



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 @ 1

List View

General Information | [Contact](#) | [Default Values](#) | [Discount](#) | [Document Information](#) | [Clarification Request](#)

Procurement Folder: 1851339

Procurement Type: Central Purchase Order

Vendor ID:

Legal Name: SOUTHERN STATES COOPERATIVE INC

Alias/DBA:

Total Bid: \$83,735.00

Response Date:

Response Time:

Responded By User ID:

First Name:

Last Name:

Email:

Phone:

SO Doc Code: CRFQ

SO Dept: 1400

SO Doc ID: AGR2600000028

Published Date: 1/9/26

Close Date: 1/23/26

Close Time: 13:30

Status: Closed

Solicitation Description:

Total of Header Attachments: 1

Total of All Attachments: 1



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: 1851339
Solicitation Description: Various Fertilizer for State Farms
Proc Type: Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2026-01-23 13:30	SR 1400 ESR01232600000004212	1

VENDOR
000000197271
SOUTHERN STATES COOPERATIVE INC

Solicitation Number: CRFQ 1400 AGR2600000028
Total Bid: 83735
Response Date: 2026-01-23
Response Time: 07:17:21
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	Fertilizer - Total Overall Cost	1.00000	LS	83735.000000	83735.00

Comm Code	Manufacturer	Specification	Model #
10171600			

Commodity Line Comments:

Extended Description:

See attached documentation for further details.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ AGR26*28

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

Southern States

Company

Eric Titchner

Authorized Signature

1-22-2026

Date

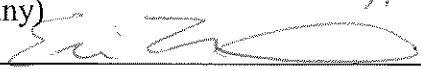
NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

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) Eric Titchnell - manager
(Address) 42 Dept St, Philippi WV 26416
(Phone Number) / (Fax Number) 304-457-2441 / 304-457-2470
(email address) eric.titchnell@sscwp.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through WV OASIS, 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)
Eric Titchnell - manager
(Printed Name and Title of Authorized Representative) (Date)
304-457-2441 / 304-457-2470
(Phone Number) (Fax Number)
eric.titchnell@sscwp.com
(Email Address)

CRFQ AGR26*28

Fertilizer

EXHIBIT A - PRICING PAGE

Section No.	Description	Brand / Item name	Quantity	Price per Ton	Extended Amount
Section 3.1.1.1	Huttonsville 23-10-21 NPK granular fertilizer blended in 1-ton super sacks	Southern States	34	660.00	22,440.00
Section 3.1.1.2	Huttonsville 19-19-19 NPK granular fertilizer blended in 1-ton super sacks	" "	10	765.00	7,650.00
Huttonsville Total Cost					\$ 30,090.00
Section 3.1.2.1	Pruntytown 23-10-21 NPK granular fertilizer blended in 1-ton super sacks	" "	30	660.00	19,200.00
Section 3.1.2.2	Pruntytown 46-0-0 NPK granular fertilizer with Nutrisphere or equal blended in 1-ton super sacks	" "	14	685.00	9,590.00
Pruntytown Total Cost					\$ 29,390.00
Section 3.1.3.1	McCausland 22-9-24 NPK, with Nutrisphere or equal granular fertilizer blended in 1-ton super sacks	" "	15	800.00	12,000.00
Section 3.1.3.2	McCausland 10-20-20 NPK with Nutrisphere or equal granular fertilizer blended in 1-ton super sacks	" "	7	635.00	4,445.00
Section 3.1.3.2	McCausland 19-14-23 NPK with Nutrisphere or equal granular fertilizer blended in 1-ton super sacks	" "	11	710.00	7,810.00
McCausland Total Cost					\$ 24,255.00
TOTAL OVERALL COST					\$ 83,735.00
Bidder / Vendor Information					
Name:	Southern States - Philipp Service				
Address:	42 Depot St				
	Philippi WV 26416				
Phone:	304-891-4577				
Email Address:	eric.fitchnell@sscoop.com				
Authorized Signature:	Eric Fitchnell				



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
10/14/2025

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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com																					
INSURED Southern States Cooperative, Inc. 6606 West Broad Street Richmond, VA 23230	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Southern States Insurance Exchange</td><td>15709</td></tr><tr><td>INSURER B:</td><td>Nationwide Agribusiness Insurance Company</td><td>28223</td></tr><tr><td>INSURER C:</td><td>Allied World Assurance Company US Inc</td><td>19489</td></tr><tr><td>INSURER D:</td><td>James River Insurance Company</td><td>12203</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Southern States Insurance Exchange	15709	INSURER B:	Nationwide Agribusiness Insurance Company	28223	INSURER C:	Allied World Assurance Company US Inc	19489	INSURER D:	James River Insurance Company	12203	INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: W41031998

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	Y	Y	CGL999999925	05/01/2025	05/01/2026	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						
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Inc.	Y	Y	CA853594A	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			0313-8173	05/01/2025	05/01/2026	EACH OCCURRENCE \$ 5,000,000
	AGGREGATE \$ 5,000,000						
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WCP999999925	05/01/2025	05/01/2026	<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						
D	Excess Auto Liability			00071414-9	05/01/2025	05/01/2026	Each Occ/Agg \$5,000,000

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

General Liability Policy No. CGL999999925 - Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV

Auto Policy No: CA853594A - \$1,000,000 SIR / Includes States - AL, GA, KY, MD, NC, SC, VA, WV

Umbrella Liability follows form to underlying coverage, subject to the terms and conditions of the policy.
SEE ATTACHED**CERTIFICATE HOLDER****CANCELLATION**

West Virginia Dept of Agriculture 1900 Kanawha Boulevard, E 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
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AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Southern States Cooperative, Inc. 6606 West Broad Street Richmond, VA 23230	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Job Project Location: Philippi Service

Commercial General Liability: Additional Insured applies in favor of Certificate Holder where required by written contract.

Commercial General Liability: Primary/Non-Contributory applies in favor of Certificate Holder where required by written contract.

Commercial General Liability: Waiver of Subrogation applies in favor of Certificate Holder where required by written contract.

Auto Liability: Additional Insured applies in favor of Certificate Holder where required by written contract.

Auto Liability: Waiver of Subrogation applies in favor of Certificate Holder where required by written contract

INSURER AFFORDING COVERAGE: Southern States Insurance Exchange

NAIC#: 15709

POLICY NUMBER: CAP999999925 EFF DATE: 05/01/2025 EXP DATE: 05/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Auto Liability-Any Auto	CSL	\$1,000,000
Auto Physical Damage	Comp/Coll Deductible	\$1,000

INSURER AFFORDING COVERAGE: James River Insurance Company

NAIC#: 12203

POLICY NUMBER: 00066533-10 EFF DATE: 05/01/2025 EXP DATE: 05/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess General Liability	Each Occ/Agg	\$6,000,000