

REQUEST FOR QUOTATION  
CRFQ GSD2400000024 - Campus Concrete Repairs

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EXHIBIT A – Pricing Page

**Base Bid (Commodity Line 1 in wvOasis): All inclusive, lump-sum bid, including all associated work as specified herein:** To Provide, ALL services, materials, Labor, and Supervision to complete the specified concrete demolition, forming, repairs, step installation and railings for the areas specified in Exhibit B.

Lump Sum = \$ 57,000.00 (A)

RECEIVED

2024 MAY 30 AM 9:47

WV PURCHASING  
DIVISION



# CONTRACTOR LICENSE

AUTHORIZED BY THE  
**West Virginia Contractor  
Licensing Board**

NUMBER: **WV054626**

CLASSIFICATION:  
**GENERAL BUILDING**

**MONCO CONSTRUCTORS INC  
DBA MONCO CONSTRUCTORS  
211 PIKE STREET  
BARRACKVILLE, WV 26559**

**DATE ISSUED**

**FEBRUARY 18, 2024**

**EXPIRATION DATE**

**FEBRUARY 18, 2025**

**Authorized Signature**

**Chair, West Virginia Contractor  
Licensing Board**



A copy of this license must be readily available for inspection by the Board on every job site where contracting 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 is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/28/2024

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 Walker and Associates LLC 412 Fairmont Ave Suite 3 Fairmont, WV 26554	CONTACT NAME: Chris Walker PHONE (A/C, No, Ext): 881-404-3433 FAX (A/C, No): 681-404-3464 E-MAIL: WalkerandAssociatesllcw@gmail.com ADDRESS: WalkerandAssociatesllcw@gmail.com
INSURED Monco Constructors, INC. 211 Pike St Barrackville, WV 26559	INSURER(S) AFFORDING COVERAGE INSURER A: Farm Family Property & Casualty INSURER B: Farm Family Property & Casualty INSURER C: Farm Family Property & Casualty INSURER D: Farm Family Property & Casualty INSURER E: INSURER F:

## 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.

INSUR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		470101X2909	01/31/2024	01/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		4701C1034	01/31/2024	01/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$		4701E1381	01/31/2024	01/31/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 OTHER \$
D	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	4701W0364	01/31/2024	01/31/2025	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> 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)

## 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  
CHRIS WALKER

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**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ GSD2400000024**

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:

*(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.

MONCO CONSTRUCTORS

Company



Authorized Signature

5/28/24

Date

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

**Subcontractor List Submission (Construction Contracts Only)**

**Bidder's Name:** Monco Constructors

☒ Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project.

Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.

Attach additional pages if necessary

**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.

(Printed Name and Title) Nathan Sanders COO  
(Address) 211 Pike Street Barrackville, WV 26559  
(Phone Number) / (Fax Number) 740-645-8595  
(email address) nsanders@moncoconstructors.com

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Monco Constructors  
(Company)  
Dylan Runner  
(Signature of Authorized Representative)  
Dylan Runner Project Manager/Estimator 5-29-2024  
(Printed Name and Title of Authorized Representative) (Date)  
304-694-3611  
(Phone Number) (Fax Number)  
drunner@moncoconstructors.com  
(Email Address)

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**12. MISCELLANEOUS:**

- 12.1. Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

**Contract Manager:** Nathan Sanders

**Telephone Number:** 740-645-8595

**Fax Number:** \_\_\_\_\_

**Email Address:** nsanders@moncoconstructors.com



**State of West Virginia**  
**DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT**  
**West Virginia Code §21-1D-5**

I, Dylan Bunner, after being first duly sworn, depose and state as follows:

1. I am an employee of Monco Constructors; and,  
(Company Name)
2. I do hereby attest that Monco Constructors  
(Company Name)

maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code §21-1D**.

The above statements are sworn to under the penalty of perjury.

Printed Name: Dylan Bunner  
Signature: Dylan Bunner  
Title: Project Manager/Estimator  
Company Name: Monco Constructors  
Date: 05-29-2024

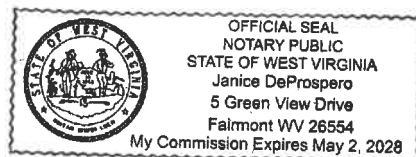
STATE OF WEST VIRGINIA,

COUNTY OF Marion, TO-WIT:

Taken, subscribed and sworn to before me this 29<sup>th</sup> day of May, 2024.

By Commission expires May 2, 2028

(Seal)



Janice DeProspero  
(Notary Public)



14-52090

© DELUXE DO-1

Security Features include  
Security Line



144972

REMITTER

MONCO CONSTRUCTORS INC

DATE

05/29/24

69-135/515

PAY TO THE  
ORDER OF

GENERAL SERVICES DIVISION

Two Thousand Eight Hundred Fifty Dollars AND 00 Cents\*\*

\$

2,850.00

DOLLARS

**CASHIER'S CHECK**

AUTHORIZED SIGNATURE

*Tracy M. Tinney*