



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.

Order Number: CMA 0212 0212 SBUSTIRE20B	Procurement Folder: 604302
Document Name: SBUSTIRE20B - School Bus Tires & Services	Reason for Modification:
Document Description: Original PF: 592904	CO#01: Issued to renew the original contract per the attached documents.
Procurement Type: Statewide MA (Open End)	
Buyer Name: Mark A Atkins	
Telephone: (304) 558-2307	
Email: mark.a.atkins@wv.gov	
Shipping Method: Best Way	Effective Start Date: 2019-08-01
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2021-07-31

VENDOR	DEPARTMENT CONTACT
Vendor Customer Code: 000000200224 APPALACHIAN TIRE PRODUCTS INC 1429 W 3RD AVE WILLIAMSON WV 25661 US Vendor Contact Phone: (304) 235-3301 Extension: Discount Percentage: 0.0000 Discount Days: 0	Requestor Name: Mark A Atkins Requestor Phone: (304) 558-2307 Requestor Email: 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

Total Order Amount	Open End
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<i>MA 05/19/2020</i> PURCHASING DIVISION AUTHORIZATION SIGNED BY: <i>Tara Kyle</i> DATE: <i>MAY 20 2020</i> ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM SIGNED BY: <i>John S. Gray</i> DATE: <i>5/22/2020</i> ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION SIGNED BY: <i>Beverly Tolson</i> DATE: <i>MAY 26 2020</i> ELECTRONIC SIGNATURE ON FILE
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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 Remaining: (2 years)

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, Appalachian Tire Products 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 5, 6, 8, 9, and 10 as provided on their pricing pages (attached).

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

Commodity Line Description: Tires and tire tubes

Extended Description:

AWARDED DISTRICTS: 5, 6, 8, 9, & 10

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

James Richards, Area Manager
Appalachian Tire Products, Inc.
1429 W 3rd Avenue
Williamson, WV 25661

Subject: WV Statewide Contract No.: CMA 0212 SBUSTIRE20B – School Bus Tires & Services

Dear Mr. Richards:

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.

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.

<i>Jennifer A. Drial</i>	<i>Jennifer A. Drial</i>	<i>President</i>	<i>5/13/20</i>
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

Attachment(s)

ACORD

Client#: 1114348 APPALTIR
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 4/29/2020

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 Ins Svcs C/L Charleston 1 Hillcrest Drive East Charleston, WV 25311 304 347-0611	CONTACT NAME: Belinda Bowyer PHONE (A/C, No, Ext): 304-347-0695 E-MAIL ADDRESS: belinda.bowyer@usi.com	FAX (A/C, No): 304-347-0605
	INSURER(S) AFFORDING COVERAGE	
INSURED Appalachian Tire Products, Inc. P O Box 10057 Station C Charleston, WV 25357	INSURER A: Westfield Insurance Company	NAIC #: 24112
	INSURER B: BrickStreet Mutual Insurance Company	NAIC #: 12372
	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 SUBR INSR. WVD.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE: <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		CMM3785016	05/01/2020	05/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$150,000 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
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		CMM3785016	05/01/2020	05/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR DED: <input checked="" type="checkbox"/> RETENTION: \$0		CMM3785016	05/01/2020	05/01/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
B	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 checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	WCP7001629 WV Broad Form	05/01/2020	05/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

State of WV is listed as additional insured on the general liability and auto liability policy as required by written contract.

CERTIFICATE HOLDER State of WV Capitol Complex Charleston, WV 25305	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 <i>Jama P. Crouse</i>

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