



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 2

List View

General Information | Contact | Default Values | Discount | Document Information

Procurement Folder: 395501

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0803

Vendor ID: 000000180178 

SO Doc ID: DOT1800000053

Legal Name: SNAP ON INDUSTRIAL

Published Date: 2/7/18

Alias/DBA:

Close Date: 2/13/18

Total Bid: \$261,869.10

Close Time: 13:30

Response Date: 02/12/2018 

Status: Closed

Response Time: 11:43

Solicitation Description: ADDENDUM_1:
COMPUTERIZED VEHICLE 

Apply Default Values to Commodity Lines

View Procurement Folder



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

**State of West Virginia
 Solicitation Response**

Proc Folder : 395501

Solicitation Description : ADDENDUM_1: COMPUTERIZED VEHICLE DIAGNOSTIC SCAN TOOL

Proc Type : Central Master Agreement

| Date issued | Solicitation Closes | Solicitation Response | Version |
|-------------|------------------------|------------------------------|---------|
| | 2018-02-13 13:30:00 | SR 0803 ESR02121800000003461 | 1 |

| VENDOR |
|------------------------------------|
| 000000180178 SNAP ON INDUSTRIAL |

Solicitation Number: CRFQ 0803 DOT1800000053

Total Bid : \$261,869.10 **Response Date:** 2018-02-12 **Response Time:** 11:43:36

Comments: Please see attached cover letter for conditions and additional information

FOR INFORMATION CONTACT THE BUYER
 Mark A Atkins
 (304) 558-2307
 mark.a.atkins@wv.gov

| | | |
|--------------------------|---------------|-------------|
| Signature on File | FEIN # | DATE |
|--------------------------|---------------|-------------|

All offers subject to all terms and conditions contained in this solicitation

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|----------|------------|-----------------|-----------------------------|
| 1 | COMPUTERIZED VEHICLE DIAGNOSTIC SCAN TOOL | 15.00000 | EA | \$17,457.940000 | \$261,869.10 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 25191838 | | | |

| | |
|-------------------------------|---|
| Extended Description : | COMPUTERIZED VEHICLE DIAGNOSTIC SCAN TOOL |
|-------------------------------|---|

Comments: Please see attached cover letter for special conditions and additional information

CRFQ DOT1800000053

| |
|-------------------------------------|
| Vehicle Diagnostic Scan Tool |
| (DOT6318C048) |

| Item Number | Estimated Quantity | Description | Unit Price | Extended Price |
|--------------------|---------------------------|--|-------------------|-----------------------|
| 1 | 15 | Diagnostic Scan Tool as described in section 3.1.1 | \$17,457.94 | \$ 261,869.10 |
| | | | Grand Total | \$ 261,869.10 |

Vendor shall list the year, make, and model of the unit being bid:

Year: 2018

Make: Snap-on

Model: EEHD345EAPWZ



February 9, 2018

Mark A. Atkins, Senior Buyer
State of West Virginia Purchasing Division
2019 Washington Street East, POB 50130
Charleston, WV 25305-0130

Re: Solicitation Number: CRFQ 0803 DOT 1800000053
Computerized Vehicle Diagnostic Scan Tool due 2/13/18 @ 1:30 p.m. local time

Dear Mr. Atkins,

Enclosed please find Snap-on Industrial's response to the above-referenced Solicitation (CRFQ).

In regards to the CRFQ's Specifications Number 3.1 which states *Vendor shall provide Agency with the Contract Items listed below on an open-end and continuing basis*, Snap-on Industrial is offering our Pro Link® Ultra Elite Kit with Cart which includes software. There are periodic releases of new software which culminate into this kit. Therefore, Snap-on Industrial will honor availability and our quoted pricing for our Pro Link® Ultra Elite Kit with Cart (part number EEHD345EAPWZ) until September 1, 2018.

In regards to the CRFQ's Specifications Number 3.1.1.1.8 which states *Diagnostic scan tool shall be equipped with a USB (Universal Serial Bus), VGA (Video Graphics Array), HDMI (High Definition Media Interface) ports and Wi-Fi (wireless internet) capabilities*, Snap-on Industrial's Pro Link® Ultra Elite Kit with Cart is not equipped with VGA (Video Graphics Array).

In regards to the CRFQ's Specifications Number 3.1.1.1.11.2.2 which states *Telephone/Email support must be available seven days a week*, Snap-on Industrial's Telephone/Email support is available five days a week (Monday through Friday).

