



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 @ 6

List View

General Information Contact Default Values Discount Document Information Clarification Request

Procurement Folder: 1660478

Procurement Type: Central Master Agreement

Vendor ID: VS0000040167

Legal Name: Bellator Services, LLC

Alias/DBA:

Total Bid: \$505,458.08

Response Date: 08/05/2025

Response Time: 8:58

Responded By User ID: bellatorservices

First Name: Jarrett

Last Name: Jennings

Email: jjennings@bellatorservices.c

Phone: 304-376-3862

SO Doc Code: CRFQ

SO Dept: 0926

SO Doc ID: PSC2600000002

Published Date: 7/29/25

Close Date: 8/5/25

Close Time: 13:30

Status: Closed

Solicitation Description: Security Guard Services for PSC HQ

Total of Header Attachments: 6

Total of All Attachments: 6



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: 1660478
Solicitation Description: Security Guard Services for PSC HQ
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2025-08-05 13:30	SR 0926 ESR08052500000000617	1

VENDOR
VS0000040167
Bellator Services, LLC

Solicitation Number: CRFQ 0926 PSC2600000002
Total Bid: 505458.0800000000162981450557 **Response Date:** 2025-08-05 **Response Time:** 08:58:20
Comments:

FOR INFORMATION CONTACT THE BUYER
Larry D McDonnell
304-558-2063
larry.d.mcdonnell@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	Security Guard Services	1.00000	LS	505458.080000	505458.08

Comm Code	Manufacturer	Specification	Model #
92121504			

Commodity Line Comments:

Extended Description:

Lump Sum price, Vendor must include the Pricing Page (Exhibit A) from bid package.
See attached documentation for further details.

Section	Guard Classification	*Estimated Hours	Hourly Rate	Total Amount
Initial Year - 1				
3.1.9.2.1	Security Guard II	3,696	20.7	\$ 76,507.20
3.1.9.2.2	Security Guard III / Shift Supervisor	2,048	23	\$ 47,104.00
Optional Renewal Year - 2				
3.1.9.2.1	Security Guard II	3,696	21.11	\$ 78,022.56
3.1.9.2.2	Security Guard III / Shift Supervisor	2,048	23	\$ 47,104.00
Optional Renewal Year - 3				
3.1.9.2.1	Security Guard II	3,696	21.53	\$ 79,574.88
3.1.9.2.2	Security Guard III / Shift Supervisor	2,048	23.46	\$ 48,046.08
Optional Renewal Year - 4				
3.1.9.2.1	Security Guard II	3,696	21.93	\$ 81,053.28
3.1.9.2.2	Security Guard III / Shift Supervisor	2,048	23.46	\$ 48,046.08
		Total Overall Cost		\$ 505,458.08

Please note: * This information is being captured for auditing purposes. The estimated volume for each item represents the approximate volume of anticipated purchases only. No future use of the Contract or any individual item is guaranteed or implied.

Any product or service not on the Agency provided pricing page will not be allowable. The State cannot accept alternate pricing pages, Vendor should complete the Pricing Page in full as failure to complete the Pricing Page in it entirety may result in Vendor's bid being disqualified. A no bid may result in Vendor's bid being disqualified.

Vendor should type or electronically enter the information into the Pricing Page to prevent errors in the evaluation.

CONTRACT WILL BE AWARDED BY TOTAL BID AMOUNT, HOWEVER, INITIAL CONTRACT PERIOD WILL BE FOR A PERIOD OF ONE YEAR.

Renewal options for years 2, 3, and 4 will be initiated by the Agency, agreed to by the Vendor and processed by the West Virginia Purchasing Division as Change Orders for subsequent years.

BIDDER/VENDOR INFORMATION:

Vendor Name:	Bellator Services LLC
Address:	2751 S Mountaineer Hwy
City, St. Zip:	Thornton, WV 26440
Phone No.:	(304) 376-3862
Email Address:	jljennings@bellatorservice.com



Vendor Signature

5 Aug 2025

Date



CERTIFICATE OF SECURITY GUARD FIRM

**I, Mac Warner, Secretary of State of the
State of West Virginia, hereby certify that**

Jarrett Lee Jennings

of

**Bellator Services, LLC
2751 S Mountaineer Hwy
Thornton WV 26440**

is hereby licensed to conduct the business and engage in the business of Security Guard Firm in the State of West Virginia, under the provisions of and in compliance with Chapter 30, Article 18 of the West Virginia Code. This Certificate shall be in effect and valid from 02/16/2024 to 02/16/2026 unless suspended or revoked thereto, in accordance with the provisions of the West Virginia Code.

