



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 FUELW17D | Procurement Folder: 309608 |
| Document Name: FUELW17D- Statewide Contract | Reason for Modification: |
| Document Description: Awarded District - 6 | Change Order No. 05 - 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: 000000202498 TRI STATE PETROLEUM CORP PO BOX 4006 N 27TH & VANCE AVE WHEELING WV 26003 US Vendor Contact Phone: (999) 999-9999 Extension: Discount Percentage: 0.0000 Discount Days: 0 | Requestor Name: Guy Nisbet Requestor Phone: (304) 558-2596 Requestor Email: guy.l.nisbet@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 |
|---------------------------|----------|

| | | |
|--|---|---|
| PURCHASING DIVISION AUTHORIZATION SIGNED BY: <i>Mark A. Atkins</i> DATE: JAN 31 2020 ELECTRONIC SIGNATURE ON FILE | ATTORNEY GENERAL APPROVAL AS TO FORM SIGNED BY: <i>[Signature]</i> DATE: 2/6/2020 ELECTRONIC SIGNATURE ON FILE | ENCUMBRANCE CERTIFICATION SIGNED BY: <i>[Signature]</i> DATE: FEB 06 2020 ELECTRONIC SIGNATURE ON FILE |
|--|---|---|

Extended Description:

CHANGE ORDER:

Change Order No. 05 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 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

Ms. Cheryl Rogers
Tri-State Petroleum Corporation
2627 Vance Avenue
Wheeling, WV 26003

Subject: WV Statewide Contract No.: CMA 0212 FUEL TW17D

Dear Ms. Rogers:

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.

| | | |
|--------------------------|--------------------------|---------------|
| <u>Sheila C. Romanek</u> | <u>Sheila C. Romanek</u> | <u>C.O.O.</u> |
| Print Name | Signature | Title |
| <u>1/15/2020</u> | | |
| 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

DATE (MM/DD/YYYY)
12/16/2019

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).

| PRODUCER Holmes Murphy & Assoc - WDM PO Box 9207 Des Moines, IA 50306-9207 INSURED Tri-State Petroleum Corp.; EJC Legacy Inc; Convenience Realty LP PO Box 4006 Wheeling, WV 26003 | 1-800-247-7756 CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: PHILADELPHIA IND INS CO</td> <td>18058</td> </tr> <tr> <td>INSURER B: BERKSHIRE HATHAWAY HOMESTATE INS CO</td> <td>20044</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: PHILADELPHIA IND INS CO | 18058 | INSURER B: BERKSHIRE HATHAWAY HOMESTATE INS CO | 20044 | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
|--|---|-------------------------------|--------|---|-------|---|-------|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: PHILADELPHIA IND INS CO | 18058 | | | | | | | | | | | | | | |
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| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER: 57973199** **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 WAIVED | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-------------------------------|---------------|-------------------------|-------------------------|--|---------------|
| | | | | | | DESCRIPTION | AMOUNT |
| 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER: | | PHPK2074642 | 01/01/20 | 01/01/21 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | | | | | MED EXP (Any one person) | \$ EXCLUDED |
| | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | PRODUCTS - COMPROP AGG | \$ 2,000,000 |
| | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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 <input checked="" type="checkbox"/> MCS90 <input checked="" type="checkbox"/> CA9948 | | PHPK2074642 | 01/01/20 | 01/01/21 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | PHUB704412 | 01/01/20 | 01/01/21 | 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 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A | | TRWC119197 | 01/01/20 | 01/01/21 | <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 |
| A | Liquor Liability | | PHPK2074642 | 01/01/20 | 01/01/21 | Occurrence | 1,000,000 |

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

| | |
|---|--|
| CERTIFICATE HOLDER State of West Virginia Department of Administration Attn: Purchasing Division 2019 Washington Street, East Charleston, WV 25305 USA | 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 |
|---|--|

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