In regards to the CRFQ's Specifications Number 6.1 which states *Vendor shall deliver standard orders within fifteen (15) working days after order is received. Vendor shall delivery emergency orders within ten (10) working day(s) after orders are received*, Snap-on Industrial will agree to deliver standard orders within twenty (20) working days after receipt of order. Snap-on Industrial will agree to deliver an emergency order of one (1) unit within ten (10) working days after receipt of order.

Thank you for your consideration of our CRFQ submission and should you have any questions, please contact Snap-on Industrial Account Manager Scott Edmunds at 304-544-1974 or via email at morris.s.edmunds@snapon.com.

Sincerely,

Rachel A. Nyberg, Director, Finance & Operations
Snap-on Industrial, a Division of IDSC Holdings LLC

RN/clc
Enc.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0803 DOT1800000053

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/>] Addendum No. 1 | <input type="checkbox"/>] Addendum No. 6 |
| <input type="checkbox"/>] Addendum No. 2 | <input type="checkbox"/>] Addendum No. 7 |
| <input type="checkbox"/>] Addendum No. 3 | <input type="checkbox"/>] Addendum No. 8 |
| <input type="checkbox"/>] Addendum No. 4 | <input type="checkbox"/>] Addendum No. 9 |
| <input type="checkbox"/>] Addendum No. 5 | <input type="checkbox"/>] Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Snap-on Industrial, a Division of IDSC Holdings LLC
Company

Rachel Nyberg
Rachel A. Nyberg Authorized Signature
Director, Finance & Operations

2/9/18

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

SOLICITATION NUMBER: CRFQ 0803 DOT180000053
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CRFQ 0803 DOT180000053 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

1. To publish the Agency responses to the questions submitted by Vendors during the Technical Questioning period.

No other changes made.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Request for Quotation
 05 - Auto Supply

Proc Folder: 395501

Doc Description: ADDENDUM_1: COMPUTERIZED VEHICLE DIAGNOSTIC SCAN TOOL

Proc Type: Central Master Agreement

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|-------------------------|---------|
| 2018-02-07 | 2018-02-13 13:30:00 | CRFQ 0803 DOT1800000053 | 2 |

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

*Snap-on Industrial, a Division of IDSC Holdings LLC
 2801-80th Street
 Kenosha, WI 53143
 WV OASIS Vendor # 000000180178*

FOR INFORMATION CONTACT THE BUYER

Mark A Atkins
 (304) 558-2307
 mark.a.atkins@wv.gov

Signature X *Rachel Nyberg* FEIN # *36-4070294* DATE *2/9/18*

All offers subject to all terms and conditions contained in this solicitation

*Rachel A. Nyberg, Director,
 Finance & Operations
 Snap-on Industrial, a Division of IDSC Holdings LLC*

ADDITIONAL INFORMATION:

ADDENDUM 1: Is issued for the following:

1. To publish the Agency responses to the questions submitted by Vendors during the Technical Questioning period.

No other changes made.

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Department of Transportation (WVDOT), the West Virginia Division of Highways (WVDOH) to establish an open-end contract for a Computerized Vehicle Diagnostic Scan Tool, which will be utilized by the WVDOH District Offices located throughout the State per attached documents.

| INVOICE TO | SHIP TO |
|---|---|
| DIVISION OF HIGHWAYS INFORMATION SERVICE DIVISION 1900 KANAWHA BLVD E, BLDG 5 RM 920 CHARLESTON WV25305-0430 US | STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|----------|------------|------------|-------------|
| 1 | COMPUTERIZED VEHICLE DIAGNOSTIC SCAN TOOL | 15.00000 | EA | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 25191838 | | | |

Extended Description :

COMPUTERIZED VEHICLE DIAGNOSTIC SCAN TOOL

SCHEDULE OF EVENTS

| Line | Event | Event Date |
|------|-----------------------------------|------------|
| 1 | Technical Questions due by 2:00pm | 2018-02-05 |

Addendum_1

CRFQ 0803 DOT1800000053 (DOT6318C048)

Technical Questions

Question 1: Can you please tell me which types of vehicles (Heavy Duty, Medium Duty, Light Duty) you will be using this tool on?

Answer 1: *Section 3.1.1.1.12 and 3.1.1.1.13 provide specific details regarding the type of Heavy and Medium Duty vehicles the Scan Tool must support.*

Question 2: Also, would you like to capability to just Scan for Codes – or would you prefer a tool to read and clear codes as well?