This license cannot be transferred



Given under my hand and the Great
Seal of the State of West Virginia
on Friday, February 9, 2024

Mac Warner

Mac Warner
West Virginia Secretary Of State

F220215009670

Secretary of State
Bldg.1, Suite 157-K
1900 Kanawha Blvd. East
Charleston, WV 25305-0770

F240209013922

Phone: 304-558-6000
866-767-8683
Visit us online:
www.wvsos.com



BELLATOR SERVICES, LLC

Bellator Services LLC

Reference: SR-0926-ESR08052500000000617

1. Business Established:

March 14, 2022, and has been licensed as a Security Firm since.

2. Business References:

Will be uploaded.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/21/2025

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 Smith Insurance Agency Of West Virginia Inc 301 East Main St Kingwood WV 26537	CONTACT NAME: Katherine Host PHONE (A/C, No, Ext): (304) 329-1440 E-MAIL ADDRESS: kat@siawv.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: NAUTILUS INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 17370
INSURED BELLATOR SERVICES LLC 2751 S MOUNTAINEER HWY THORNTON WV 26440-7177	

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	BN967652	03/20/2025	03/20/2026	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
	AUTOMOBILE LIABILITY <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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	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 <input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Retails Security Services, Inc is named as additional insured as per written contract. Insurance is primary and non-contributory and includes a waiver of subrogation in favor of RSS, Inc. GL policy contains assault & battery coverage. See attached.

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

Katherine D Host

FSS Past Performance Questionnaire

1. NAME OF FIRM/AGENCY PROVIDING FEEDBACK: _____
PROJECT NAME: _____
PERIOD OF PERFORMANCE: _____ **CONTRACT TYPE (if applicable):** _____
CONTRACT AWARD DATE: _____ **CONTRACT COMPLETION DATE:** _____
AWARDED VALUE: _____ **CURRENT CONTRACT DOLLAR VALUE:** _____

2. NAME OF ASSESSING OFFICIAL: _____
EMAIL: _____ **PHONE NUMBER:** _____
ASSOCIATION WITH FIRM BEING RATED (including role): _____
CONTRACT OR ORDER NUMBER (if applicable): _____

3. **ASSESS THE FOLLOWING AREAS:** (Check the appropriate box for each assessment category)

Assessment Categories		Unsatisfactory	Marginal	Satisfactory	Very Good	Exceptional	N/A
a. QUALITY OF PRODUCT OR SERVICE							
b. SCHEDULE							
c. COST CONTROL							
d. BUSINESS RELATIONS							
e. MANAGEMENT OF KEY PERSONNEL							
f. RELIABILITY							
g. CUSTOMER SUPPORT							
h. OVERALL PERFORMANCE							
i. OTHER AREAS:							
(1)							
(2)							

4 ADDITIONAL COMMENTS:

FSS Past Performance Questionnaire

1. NAME OF FIRM/AGENCY PROVIDING FEEDBACK: _____
PROJECT NAME: _____
PERIOD OF PERFORMANCE: _____ **CONTRACT TYPE (if applicable):** _____
CONTRACT AWARD DATE: _____ **CONTRACT COMPLETION DATE:** _____
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Assessment Categories		Unsatisfactory	Marginal	Satisfactory	Very Good	Exceptional	N/A
a. QUALITY OF PRODUCT OR SERVICE							
b. SCHEDULE							
c. COST CONTROL							
d. BUSINESS RELATIONS							
e. MANAGEMENT OF KEY PERSONNEL							
f. RELIABILITY							
g. CUSTOMER SUPPORT							
h. OVERALL PERFORMANCE							
i. OTHER AREAS:							
(1)							
(2)							

4 ADDITIONAL COMMENTS: