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WV PURCHASING
DIVISION

March 12, 2019

To: State of West Virginia
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Attention: Ms. Melissa Pettrey

Subject: CRFQ 0215 AVN1900000003

Attachments: Pricing, Exhibit A; Exhibit B, Certificate of Liability Insurance, and FAA Air Agency Certificate

Ms. Pettrey,

Bell Helicopter Textron Inc. (Bell) is pleased to submit the attached proposal for Bell 206 avionics customizing at our Piney Flats, TN facility. Pricing is valid until July 31, 2019.

We look forward to supporting the needs of the State of West Virginia, and should you have any questions, please do not hesitate to contact Jennifer White at 817 280 4958 or by email at jwhite@bellflight.com or Parker Perego at 817-280-2149 or at pperego@bellflight.com.

Sincerely,

A handwritten signature in blue ink that reads "Veronica Rojas".

BELL HELICOPTER TEXTRON INC.
Veronica Rojas
Manager, Commercial Contracts
vdrojas@bellflight.com

Post Office Box 482
Fort Worth, Texas 76101

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.

Jennifer White, Jennifer White, Regional Contracts Manager
(Name, Title)

Jennifer White, Regional Contracts Manager
(Printed Name and Title)

3255 Bell Flight Boulevard, Fort Worth, TX 76118
(Address)

(817) 280 2041 / (817) 278 2041
(Phone Number) / (Fax Number)

jwhite@bellflight.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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated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.

Bell Helicopter Textron Inc.
(Company)

Veronica Rojas, Veronica Rojas, Manager, Contracts
(Authorized Signature) (Representative Name, Title)

Veronica Rojas, Manager, Commercial Contracts
(Printed Name and Title of Authorized Representative)

March 12, 2019
(Date)

(817) 280 1290 / N/A
(Phone Number) (Fax Number)

Exhibit A - Pricing Page

Bell TH67/certified 206B, S/N 5220 (N67876)

CRFQ: 0215 AVN1900000003

Vendor: Bell Helicopter Textron Inc.

*Vendors must complete Exhibit A - Pricing Page in its entirety in legible form and submit with their bid.

*In addition, Vendors are to submit with the bid an itemized pricing sheet to include parts and labor associated with each item to be installed under Section 4.1.3. The itemized list is for reference purposes only. Contract Award is based on the total lump sum bid not the itemization.

Section A:				
Item #1: Vendor is to provide the Lump Sum amount for Items listed below				
Item	Description	Unit of Measure	Estimated Quantity	Extended Cost
1	Remove interior and exterior paint and repaint the interior and exterior per Agency specifications as per Section 4.1.1.1 and related Exhibit E.	Lump Sum	1	\$68,775
2	Remove designated equipment in Section 4.1.2 and provide and install new equipment in Section 4.1.3.	Lump Sum	1	\$391,536
Section A:				\$460,311.00
Section B:				
Vendor to enter nautical miles (NM) below to calculate flight time to fly Round Trip from Yeager Airport (CRW) in Charleston, WV. Round Trip Cost Calculation will be based on the straight line distance of the vendor's facility from Yeager Airport (CRW) in Charleston, WV in nautical miles divided by aircraft nominal airspeed multiplied by the Agency's billing rate per hour multiplied by two.				
Description				Per Trip
121	NM to vendor facility divided by 100 (KTAS) x \$600.00 (per hour) x 2 (roundtrip)			\$1,452.00
Section B:				\$1,452.00
Section C:				
Vendor to enter road mileage (RM) below to calculate travel time by car between Yeager Airport (CRW) in Charleston, WV and the vendor's facility. Mileage will be shortest distance between Yeager Airport (CRW) and the vendor's facility using Google Maps Driving Directions. 54.5 cents per mile is the current state of WV reimbursement mileage rate. Agency estimates making 4 trips to vendor during the 90 day period of contract.				
Description				Per Trip
211	RM to vendor facility x 54.5 cents per mile x 2 (roundtrip) x 4 (estimated number of trips)			\$919.96
Section C:				\$919.96
Subtotal Section A:				\$460,311.00
Subtotal Section B:				\$1,452.00
Subtotal Section C:				\$919.96
Total Bid:				\$462,682.96

*Section B for evaluation purposes only, Section B amount will not be included in the award total.

