

A.1

Vendor's Source Information

2014/2015 Fall/Winter #6615C001

Mandatory - Vendor shall complete this schedule and return with bid documents.

Limestone, Sandstone, Gravel, Sand, Blast Furnance Slag and Steel S

a) SOURCE OF MATERIAL (State all sources for which bid prices apply (e.g., Quarry location if Sandstone or Limestone; dredging or pit location if Gravel; production plant name and location if Slag)

Bluegrass Materials Company LLC
Limestone Quarry
Warfordsburg Quarry
424 - Pigeon Pigeon Core Road
Warfordsburg, PA 17267

b) EXACT LOCATION OF VENDOR'S STORAGE SITE(S) A separate bid schedule must be submitted when bid price varies between Vendors' storage sites.

Cinders

c) SOURCE OF MATERIAL: Name and Location of plant which produces Cinder material.

d) EXACT LOCATION OF VENDOR'S STORAGE SITE(S) A separate bid schedule must be submitted when bid price varies between Vendors' storage sites.

BLUEGRASS
MATERIALS COMPANY

Maryland Division Aggregates
1954 Greenspring Drive, Suite 250
Timonium, MD 21093

07/10/14 10:05:18AM
West Virginia Purchasing Division

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety, understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Bluegrass Materials Company, LLC
(Company)

[Handwritten Signature]
(Authorized Signature)

Daniel J. Donoghue Sr, Sales MGR
(Representative Name, Title)

410-808-3065 301-739-2985
(Phone Number) (Fax Number)

July 8th, 2014
(Date)

A.3

F.O.B. Division's Storage Site - DISTRICT 5

2014/2015 Fall/Winter #6615C001

Contract Item	Description of Aggregate	Estimated Quantity (TONS)	Location of DOH Storage Site	Bid Price (\$/Ton) F.O.B. DOH Storage Site		
				LIMESTONE SANDSTONE GRAVEL, SAND	BLAST FURNACE SLAG	STEEL SLAG
<u>MORGAN COUNTY</u>						
A	Class 1	1000	Largent - SR 9	8.05		
B	Class 2	1000	Largent - SR 9	9.00		
C	Class 10	1000	Largent - SR 9	9.00		
J	AASHTO #7	1000	Largent - SR 9	13.00		
K	AASHTO #8	1000	Largent - SR 9	13.00		
M	Gabion Stone	500	Largent - SR 9	15.75		
OA	Limestone Std Abr.	1000	Largent - SR 9	N/A		
OB	Sandstone Std Abr.	1000	Largent - SR 9	N/A		
PA	Limestone Mod Abr.	1000	Largent - SR 9	11.00		
PB	Sandstone Mod Abr.	1000	Largent - SR 9	N/A		
Q	Riprap	500	Largent - SR 9	18.00		
R	Shot Rock	500	Largent - SR 9	N/A		
S	AASHTO #8M	1000	Largent - SR 9	13.00		

MORGAN COUNTY

B	Class 2	500	Largent - CR 9/14	9.00		
C	Class 10	1000	Largent - CR 9/14	9.00		
J	AASHTO #7	500	Largent - CR 9/14	13.00		
K	AASHTO #8	500	Largent - CR 9/14	13.00		
M	Gabion Stone	500	Largent - CR 9/14	15.75		

A.3

F.O.B. Division's Storage Site - DISTRICT 5

2014/2015 Fall/Winter #6615C001

Contract Item	Description of Aggregate	Estimated Quantity (TONS)	Location of DOH Storage Site	Bid Price (\$/Ton) F.O.B. DOH Storage Site
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MINERAL COUNTY

				LIMESTONE SANDSTONE GRAVEL, SAND	BLAST FURNACE SLAG	STEEL SLAG
A	Class 1	1500	Skyline			
B	Class 2	2000	Skyline			
C	Class 10	1000	Skyline			
J	AASHTO #7	1500	Skyline			
K	AASHTO #8	1000	Skyline			
M	Gabion Stone	500	Skyline			
OA	Limestone Std Abr.	2000	Skyline			
OB	Sandstone Std Abr.	2000	Skyline			
PA	Limestone Mod Abr.	2000	Skyline			
PB	Sandstone Mod Abr.	2000	Skyline			
Q	Riprap	500	Skyline			
R	Shot Rock	500	Skyline			
S	AASHTO #8M	1500	Skyline			

MORGAN COUNTY

A	Class 1 <i>CRL6</i>	2000	Berkeley Springs	8.05		
B	Class 2 <i>3/4" R</i>	2500	Berkeley Springs	9.00		
C	Class 10 <i>3/4" R</i>	1000	Berkeley Springs	9.00		
E	AASHTO #3	500	Berkeley Springs	12.00		
H	AASHTO #57	500	Berkeley Springs	11.00		
J	AASHTO #7	2500	Berkeley Springs	13.00		
K	AASHTO #8	2000	Berkeley Springs	13.00		
OA	Limestone Std Abr.	1500	Berkeley Springs	N/A		
OB	Sandstone Std Abr.	1500	Berkeley Springs	N/A		
PA	Limestone Mod Abr.	1500	Berkeley Springs	11.00		
PB	Sandstone Mod Abr.	1500	Berkeley Springs	N/A		
Q	Riprap	500	Berkeley Springs	18.00		
R	Shot Rock	500	Berkeley Springs	N/A		
S	AASHTO #8M	2500	Berkeley Springs	13.00		
T	AASHTO #9M	750	Berkeley Springs	N/A		
W	Quarry Waste	500	Berkeley Springs	N/A		

8/5 - AASHTO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/8/2014

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 Commercial Lines - (404) 923-3700 Wells Fargo Insurance Services USA, Inc. 3475 Piedmont Road NE, Suite 800 Atlanta, GA 30305-2886	CONTACT NAME: Cartrina Richey-Scipio PHONE (A/C, No., Ext): 404-923-3700 FAX (A/C, No): 877-362-9069 E-MAIL ADDRESS: cartrina.scipio@wellsfargo.com														
INSURED Bluegrass Materials Company, LLC 200 W. Forsyth Street 7th Floor Jacksonville, FL 32202	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Chartis Specialty Insurance Company</td> <td style="text-align: center;">26883</td> </tr> <tr> <td>INSURER B : Liberty Mutual Fire Insurance Co</td> <td style="text-align: center;">23035</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Chartis Specialty Insurance Company	26883	INSURER B : Liberty Mutual Fire Insurance Co	23035	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER: 7957962** **REVISION NUMBER: See below**

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 INSD	WVD	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 Ded.: \$10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EG13177183	08/23/2013	08/23/2014	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 25,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AS2Z91461354023	08/23/2013	08/23/2014	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 <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EGU13184032	08/23/2013	08/23/2014	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
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 N	WA2Z9D461354013	08/23/2013	08/23/2014	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
			N/A				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)
 Proof of Insurance

CERTIFICATE HOLDER WV Division of Highways 1900 Kanawha Blvd., East 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
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