



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

State of West Virginia  
**Master Agreement**

Order Date: 2020-05-19

CORRECT ORDER NUMBER  
 MUST APPEAR ON ALL PACKAGES,  
 INVOICES, AND SHIPPING PAPERS.  
 QUESTIONS CONCERNING THIS  
 ORDER SHOULD BE DIRECTED TO  
 THE DEPARTMENT CONTACT.

<b>Order Number:</b> CMA 0212 0212 SBUSTIRE20A	<b>Procurement Folder:</b> 604301
<b>Document Name:</b> SBUSTIRE20A - School Bus Tires & Services	<b>Reason for Modification:</b>
<b>Document Description:</b> Original PF: 592904	CO#01: Issued to renew the original contract per the attached documents.
<b>Procurement Type:</b> Statewide MA (Open End)	
<b>Buyer Name:</b> Mark A Atkins	
<b>Telephone:</b> (304) 558-2307	
<b>Email:</b> mark.a.atkins@wv.gov	
<b>Shipping Method:</b> Best Way	<b>Effective Start Date:</b> 2019-08-01
<b>Free on Board:</b> FOB Dest, Freight Prepaid	<b>Effective End Date:</b> 2021-07-31

VENDOR	DEPARTMENT CONTACT
<b>Vendor Customer Code:</b> 000000218632 S & S FIRESTONE INC 3096 WOODVILLE DR  HUNTINGTON WV 25701  US <b>Vendor Contact Phone:</b> (999) 999-9999 <b>Extension:</b> <b>Discount Percentage:</b> 0.0000 <b>Discount Days:</b> 0	<b>Requestor Name:</b> Mark A Atkins <b>Requestor Phone:</b> (304) 558-2307 <b>Requestor Email:</b> mark.a.atkins@wv.gov

INVOICE TO	SHIP TO
VARIOUS AGENCY LOCATIONS  AS INDICATED BY ORDER  No City WV 99999  US	STATE OF WEST VIRGINIA  VARIOUS LOCATIONS AS INDICATED BY ORDER  No City WV 99999  US

**AGENCY COPY**

<b>Total Order Amount</b>	<b>Open End</b>
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MA 05/19/2020

<b>PURCHASING DIVISION AUTHORIZATION</b> <b>SIGNED BY:</b> <i>Tara Hyle</i> <b>DATE:</b> <b>ELECTRONIC SIGNATURE ON FILE</b> MAY 20 2020	<b>ATTORNEY GENERAL APPROVAL AS TO FORM</b> <b>SIGNED BY:</b> <i>John &amp; Gray</i> <b>DATE:</b> <b>ELECTRONIC SIGNATURE ON FILE</b>	<b>ENCUMBRANCE CERTIFICATION</b> <b>SIGNED BY:</b> <i>Beverly Tolson</i> <b>DATE:</b> <b>ELECTRONIC SIGNATURE ON FILE</b> MAY 20 2020
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5/22/2020

**Extended Description:**

**STATEWIDE CONTRACT - CHANGE ORDER- CONTRACT RENEWAL**

Change Order No. 01 is issued to renew the original contract According to all terms, conditions, prices and specifications Contained in the original contract including all authorized change orders.

Effective date of renewal 08/01/2020 through 07/31/2021.

Renewal Years/Months Remaining: (2)

All provisions of the original Contract and subsequent Change Orders not modified herein shall remain in full force and effect.

NO OTHER CHANGES

The vendor, S & S Firestone Inc., agrees to enter into a Statewide Contract for New and Retread Truck and Bus Tires sizes 11R22.5, 10R22.5, and 255/70R-22.5 and related Services for the 55 State County Boards of Education per the specifications, bid requirements and terms and conditions of the Request for Quotations (CRFQ 0212 SWC1900000012), and the vendor's bid dated 07/11/2019, all incorporated herein by reference and made a part of hereof.

The Vendor shall provide School Bus Tires and Services for Districts 1, 2, 3, 4, and 7 as provided on their pricing pages (attached).

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	25172500			EA	\$0.000000
	<b>Service From</b>	<b>Service To</b>			

**Commodity Line Description:** Tires and tire tubes

**Extended Description:**

AWARDED DISTRICTS: 1, 2, 3, 4, & 7

See Attached Exhibit\_A Pricing Pages for contract pricing. for each district awarded.



