



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

State of West Virginia
Centralized Request for Quote
Construction

Proc Folder: 1828348

Doc Description: Mineral County WV Blockage Removal

Reason for Modification:

Addendum No. 01

Proc Type: Central Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2025-12-16	2026-01-08 13:30	CRFQ 1400 AGR2600000021	2

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code: 000000224713

Vendor Name: LD. HANNA + Son Inc.

Address: 217 Skyline Dr.

Street:

City: LEWISBURG

State: WV

Country: GREENBRIER Zip: 24901

Principal Contact: LAYTON HANNA

Vendor Contact Phone: 304-956-0565

Extension: _____

FOR INFORMATION CONTACT THE BUYER

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

Vendor
Signature X *Layton Hanna*

FEIN# 753265481

DATE 12-31-25

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

ADDITIONAL INFORMATION
Addendum No. 01 Response to vendor questions will be issued under separate addendum.
Bid opening date has been extended from 12/18/2025 to 01/08/2026
The bid opening time still remains at 1:30PM EST/EDT.
No other changes

INVOICE TO	SHIP TO
WEST VIRGINIA CONSERVATION AGENCY 1900 KANAWHA BLVD E CHARLESTON WV US	WEST VIRGINIA CONSERVATION AGENCY WEST VIRGINIA CONSERVATION AGENCY 255 GUS R DOUGLASS LN CHARLESTON WV US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Mineral County WV Blockage Removal				

Comm Code	Manufacturer	Specification	Model #
93131802			

Extended Description:
 Debris removal from stream and streambank repair due to flood damage.
 Note: Please enter TOTAL COST from Exhibit A Pricing Page to Commodity Line.
 See attached specification and associated documentation for further details.

SCHEDULE OF EVENTS		
<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Vendor questions due by 2:00PM EST/EDT	2025-12-11

	Document Phase	Document Description	Page 3
AGR2600000021	Final	Mineral County WW Blockage Removal	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ AGR26*21

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)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> 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 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.

LD Hanna + Son Inc
Company

Layton Hanna
Authorized Signature

12-31-25
Date

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

Detailed Bid Schedule
Mineral County, WV – Blockage Removal Exhibit A - Pricing Page

Item	Description	Equipment Spec. (to include make & model)	Quantity	Unit	Unit Price	Total
1.	Hydraulic Excavator with thumb, minimum of 89 H.P. Regular	120C JD	80	HR	132.00	\$0.00 10,560.00
2.	Hydraulic Excavator with thumb, minimum of 89 H.P. Over Time	120C JD	20	HR	132.00	\$0.00 2,640.00
3.	On-Highway Dump Truck #1, minimum of 250 H.P. & 10 cy bed – Regular	Mack GU 713	80	HR	124.00	\$0.00 9,920.00
4.	On-Highway Dump Truck #1, minimum of 250 H.P. & 10 cy bed – Over Time	Mack GU 713	20	HR	124.00	\$0.00 2,480.00
5.	On-Highway Dump Truck #2, minimum of 250 H.P. & 10 cy bed – Regular	Mack GU 713	80	HR	124.00	\$0.00 9,920.00
6.	On-Highway Dump Truck #2, minimum of 250 H.P. & 10 cy bed – Over Time	Mack GU 713	20	HR	124.00	\$0.00 2,480.00
7.	#1 Laborer with Chain Saw, Hand Tools, & Flagging Equipment – Regular	N/A	80	HR	62.50	\$0.00 5,000.00
8.	#1 Laborer with Chain Saw, Hand Tools, & Flagging Equipment – Over Time	N/A	20	HR	62.50	\$0.00 1,250.00
9.	#2 Laborer with Chain Saw, Hand Tools, & Flagging Equipment – Regular	N/A	80	HR	62.50	\$0.00 5,000.00
10.	#2 Laborer with Chain Saw, Hand Tools, & Flagging Equipment – Over Time	N/A	20	HR	62.50	\$0.00 1,250.00
11.	Tractor with Lowboy * *Can substitute Tag-along Equipment Trailer	Mack GU 713	20	HR	132.00	\$0.00 2,640.00
12.	Stabilization Materials – Seed and Mulch	N/A	1	LS	900.00	\$0.00 900.00
13.	Mobilization/Demobilization Limited to 10% of the Total of Line Items 1 through 12	N/A	1	LS	2,702.00	\$0.00 2,702.00
					Total:	\$0.00 56,742.00

Unit Definitions: LS = Lump Sum, LF = Linear Foot, CF = Cubic Feet, SF = Square Feet, CY = Cubic Yards, EA = Each, MO = Month, TN = Ton(s), AC = Acre(s), HR = Hours

Layton Hanna



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV043632

CLASSIFICATION:
EXCAVATION
SPECIALTY
DEMOLITION

L D HANNA & SON INC
DBA L D HANNA & SON EXCAVATING
217 SKYLINE DRIVE
LEWISBURG, WV 24901

DATE ISSUED

EXPIRATION DATE

FEBRUARY 14, 2025

FEBRUARY 14, 2026

Chad Hanna

Authorized Signature

John Hanna

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.

**WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE**

ISSUED TO:
**L D HANNA & SON INC
DBA L D HANNA & SON EXCAVATING CONTRACTORS
217 SKYLINE DR
LEWISBURG, WV 24901-2670**

BUSINESS REGISTRATION ACCOUNT NUMBER: 2187-9625

This certificate is issued on: **02/16/2017**

*This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code*

*The person or organization identified on this certificate is registered
to conduct business in the State of West Virginia at the location above.*

This certificate is not transferrable and must be displayed at the location for which issued

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/09/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 300 Kanawha Blvd. East, Suite 300 Charleston, WV 25301 304 347-0611		CONTACT NAME: Patty Compton PHONE (A/C, No. Ext): 276.979.1757 FAX (A/C, No): 866.609.0867 E-MAIL ADDRESS: Patty.Compton@usi.com															
INSURED L D Hanna & Son, Inc. 217 Skyline Drive Lewisburg, WV 24901		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Motorists Commercial Mutual Insurance</td> <td>13331</td> </tr> <tr> <td>INSURER B: Motorists Mutual Insurance Company</td> <td>14621</td> </tr> <tr> <td>INSURER C: NorthStone Insurance Company</td> <td>13045</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: Motorists Commercial Mutual Insurance	13331	INSURER B: Motorists Mutual Insurance Company	14621	INSURER C: NorthStone Insurance Company	13045	INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																	
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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	5000200484	04/09/2025	04/09/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	5000200484	04/09/2025	04/09/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTIONS 0	X	X	5000472154	04/09/2025	04/09/2026	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	WCN6011760	04/09/2025	04/09/2026	<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
A	Equipment Leased or Rented			5000200484	04/09/2025	04/09/2026	\$400,000 Limit \$2,500 Deductible

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

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance

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

James P. Crouse

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