



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](http://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](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 3

List View

- General Information
- Contact
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- Discount
- Document Information
- Clarification Request

Procurement Folder: 1888783

Procurement Type: Central Purchase Order

Vendor ID:

Legal Name: AG WHOLESale LLC

Alias/DBA:

Total Bid: \$22,004.00

Response Date:

Response Time:

Responded By User ID:

First Name:

Last Name:

Email:

Phone:

SO Doc Code: CRFQ

SO Dept: 1400

SO Doc ID: AGR2600000031

Published Date: 3/5/26

Close Date: 3/17/26

Close Time: 13:30

Status: Closed

Solicitation Description:

Total of Header Attachments: 3

Total of All Attachments: 3



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:** 1888783  
**Solicitation Description:** Various Seed Corn & Herbicides for State Farms  
**Proc Type:** Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2026-03-17 13:30	SR 1400 ESR03092600000005780	1

**VENDOR**  
 VC0000141344  
 AG WHOLESALE LLC

**Solicitation Number:** CRFQ 1400 AGR2600000031  
**Total Bid:** 22004  
**Response Date:** 2026-03-09  
**Response Time:** 11:53:02  
**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	12 Bag of Seed Consultants SC1112Q Seed Corn or Equivalent	12.00000	BAG	270.000000	3240.00

Comm Code	Manufacturer	Specification	Model #
10151513			

**Commodity Line Comments:** Actual SC1112Q not a substitute

**Extended Description:**

Please see specifications section 3.1.1.1 in the attached documentation for further details.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	12 Containers of Lumaz EZ Herbicide or Equivalent 2.5 gallon	12.00000	EA	78.000000	936.00

Comm Code	Manufacturer	Specification	Model #
10151513			

**Commodity Line Comments:** Trizmax generic for Lumax EZ

**Extended Description:**

Please see specifications section 3.1.1.2.1 in the attached documentation for further details.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	8 Containers of Liberty 280 SL Herbicides or Equivalent 2.5	8.00000	EA	56.000000	448.00

Comm Code	Manufacturer	Specification	Model #
10151513			

**Commodity Line Comments:** Glufosinate 280SL generic

**Extended Description:**

Please see specifications section 3.1.1.2.2 in the attached documentation for further details.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	1 Container of Explorer Herbicide or Equivalent 1 Gallon	1.00000	EA	68.000000	68.00

Comm Code	Manufacturer	Specification	Model #
10151513			

**Commodity Line Comments:** Cavallo 4SC generic for Explorer

**Extended Description:**

Please see specifications section 3.1.1.2.3 in the attached documentation for further details.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	40 Bags of Seed Consultants SC1112Q or Equivalent	40.00000	BAG	270.000000	10800.00

Comm Code	Manufacturer	Specification	Model #
10151513			

**Commodity Line Comments:** Actual SC1112Q

**Extended Description:**

Please see specifications section 3.1.2.1 in the attached documentation for further details.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	6 Bags of Seed Consultants SC1093AM or Equivalent	6.00000	BAG	270.000000	1620.00

Comm Code	Manufacturer	Specification	Model #
10151513			

**Commodity Line Comments:** Actual SC1093AM

**Extended Description:**

Please see specifications section 3.1.2.2 in the attached documentation for further details.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	42 Containers of Lumaz EZ Herbicide or Equivalent	42.00000	EA	78.000000	3276.00

Comm Code	Manufacturer	Specification	Model #
10151513			

**Commodity Line Comments:** Trizmax

**Extended Description:**

Please see specifications section 3.1.2.3.1 in the attached documentation for further details.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	24 Containers of Liberty 280 SL Herbicides or Equivalent	24.00000	EA	56.000000	1344.00

Comm Code	Manufacturer	Specification	Model #
10151513			

**Commodity Line Comments:** Glufosinate 280SL

**Extended Description:**

Please see specifications section 3.1.2.3.2 in the attached documentation for further details.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	4 Containers of Explorer Herbicide or Equivalent	4.00000	EA	68.000000	272.00

Comm Code	Manufacturer	Specification	Model #
10151513			

**Commodity Line Comments:** Cavallo

**Extended Description:**

Please see specifications section 3.1.2.3.3 in the attached documentation for further details.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/26/2025

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).

<b>PRODUCER</b> Point Financial PO Box 13  Point Pleasant WV 25550		<b>CONTACT NAME:</b> John Ramirez <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> john@pfsppwv.com	
<b>INSURED</b> AG Wholesale, LLC 539 U.S. 33 E  Weston WV 26452		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Celina Insurance Group	<b>NAIC #</b> 15431
		INSURER B :	
		INSURER C :	
		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 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			7353362-0	02/26/2025	02/26/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			7353362-0	02/26/2025	02/26/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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		N/A				PER STATUTE OTH-ER 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)

**CERTIFICATE HOLDER****CANCELLATION**

State of West Virginia  
 Department of Administration  
 2019 Washington Street, East  
 Charleston, WV 25305-0130

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

John Ramirez

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**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.

KEVIN N BRITTON  
(Printed Name and Title)  
539 US 33 E WESTON WV 26452  
(Address)  
(304) 269-6000  
(Phone Number) / (Fax Number)  
agwholesalellc@yahoo.com  
(E-mail address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation 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 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.*

AG WHOLESALE LLC  
(Company)

Kevin N Britton  
(Signature of Authorized Representative)

KEVIN N BRITTON MAR  
(Printed Name and Title of Authorized Representative)

1-30-2026  
(Date)

(304) 269-6000  
(Phone Number) (Fax Number)

**ADDENDUM ACKNOWLEDGEMENT FORM**

**SOLICITATION NO.:**

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 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 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.

AG WHOLESALE LLC  
Company

Ken M. Butts  
Authorized Signature

1-30-2026  
Date

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