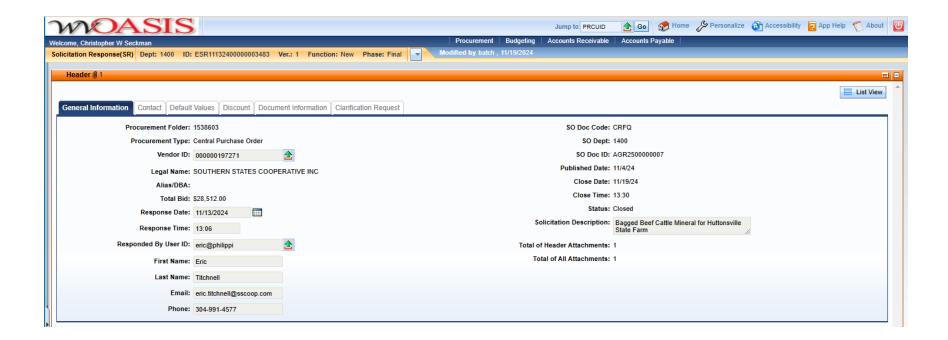
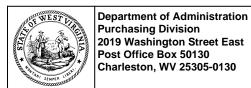


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

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.





State of West Virginia **Solicitation Response**

Proc Folder: 1538603

Solicitation Description: Bagged Beef Cattle Mineral for Huttonsville State Farm

Proc Type: Central Purchase Order

Solicitation Closes Solicitation Response Version 2024-11-19 13:30 SR 1400 ESR11132400000003483 1

VENDOR

000000197271

SOUTHERN STATES COOPERATIVE INC

Solicitation Number: CRFQ 1400 AGR2500000007

Total Bid: 28512 **Response Date:** Response Time: 2024-11-13 13:06:53

Comments:

FOR INFORMATION CONTACT THE BUYER

Larry D McDonnell 304-558-2063 larry.d.mcdonnell@wv.gov

Vendor

FEIN# DATE Signature X

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

FORM ID: WV-PRC-SR-001 2020/05 Date Printed: Nov 19, 2024 Page: 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	22 tons bagged beef minerals, total overall	1.00000	EA	28512.000000	28512.00
	costs				

Comm Code	Manufacturer	Specification	Model #	
50501600				

Commodity Line Comments:

Extended Description:

See attached documentation for further details

 Date Printed:
 Nov 19, 2024
 Page: 2
 FORM ID: WV-PRC-SR-001 2020/05

	ONTACT: Vendor appoints the individual identified in this Section a ator and the initial point of contact for matters relating to this Contract
(Printed Na:	ne and Title) ERIC 7thhell - MANGER
(Address)	42 Dept St, Philipp; ww 26416
(Phone Nur	nber) / (Fax Number) 304-457 - 2441 / 304-457- 2476
(email addr	ess) eric. totchnell a sscoop.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.

Southern States Philippi	
(Company)	
(Signature of Authorized Representative) ERU THANELI - MNACEN	
(Printed Name and Title of Authorized Representative) (Date)	
304-457-2441 / 304-457-2470 (Phone Number) (Fax Number)	
(Email Address)	

EXHIBIT A - PRICING PAGE

Bagged Beef Cattle Mineral for Huttonsville State Farm

CRFQ AGR25*07

ltem No.	Description	Brand / Item	Unit of Measure	Quanity	Unit Price	Extended Amount
3.1.1	Beef Cattle Minerals, 50 pound bags (22 tons total)	Huttonin de Muner / Kala	bag bag	880	32.40	\$ 28,512.50
Note: All items are to be	e F.O.B. Destination. Freight or delivery charges	must be included in the bid unit cost.				
Delivered to the follow		North Control of the	44-A	West	GRAND TOTAL	\$ 28,51260

	Bidder / Vendor Information	
Name		
Address		
	Abilippi Cov 264/6	
Phone	206-11/2-2441	
Emaîl Address	ne: 304-457-2441 ss: eric titchne 11@ 55 coop. com	
Authorized Signature		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2024

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).

