



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: 2020-03-17

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 OIL19	Procurement Folder: 573109
Document Name: OIL19 - STATEWIDE CONTRACT FOR OILS, LUBRICANTS & GREASE	Reason for Modification:
Document Description: Award of CRFQ SWC1900000011 Original Folder: 564859	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: 2019-06-01
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2021-05-31

VENDOR	DEPARTMENT CONTACT
Vendor Customer Code: VC0000082006 PUGH LUBRICANTS LLC 800 1ST AVE S NITRO WV 25143 US Vendor Contact Phone: (304) 482-0173 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

Total Order Amount	Open End
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AGENCY COPY

PURCHASING DIVISION AUTHORIZATION SIGNED BY: <i>Tara Koff</i> DATE: <i>MAR 17 2020</i> ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM SIGNED BY: <i>John S. Gray</i> DATE: <i>3/18/2020</i> ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION SIGNED BY: <i>Beverly Tolson</i> DATE: <i>MAR 19 2020</i> ELECTRONIC SIGNATURE ON FILE
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Extended Description:
STATEWIDE CONTRACT:
CHANGE ORDER:

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 06/01/2020 through 05/31/2021.

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

SPECIAL INSTRUCTIONS - Minimum orders shall be \$100.00 and shipped FOB destination. Orders less than \$100.00 may be obtained by the Agency using proper purchasing procedures.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	15120000			EA	\$0.000000
	Service From	Service To			

Commodity Line Description: OILS, LUBRICANTS AND GREASE

Extended Description:
STATEWIDE CONTRACT FOR OILS, LUBRICANTS AND GREASE.

PLEASE REFER TO ATTACHED PRICING PAGES CONTRACT PRICING AND VENDOR CONTACT INFORMATION WHEN ORDERING.

(* Indicates where the Unit of Measure and Commodity Line Item in the submitted bid scenario is adjusted in the award pricing pages to match the most common (UOM) packaging ordered/shipped.

SPENDING UNITS SHALL PROCESS RELEASE ORDERS USING AGENCY DELIVERY ORDERS (ADO).



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

March 16, 2020

Mr. Gary Sweeney
Pugh Lubricants LLC dba Apollo Oil
800 1st Avenue S
Nitro, WV 25143

Subject: WV Statewide Contract No.: CMA 0212 OIL19 Oil, Lubricants, & Grease

Dear Mr. Sweeney:

The State of West Virginia is offering to renew subject contract under the same terms, conditions and pricing. The renewal dates are June 01, 2020 through May 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 Automobile Liability Insurance with \$1,000,000.00 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>Michael Stefanucci</u>	<u>Michael Stefanucci</u>	<u>Vice President</u>	<u>3/16/20</u>
Print Name	Signature	Title	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(s)



CERTIFICATE OF LIABILITY INSURANCE

3/10/2021

DATE (MM/DD/YYYY)

2/28/2020

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 rights to the certificate holder in lieu of such endorsement(s).

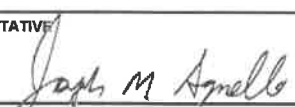
PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED 1425611 POC INVESTORS, LLC 701 MCDOWELL ROAD ASHEBORO NC 27205	INSURER A: Nationwide Agribusiness Insurance Co		28223
	INSURER B: Twin City Fire Insurance Company		29459
	INSURER C: Navigators Insurance Company		42307
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 16044970 **REVISION NUMBER:** XXXXXXXX

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 WVP	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:	Y	N	CPP141109A	3/10/2020	3/10/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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 <input checked="" type="checkbox"/> X MCS-90	Y	N	CPP141109A	3/10/2020	3/10/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	CU141109A	3/10/2020	3/10/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ XXXXXXXX
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	N/A	37WEIC7259	3/10/2020	3/10/2021	<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
C	EXCESS LIABILITY	N	N	CH20EXR896807IV	3/10/2020	3/10/2021	LIMIT: \$8,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THE STATE OF WEST VIRGINIA IS AN ADDITIONAL INSURED WITH RESPECT TO THE GENERAL AND AUTOMOBILE LIABILITY COVERAGE, ONLY AS REQUIRED BY WRITTEN CONTRACT, SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

CERTIFICATE HOLDER 16044970 West Virginia Department of Administration 2019 Washington Street, East PO Box 50130 Charleston WV 25305-0130	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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