



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: 2020-01-30

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 FUELW17C	Procurement Folder: 309607
Document Name: FUELW17C- Statewide Contract	Reason for Modification:
Document Description: Awarded Districts - 3, 4	Change Order No. 06 - To renew contract under the same terms, conditions and pricing and update the Variable Tax Rate for the Motor Fuel Excise Tax per the attached documents. No Other Changes
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: 2017-04-01
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2021-03-31

VENDOR	DEPARTMENT CONTACT
Vendor Customer Code: 000000206416 BRUCETON PETROLEUM CO INC 116 SHANNON DR MORGANTOWN WV 26508 US Vendor Contact Phone: (999) 999-9999 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
ALL STATE AGENCIES VARIOUS 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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PURCHASING DIVISION AUTHORIZATION MA 01/31/2020 SIGNED BY: <i>Tara Hyle</i> DATE: ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM SIGNED BY: <i>John S. Gray</i> DATE: ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION SIGNED BY: <i>Robert M. Brown II</i> DATE: FEB 06 2020 ELECTRONIC SIGNATURE ON FILE
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2/6/2020

Extended Description:

CHANGE ORDER:

Change Order No. 06 is issued for the following:

1. To renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders.
2. To update the Variable Tax Rate for the 2020 Motor Fuel Excise Tax (effective 01/01/2020 thru 12/31/2020) per the attachment.

Effective date of renewal 04/01/2020 through 03/31/2021

Renewals Remaining: (0)

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

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	15100000				\$0.000000
	Service From	Service To			
	2017-04-01	2021-03-31			

Commodity Line Description: Please see attached Exhibit A Pricing Page

Extended Description:

The Agency should attach Vendor's Exhibit A Pricing page to the ADO for payment purposes. The Agency should also attach the Vendor's delivery receipt for verification purposes.



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

January 08, 2020

Mr. Mike Collins
Bruceton Petroleum Company, Inc.
1768 Mileground Road
Morgantown, WV 26505

Subject: WV Statewide Contract No.: CMA 0212 FUELTW17C

Dear Mr. Collins:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are April 01, 2020 through March 31, 2021. If your company agrees to this renewal, please sign below and return the original to my attention as soon as possible.

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

You will also need to provide a copy of your Certificate of Automobile Liability Insurance with \$1,000,000.00 minimum coverage and listing the State of WV as the Certificate Holder AND WV Workers Compensation coverage 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.

MARSHALL F. Bishop
Print Name

Marshall F. Bishop
Signature

President
Title

1-21-20
Date

Please call if you have any questions.

Very truly yours,

Mark A. Atkins
Senior Buyer, WVPBC
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

2020 Motor Fuel Rates

Effective January 1, 2020 to December 31, 2020

Fuel Type	Flat Rate	Variable Rate	Combined Rate
GA - Gasoline	\$0.2050	\$0.1520	\$0.3570
DI - Diesel	\$0.2050	\$0.1520	\$0.3570
GH - Gasohol	\$0.2050	\$0.1520	\$0.3570
LP - Liquid Propane	\$0.1500	\$0.0340	\$0.1840
NG - Liquid Natural Gas	\$0.1320	\$0.0200	\$0.1520
CN - Compressed Natural Gas	\$0.2050	\$0.0320	\$0.2370
ET - Ethanol	\$0.2050	\$0.1520	\$0.3570
MT - Methanol	\$0.2050	\$0.1520	\$0.3570
E8 - E-85	\$0.2050	\$0.1520	\$0.3570
M8 - M-85	\$0.2050	\$0.1520	\$0.3570
A5 - A55	\$0.2050	\$0.1520	\$0.3570
BD - Biodiesel	\$0.2050	\$0.1520	\$0.3570

See Administrative Notice 2019-31 regarding the revised 2020 Motor Fuel Rate Changes at www.tax.wv.gov.