th	is certificate does not confer rights to	the	certi	ficate holder in lieu of su	ıch end	lorsement(s)				
PRODUCER					CONTACT WTW Certificate Center					
	is Towers Watson Southeast, Inc.				PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378					
c/o 26 Century Blvd P.O. Box 305191				E-MAL ADDRESS: certificates@wtwco.com						
	ville, TN 372305191 USA							DING COVERAGE		NAIC#
	,				INSURE			nsurance Exchange		15709
INSU	PED							siness Insurance Com	many	28223
	thern States Cooperative, Inc.							ance Company	* -	12203
	i West Broad Street				INSURE	RC: Ualiles I	(Ivel Insul	attee company		12200
Ricl	mond, VA 23260				INSURE	RD:			$\overline{}$	
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER: ₩33463664				REVISION NUMBER:		
IN C	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF	EME!	NT, TERM OR CONDITION THE INSURANCE AFFORD	of any Ed by	/ CONTRACT THE POLICIE:	OR OTHER D S DESCRIBED	OCUMENT WITH RESPE	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	rs	
LTR	X COMMERCIAL GENERAL LIABILITY	INSD.	WYD	FOLIGT NUMBER		Commission [111]	(1111)	EACH OCCURRENCE	\$	1,000,000
]					DAMAGE TO RENTED	s	100,000
_	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	5,000
A		Y	Y	CGL999999924		05/01/2024	05/01/2025	MED EXP (Any one person)		1,000,000
			_	CG11999999924		03, 01, 2021	55, 51, 1025	PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:		ĺ					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$		
В	OWNED SCHEDULED	Y	X	CA853594A		05/01/2024	05/01/2025	BODILY INJURY (Per accident)	\$	
	✓ HIRED			:	ļ			PROPERTY DAMAGE (Per accident)	\$	
	X AUTOS ONLY MCS-90 Endt. X Tag.							(or bouldors)	\$	
<u> </u>	I I I I I I I I I I I I I I I I I I I	<u> </u>						EACH OCCURRENCE	s	
									s	
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE		
<u> </u>	DED RETENTION\$	ļ						PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE ER	 	//
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	£ \$	
ļ	If yes, describe under DESCRIPTION OF OPERATIONS below							E,L, DISEASE - POLICY LIMIT	\$	
С	Excess Auto Liability			00071414-8		05/01/2024	05/01/2025	Each Occ/Agg	\$5,00	0,000
		1					-			
İ			İ							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	101. Additional Remarks Schedu	ule. mav b	e attached if mor	e space is requir	eď)		
Get	neral Liability Policy No. CGI	1999	9999	24 - Includes States	; - AL	/DE/GA/KY/	MD/MS/NC/F	A/SC/TN/VA/WV		
Au	to Policy No: CA853594A - \$1,	000	,000	SIR / Includes Stat	es - 2	AL/DE/GA/K	Y/MD/MS/NC	/PA/SC/TN/VA/WV		
i	E ATTACHED									
1										
CE	RTIFICATE HOLDER				CAN	CELLATION				
			THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Department of Agriculture				AUTHORIZED REPRESENTATIVE					
1	imal Health Division				1					
1 19	1900 Kanawha Boulevard, East					1/ . k				

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Charleston, WV 25305

AGENCY CUSTOMER ID:	
LOC#:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

	ADDITIONAL	- 1./II-181\-	INIO OUTEDOLL				
AGENCY Willis Towers Watson Southeast,	, Inc.		NAMED INSURED Southern States Cooperative, Inc. 6606 West Broad Street				
POLICY NUMBER			Richmond, VA 23260				
See Page 1			,				
CARRIER		NAIC CODE					
See Page 1		See Page 1	1 EFFECTIVE DATE: See Page 1				
ADDITIONAL REMARKS							
		NDD FORM					
THIS ADDITIONAL REMARKS FORM	IS A SCHEDULE TO ACC	ORD FORM,	T.,				
	TITLE: Certificate of						
Re: Southern States Cooperat:	ive, Inc Philippi	Service, 4	2 Wood St., Philippi, WV, 26416.				
	Namethania Obabas Toom	Tuch	770	NAIC#: 15709			
INSURER AFFORDING COVERAGE: SPOLICY NUMBER: CAP999999924	Southern States Insu: EFF DATE: 05/01/2		mge P DATE: 05/01/2025	M10;, 10,03			
POLICE NUMBER: CAP999999924	EFF DATE: 03/01/2	2024 27	DATE. 00,01,1015				
TYPE OF INSURANCE:	LIMIT DESCRIPTION	N:	LIMIT AMOUNT:				
Auto Liability-Any Auto	CSL		\$1,000,000				
Auto Physical Damage	Comp/Coll Deduct	ible	\$1,000				
ADDITIONAL REMARKS: Includes States - AL/DE/GA/K	Y/MD/MS/NC/PA/SC/TN/	va/wv					
INSURER AFFORDING COVERAGE: POLICY NUMBER: 00066533-9	James River Insuranc EFF DATE: 05/01/20		DATE: 05/01/2025	NAIC#: 12203			
TYPE OF INSURANCE:	LIMIT DESCRIPTIO	N:	LIMIT AMOUNT:				
Excess General Liability	Each Occ/Agg		\$6,000,000				
	· se er						
Ī							

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SR ID: 25807518 BA

BATCH: 3444119

CERT: W33463664