ALLAN MCVEY  
CABINET SECRETARY

STATE OF WEST VIRGINIA  
DEPARTMENT OF ADMINISTRATION  
PURCHASING DIVISION  
2019 WASHINGTON STREET, EAST  
CHARLESTON, WEST VIRGINIA 25305-0130

W. MICHAEL SHEETS  
DIRECTOR

May 05, 2020

Michael Bryant, Business Development Manager  
S&S Firestone, Inc.  
3096 Woodville Drive  
Huntington, WV 25701

Subject: WV Statewide Contract No.: CMA 0212 SBUSTIRE20A – School Bus Tires & Services

Dear Mr. Bryant:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are August 01, 2020 through July 31, 2021. If your company agrees to this renewal, please sign below and return the original to my attention as soon as possible. You may return all renewal documents via email to [Mark.A.Atkins@wv.gov](mailto:Mark.A.Atkins@wv.gov).

Also attached is an Affidavit that is to be part of the purchase order and is required to be signed, dated, and notarized.

You will also need to provide a copy of your Commercial General Liability Insurance with \$1,000,000.00 minimum coverage and Commercial Automobile Insurance with \$100,000.00 minimum coverage. The State of WV must be included as an Additional Insured and Certificate Holder for the listed coverages per Section 8 of the General Terms and Conditions of the Contract.

*We agree to renew the contract for the period as stated above under the same terms and conditions in the original purchase order and any change orders thereto.*

<u>Julia Hannan</u>	<u><i>Julia Hannan</i></u>	<u>CEO</u>	<u>5/11/2020</u>
Print Name	Signature	Title	Date

Please call if you have any questions.

Very truly yours,

*Mark A. Atkins*

Senior Buyer, WVACP  
West Virginia Department of Administration  
Purchasing Division  
2019 Washington Street, East  
POB 50130  
Charleston, WV 25305-0130  
Phone: 304.558.2307  
Fax: 304.558-4115  
Email: [Mark.A.Atkins@wv.gov](mailto:Mark.A.Atkins@wv.gov)

Attachment(s)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/23/2019

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> AssuredPartners of West Virginia, LLC dba Insurance Systems 1 Insurance Way; PO Box 10 Ona WV 25545		<b>CONTACT NAME:</b> Brenda Kash <b>PHONE (A/C, No, Ext):</b> (304) 736-2222 <b>FAX (A/C, No):</b> (304) 302-3401 <b>E-MAIL ADDRESS:</b> brenda.kash@assuredpartners.com	
<b>INSURED</b> S & S Firestone Inc, S & S Tire, Tire Track Inc BestOne Tire & Service, Premier Transportation Network 1475 Jingle Bell Lane Lexington KY 40509-4113		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Travelers Indemnity Co of CT <b>INSURER B:</b> Navigators Specialty <b>INSURER C:</b> BrickStreet Insurance Company <b>INSURER D:</b> Lloyds of London <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 25682 36056 12372 37540

**COVERAGES**      **CERTIFICATE NUMBER:** CL19101806666      **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	ADDITIONAL INSURED	WARRANTY	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y		680-8M775826-TIL-19	11/01/2019	11/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 Employee Benefits \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000 EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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			810-8M701954-TIL-19	11/01/2019	11/01/2020	PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000 EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			CH18EXC94620IC	11/01/2019	11/01/2020	PER STATUTE    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
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WV) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCN6001852	11/01/2019	11/01/2020	PER STATUTE    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	Professional-Cyber Liability			W2505D180101	11/01/2019	11/01/2020	\$3,000,000

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

Named Insured includes Best One Tire & Service, Premier Transportation Network, S&S Tire. Certificate Holder included as an Additional Insured where required by written contract. 30 days written notice of cancellation #IL T4 05 is attached. Named Insureds' rights of subrogation are waived where required by written contract and allowed by law. See Attached.

**CERTIFICATE HOLDER****CANCELLATION**State of West Virginia Purchasing Division  
Bldg#15, 2019 Washington St. 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

*Brenda Kash*

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AGENCY CUSTOMER ID: 00019546

LOC #: \_\_\_\_\_

### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

<b>AGENCY</b> AssuredPartners of West Virginia, LLC		<b>NAMED INSURED</b> S&S Firestone, Inc	
<b>POLICY NUMBER</b> See Page 1		1475 Jingle Bell Lane Lexington, KY 40509 USA	
<b>CARRIER</b> See Page 1	<b>NAIC CODE</b> See Page 1	<b>EFFECTIVE DATE:</b> 11/01/2019	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance

**INSURER AFFORDING COVERAGE:** Travelers Property Casualty Company of America      **NAIC#:** 25674  
**POLICY NUMBER:** TC2JCAP-8B34484A-TIL-19      **EFF DATE:** 11/01/2019      **EXP DATE:** 11/01/2020

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Hired Auto Physical Damage	Hired Physical Damage	\$100,000
	Auto PD Comp	\$5,000
	Auto PD Collision	\$5,000
Garagekeepers	Comp: \$250,000 / Ded: \$5,000	
	Coll: \$250,000 / Ded: \$5,000	