Answer 2: *Section 3.1.1.1 through 3.1.1.4 provides specific details regarding the types of codes the Scan Tool must be able to read. These sections also provide details regarding the processing of these codes.*



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Request for Quotation
 05 – Auto Supply

Proc Folder: 395501

Doc Description: ADDENDUM_1: COMPUTERIZED VEHICLE DIAGNOSTIC SCAN TOOL

Proc Type: Central Master Agreement

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|------------------------|-------------------------|---------|
| 2018-02-07 | 2018-02-13 13:30:00 | CRFQ 0803 DOT1800000053 | 2 |

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

*Snap-on Industrial, a Division of IDSC Holdings LLC
 2801-80th Street
 Kenosha, WI 53143
 WV OASIS Vendor # 000000180178*

FOR INFORMATION CONTACT THE BUYER

Mark A Atkins
 (304) 558-2307
 mark.a.atkins@wv.gov

Signature X *Rachel Nyberg*

FEIN # *36-4070294*

DATE *2/9/18*

All offers subject to all terms and conditions contained in this solicitation

*Rachel A. Nyberg, Director, Finance & Operations
 Snap-on Industrial, a Division of IDSC Holdings LLC*

ADDITIONAL INFORMATION:

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1. To publish the Agency responses to the questions submitted by Vendors during the Technical Questioning period.

No other changes made.

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| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
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| 1 | COMPUTERIZED VEHICLE DIAGNOSTIC SCAN TOOL | 15.00000 | EA | | |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 25191838 | | | |

Extended Description :
 COMPUTERIZED VEHICLE DIAGNOSTIC SCAN TOOL

SCHEDULE OF EVENTS

| Line | Event | Event Date |
|------|-----------------------------------|------------|
| 1 | Technical Questions due by 2:00pm | 2018-02-05 |

| | | | |
|--------------|--------------------------------|---|------------------------------|
| DOT180000053 | Document Phase Final | Document Description ADDENDUM_1: COMPUTERIZED VEHICLE DIAGNOSTIC SCAN TOOL | Page 3 of 3 |
|--------------|--------------------------------|---|------------------------------|

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

West Virginia Ethics Commission



Disclosure of Interested Parties to Contracts

Pursuant to *W. Va. Code* § 6D-1-2, a state agency may not enter into a contract, or a series of related contracts, that has/have an actual or estimated value of \$100,000 or more until the business entity submits to the contracting state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

"Business entity" means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation.

"Interested party" or *"Interested parties"* means:

- (1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
- (2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
- (3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

"State agency" means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of *W. Va. Code* § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the contracting state agency prior to contract award and to complete another form within 30 days of contract completion or termination.

This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: ethics@wv.gov; website: www.ethics.wv.gov.

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Contracting Business Entity: Snap-on Industrial, a Address: 2801-80th Street
Division of IDSC Holdings LLC Kenosha, WI 53143

Authorized Agent: ^{Employee} Scott Edmunds, Acct. Mgr. Address: 2801-80th Street, Kenosha, WI 53143

Contract Number: CRFQ DOT 1800000053 Contract Description: Vehicle Diagnostic Hand Tool

Governmental agency awarding contract: State of West Virginia Purchasing Division

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

1. Subcontractors or other entities performing work or service under the Contract

Check here if none, otherwise list entity/individual names below.

2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)

Check here if none, otherwise list entity/individual names below.

Snap-on Incorporated
2801-80th Street, Kenosha, WI 53143

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherwise list entity/individual names below.

Signature: Rachel A. Nyberg Date Signed: 2/9/18

Notary Verification

State of Wisconsin, County of Kenosha:

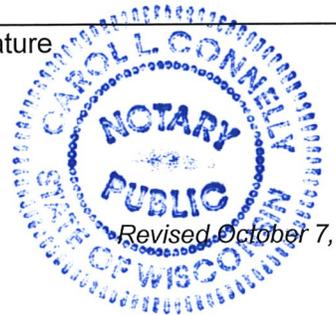
I, Rachel A. Nyberg, Director, Finance & Operations, the authorized ^{employee} agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 9th day of February, 2018.

Carol L. Connolly
Notary Public's Signature

To be completed by State Agency:

Date Received by State Agency: _____
Date submitted to Ethics Commission: _____
Governmental agency submitting Disclosure: _____



STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Snap-on Industrial, a Division of IDSC Holdings LLC

Authorized Signature: *Rachel A. Nyberg* Date: 2/9/18
Rachel A. Nyberg, Director, Finance & Operations

State of Wisconsin

County of Kenosha, to-wit:

Taken, subscribed, and sworn to before me this 9th day of February, 2018.