VARIABLE RATE ONLY

Fuel Type	Variable Rate
Dyed Diesel	\$0.1520
Aviation Gas	\$0.1520
Aviation Jet Fuel	\$0.1520
#1 Fuel Oil	\$0.1520
Heating Oil	\$0.1520
Dyed Biodiesel	\$0.1520
Dyed Kerosene	\$0.1520



CERTIFICATE OF LIABILITY INSURANCE

BRUCE-3

QP ID: SC

DATE (MM/DD/YYYY)

01/15/2020

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 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 Donner-Farber & Associates 723 South Street Berlin, PA 15530 Jarred M Rankin	CONTACT NAME:	
	PHONE (A/C No./Ext):	FAX (A/C No.):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Nationwide Agribusiness Ins Co	28223
INSURER B:	Navigators Insurance	42307
INSURER C:	Axis Surplus Insurance Company	28620
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Bruceton Farm Service, Inc.
116 Shannon Drive
Morgantown, WV 26508

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	ADDITIONAL SUBROGATION WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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. <input type="checkbox"/> LOC		CPP134421A	10/09/2019	10/09/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED-EXP (Any one person) \$ 0 PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> CA 9948 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS 90		CPP134421A	10/09/2019	10/09/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ Pollution CA9948 \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$ none		CU134421A	10/09/2019	10/09/2020	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	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 N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Liability		IS19EXC794049IV	10/09/2019	10/09/2020	Each Occu 10,000,000
C	Ex Liab (Notes)		P-001-000048762-02	10/09/2019	10/09/2020	Each Occu 7,000,000

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

CERTIFICATE HOLDER:

CANCELLATION

STATE07

State of West Virginia
Dept. of Administration
Purchasing Division
2019 Washington St., East
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

Suzette D. Chalker

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NOTEPAD

INSURED'S NAME **Bruceton Farm Service, Inc.**

BRUCE-3
OP ID: SC

PAGE 2
Date **01/15/2020**

Additional Named Insureds:

- 4FLC Partners, L.P.
- BFS Fast Foods, Inc.
- BFS Foods, Inc.
- BFS Petroleum Products, Inc.
- Bruceton Ag Services, Inc.
- Bruceton Petroleum Co., Inc.
- Egdon Farm Service
- GDSH Distributors, LLC
- KB Fast Foods, LLC
- Ohio Country Farm & Home Supply, Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/15/2020

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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 The Hilb Group of West Virginia LLC 3601 MacCorkle Avenue SE Suite 50 Charleston WV 25304		CONTACT NAME: Kim Moles PHONE (A/C No. Ext): (304) 756-8509 FAX (A/C No.): (304) 926-7433 E-MAIL ADDRESS: kim.moles@hilbgroup.com	
INSURED Bruceton Farm Service Inc 116 Shannon Drive Morgantown WV 26508		INSURER(S) AFFORDING COVERAGE INSURER A: Brickstreet Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 12372	

COVERAGES**CERTIFICATE NUMBER:** 2019 WC**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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCB1024338	10/09/2019	10/09/2020	<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

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

WV Statewide Contract No. CMA 0212 FUELW17C

CERTIFICATE HOLDER**CANCELLATION**

West Virginia Department of Administration Purchasing Division 2019 Washington St. E. POB50130 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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Additional Named Insureds

Other Named Insureds

4FLC Partners LP	Limited partnership, Insured Multiple Names
BFS Fast Foods Inc	Corporation, Insured Multiple Names
BFS Foods, Inc.	Corporation, Insured Multiple Names
BFS Petroleum Products Inc	Corporation, Insured Multiple Names
Bruceton AG Services Inc.	Corporation, Insured Multiple Names
Bruceton Petroleum Co Inc	Corporation, Insured Multiple Names
Eglon Farm Service	Insured Multiple Names
GDSH Distributors LLC	Limited Liability Company, Insured Multiple Names
KB Fast Foods LLC	Limited Liability Company, Insured Multiple Names
Ohio County Farm & Home Supply Inc	Corporation, Insured Multiple Names