*Section C for evaluation purposes only, Section C amount will not be included in the award total.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/18/2018

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 Aon Risk Services Northeast, Inc. Boston MA Office 53 State Street Suite 2201 Boston MA 02109 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105 E-MAIL ADDRESS:														
INSURED Textron Inc. and Bell Helicopter Textron Inc. 3255 Bell Flight Boulevard Fort Worth TX 76118 USA	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Zurich American Ins Co</td> <td>16535</td> </tr> <tr> <td>INSURER B: American Zurich Ins Co</td> <td>40142</td> </tr> <tr> <td>INSURER C: Westminster Ins Co.</td> <td>0094AL</td> </tr> <tr> <td>INSURER D: National Union Fire Ins Co of Pittsburgh</td> <td>19445</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: Zurich American Ins Co	16535	INSURER B: American Zurich Ins Co	40142	INSURER C: Westminster Ins Co.	0094AL	INSURER D: National Union Fire Ins Co of Pittsburgh	19445	INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 570074198158 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3441GLUS019 GENERAL LIABILITY	01/01/2019	01/01/2020	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$5,000,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	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			BAP 4020209 04	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$3,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	<input checked="" 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			28295046 UMBRELLA SIR applies per policy terms & conditions	01/01/2019	01/01/2020	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
B A	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 N/A	WC402021004 WC402021104	04/01/2018 04/01/2018	04/01/2019 04/01/2019	<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	Excess WC			EWS402021204 SIR applies per policy terms & conditions	04/01/2018	04/01/2019	EL Each Accident \$1,000,000 EL Disease - Policy \$1,000,000 EL Disease - Ea Emp \$1,000,000

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

Evidence of Insurance
 Excess WC SIR - \$1,000,000 As respects General Liability policy number 3441GLUS018, Aon Risk Solutions (U.S.) is generating and distributing this certificate in an administrative capacity. Coverage is Independently Procured by the Insured. Aon Insurance Managers is the insurance manager and/or authorized representative.

CERTIFICATE HOLDER **CANCELLATION**

Bell Helicopter Textron Inc. 3255 Bell Helicopter Blvd Fort Worth TX 76118-7630 USA	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 <div style="text-align: center;"> </div>
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Holder Identifier : Certificate No : 570074198158



UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Air Agency Certificate

Number **FKFR930D**

This certificate is issued to
BELL HELICOPTER TEXTRON, INC.

whose business address is

**450 INDUSTRIAL PARK ROAD
PINEY FLATS, TN 37686**

*upon finding that its organization complies in all respects
with the requirements of the Federal Aviation Regulations
relating to the establishment of an Air Agency, and is
empowered to operate an approved* **REPAIR STATION**

with the following ratings:

CLASS I RADIO (01/30/87)	CLASS II RADIO (01/30/87)
CLASS I ACCESSORIES (10/04/10)	LIMITED AIRFRAME (08/22/94)
LIMITED POWERPLANT (04/08/92)	LIMITED RADIO (01/16/91)
LIMITED INSTRUMENT (03/20/87)	LIMITED ACCESSORIES (02/20/03)
LIMITED NON DESTRUCTIVE TESTING (08/18/06)	

*This certificate, unless canceled, suspended, or revoked,
shall continue in effect* **INDEFINITELY**

Date issued:

OCTOBER 12, 1979

By direction of the Administrator

Walter H. Bevan

WALTER H. BEVAN

MANAGER, NASHVILLE, TN FSDO-CE-19

**This Certificate is not Transferable, AND ANY MAJOR CHANGE IN THE BASIC FACILITIES, OR IN THE LOCATION THEREOF,
SHALL BE IMMEDIATELY REPORTED TO THE APPROPRIATE REGIONAL OFFICE OF THE FEDERAL AVIATION ADMINISTRATION**

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both