My Commission expires March 18, 2018.



NOTARY PUBLIC *Carol L. Connelly*

None apply

VENDOR PREFERENCE CERTIFICATE

Certification and application is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia, or bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia, for four (4) years immediately preceding the date of this certification; **or**,
 Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **or**,
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,
2. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,
3. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; **or**,
4. **Application is made for 5% vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,
5. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,
6. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) rescind the contract or purchase order; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: _____ Signed: _____
Date: _____ Title: _____

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Scott Edmunds, Account Manager

(Name, Title)

(Printed Name and Title)

2801 80th Street, Kenosha, WI 53143

(Address) -Business

304-544-1974 / 877-740-1880

(Phone Number) / (Fax Number)

Morris.s.edmunds@snapon.com

(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Snap-on Industrial, a Division of IDSC Holdings LLC

(Company)

Rachel Nyberg

(Authorized Signature) (Representative Name, Title)

Rachel A. Nyberg, Director, Finance & Operations

(Printed Name and Title of Authorized Representative)

2/9/18

(Date)

304-544-1974 / 877-740-1880

(Phone Number) (Fax Number)



CERTIFICATE OF LIABILITY INSURANCE

1/1/2019

DATE (MM/DD/YYYY)

12/14/2017

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 500 West Monroe, Suite 3400 CHICAGO IL 60661 (312) 669-6900 | CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ | | | | | | | | | | | | | | |
|---|---|--|-------------------------------|--------|--|-------|---|-------|--|-------|---|-------|-------------|--|-------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Travelers Indemnity Co of CT</td> <td>25682</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Co of America</td> <td>25674</td> </tr> <tr> <td>INSURER C : Safety National Casualty Corporation</td> <td>15105</td> </tr> <tr> <td>INSURER D : The Phoenix Insurance Company</td> <td>25623</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 : Travelers Indemnity Co of CT | 25682 | INSURER B : Travelers Property Casualty Co of America | 25674 | INSURER C : Safety National Casualty Corporation | 15105 | INSURER D : The Phoenix Insurance Company | 25623 | INSURER E : | | INSURER F : |
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| INSURER F : | | | | | | | | | | | | | | | |
| INSURED 1065892 SNAP-ON INCORPORATED, Snap-on Tools Company LLC IDSC Holdings, LLC d/b/a Snap-on Industrial Attn: Karen Parmentier - Risk Analyst 2801 80th Street Kenosha, WI 53143 | | | | | | | | | | | | | | | |

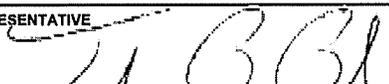
COVERAGES SNAON01 **CERTIFICATE NUMBER:** 14414538 **REVISION NUMBER:** XXXXXXXX

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 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 <input checked="" type="checkbox"/> Contractual Liab. <input type="checkbox"/> Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____ | N | N | HEEXGL472M4454TCT18 (EXCESS \$500,000 SIR) | 1/1/2018 | 1/1/2019 | EACH OCCURRENCE | \$ 1,500,000 |
| A | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 |
| | | | | | | | MED EXP (Any one person) | \$ Excluded |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,500,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 1,500,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 6,000,000 |
| | | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> | N | N | HC2ECAP472M4466TCT18 | 1/1/2018 | 1/1/2019 | COMBINED SINGLE LIMIT (Ea accident) | \$ 2,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ XXXXXXXX |
| | | | | | | | BODILY INJURY (Per accident) | \$ XXXXXXXX |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ XXXXXXXX |
| | | | | | | | | \$ XXXXXXXX |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | NOT APPLICABLE | | | EACH OCCURRENCE | \$ XXXXXXXX |
| | | | | | | | AGGREGATE | \$ XXXXXXXX |
| | | | | | | | | \$ XXXXXXXX |
| B D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N | HC2JUB472M443018 (AOS) HRNUB472M444218 (MA) | 1/1/2018 1/1/2018 | 1/1/2019 1/1/2019 | <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 |
| C | Excess Workers Compensation IL, IA, & WI | N | N | SP4057908 | 1/1/2018 | 1/1/2019 | Retention - \$600,000 Limit - Statutory Employers Liability - \$1,000,000 | |

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

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| 14414538 Information Only Certificate of Insurance | 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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