commodity Line Comments: This price for Line 2 is if LS Qty. of 1,000 books is ordered as an additional order after the above 8,000 books on Line 1 have been ordered. If this optional LS of 1,000 books is ordered at time of order for the 8,000 qty. (making total order 9,000 books) the additional LC amount for 1,000 books added to the total on Line 1 would be

Extended Description:

1,000 BOOKLETS (OPTIONAL, IF NEEDED)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/11/2021

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 MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 Attn: chicago.CertRequest@marsh.com	CONTACT NAME: PHONE (A/C No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Union Fire Ins Co Pittsburgh PA</td> <td>19445</td> </tr> <tr> <td>INSURER B : The Insurance Company of the State of Pennsylvania</td> <td>19429</td> </tr> <tr> <td>INSURER C : AIU Insurance Co</td> <td>19399</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Union Fire Ins Co Pittsburgh PA	19445	INSURER B : The Insurance Company of the State of Pennsylvania	19429	INSURER C : AIU Insurance Co	19399	INSURER D :		INSURER E :		INSURER F :
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INSURED R.R. DONNELLEY & SONS COMPANY AND ITS SUBSIDIARIES 35 W WACKER DRIVE 36TH FLOOR (RISK MANAGEMENT) CHICAGO, IL 60601															

COVERAGES **CERTIFICATE NUMBER:** CHI-009758674-01 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1728936	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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			4594348 (AOS) 4594349 (MA)	07/01/2020 07/01/2020	07/01/2021 07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	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	045886664 (AOS)	07/01/2020	07/01/2021	<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
B	EXCESS WORKERS COMP (OH)			6559387	07/01/2020	07/01/2021	Limit 1,000,000 SIR Value 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: RRDonnelley
State of West Virginia is included as Additional Insured (except workers' compensation) where required by written contract.

CERTIFICATE HOLDER **CANCELLATION**

WV Dept of Arts, Culture & History 1900 Kanawha Blvd East Charleston, WV 25305	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA INC.		NAMED INSURED R.R. DONNELLEY & SONS COMPANY AND ITS SUBSIDIARIES 35 W WACKER DRIVE 36TH FLOOR (RISK MANAGEMENT) CHICAGO, IL 60601
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers' Compensation Continued:

Carrier: Illinois National Insurance Co.

Policy #: 045886665 (FL)

Limits:

- Each Accident: \$1,000,000
- Disease-Policy: \$1,000,000
- Disease-Each: \$1,000,000

Effective Date: 07/01/2020

Expiration Date: 07/01/2021

Carrier: American Home Assurance Company

Policy #: WC 045886666 (CA)

Limits:

- Each Accident: \$1,000,000
- Disease-Policy: \$1,000,000
- Disease-Each: \$1,000,000

Effective Date: 07/01/2020

Expiration Date: 07/01/2021

Carrier: The Insurance Company of the State of Pennsylvania

Policy #: 045886667 (MA, ND, WI)

Limits:

- Each Accident: \$1,000,000
- Disease-Policy: \$1,000,000
- Disease-Each: \$1,000,000

Effective Date: 07/01/2020

Expiration Date: 07/01/2021

Employer's Liability:

Carrier: The Insurance Company of the State of Pennsylvania

Policy #: 045886668 (WA)

Limits:

- Each Accident: \$2,000,000
- Disease-Policy: \$2,000,000
- Disease-Each: \$2,000,000

Effective Date: 07/01/2020

Expiration Date: 07/01/2021

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: R R Donnelley & Sons Company

Authorized Signature: Michael J. Ross Date: 01/12/21

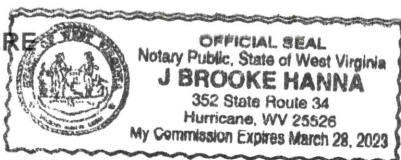
State of West Virginia

County of Putnam, to-wit:

Taken, subscribed, and sworn to before me this 12th day of January, 2021.

My Commission expires March 28, 2023

AFFIX SEAL HERE



NOTARY PUBLIC

J Brooke Hanna