

The following documentation is an electronicallysubmitted 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.

WOASIS	Jump to: FORMS 🟦 👩 🔝 Home 🌮 Personalize 🚳 Accessibility 🛜 App Help 🐔 About 😈
Welcome, Lu Anne Cottrill	ocurement Budgeting Accounts Receivable Accounts Payable
Solicitation Response(SR) Dept: 0803 ID: ESR0805190000000623 Ver.: 1 Function: New	Phase: Final Modified by batch , 08/06/2019
Header @ 5	
	🗮 List View
General Information Contact Default Values Discount Document Information	
Procurement Folder: 593607	SO Doc Code: CRFQ
Procurement Type: Central Purchase Order	SO Dept: 0803
Vendor ID: VS0000019707	SO Doc ID: DOT200000001
Legal Name: DYNATEST NORTH AMERICA INC	Published Date: 7/31/19
Alias/DBA:	Close Date: 8/6/19
Total Bid: \$221,107.93	Close Time: 13:30
Response Date: 08/05/2019	Status: Closed
Response Time: 15:34	Solicitation Description: ADDENDUM 2 LOCKED WHEEL ADDENDUM 2 LOCKED WHEEL
	Total of Header Attachments: 5
	Total of All Attachments: 5
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Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

State of West Virginia Solicitation Response

So	Proc Folder: 593607 Solicitation Description: ADDENDUM 2 LOCKED WHEEL PAVEMENT FRICTION TEST SYSTM 7719016 Proc Type: Central Purchase Order						
Date issued	Solicitation Closes Solicitation Response Version						
	2019-08-06 13:30:00	SR 0803 ESR0805190000000623	1				

VENDOR						
VS0000019707						
DYNATEST NORTH AMERICA INC						
Solicitation Number: CRFQ 0803	DOT200000001					

 Total Bid :
 \$221,107.93
 Response Date:
 2019-08-05
 Response Time:
 15:34:57

Comments:

FOR INFORMATION CONTACT THE BUYER		
Crystal G Hustead		
(304) 558-2402 crystal.g.hustead@wv.gov		
	FEIN #	DATE
All offers subject to all terms and conditions contained in this s	aliaitatian	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	LOCKED WHEEL PAVEMENT FRICTION TEST SYSTEM	1.00000	EA	\$206,107.930000	\$206,107.93
Comm Code	Manufacturer	Specification		Model #	
72151306					
Extended Des	scription : LOCKED WHEEL PAVEN	IENT FRICTION	TEST SYSTE	EM	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	TEXTURE MEASUREMENT SYSTEM	1.00000	EA	\$15,000.000000	\$15,000.00
Comm Code	Manufacturer	Specification		Model #	
72151306					
Extended De	scription : TEXTURE MEASUREME	NT SYSTEM			

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.

Brust, Client Services Manager (Name, Title) (Printed Name and Title) 11415 Old Roswell Rd, Alpharetta CA 30009 (Address) 813 230-8838 (Phone Number) / (Fax Number) dbrust@, Dwatest.C (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.

yNatesi

(Company)

(Authorized Signature) (Representative Name, Title)

(Printed Name and Title of Authorized Representative)

(Phone Number) (Fax Number)

Revised 06/05/2019

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO .: CRFQ DOT200000001

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)

> Addendum No. 1 Addendum No. 2 Addendum No. 3 Addendum No. 4 Addendum No. 5

Addendum No. 6 Addendum No. 7 Addendum No. 8 Addendum No. 9 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 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 isbinding.

Company

Authorized Signature

2019

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/30/19

C B R	ERT ELO EPR	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, / RTANT: If the certificate hold rsed. If SUBROGATION IS WAN	IVEL URAI AND er is	Y OR NCE I THE C an A	NEGATIVELY AMEND, DOES NOT CONSTITUT CERTIFICATE HOLDER. ADDITIONAL INSURED,	EXTEN E A CC the po	ID OR ALTEI ONTRACT BE licy(ies) mus	R THE COVE TWEEN THE st have ADE	ERAGE AFFORDED BY E ISSUING INSURER(S), DITIONAL INSURED pro	THE PO AUTHO	LICIES DRIZED or be
		ment on this certificate does not									
	DDUCE	ER Services, Inc of Florida				CONTA NAME:		k Services, Inc	of Florida		
100	1 Brick	ell Bay Drive, Suite #1100				PHONE		-8130	FAX (A/C, No): 800-3	522-7514	
Miai	mi, FL	33131-4937				EMAIL)I.Center@Aon.			
						ADDIG		ER(S) AFFORDIN			NAIC #
						INSURI	ER A: New Hamp	. ,			23841
INS	URED					INSUR					20011
		Source DE IV, Inc. nset Drive				INSURI					
Mia	mi, FL	33173				INSUR					
		TE EMPLOYER North America Inc				INSURI					
		Roswell Road , GA 30009				INSURI					
		RAGES	C	FRTI	FICATE NUMBER: 2594				REVISION NUMBE	R	
-		S TO CERTIFY THAT THE POLICIES					I ISSUED TO T	HE INSURED			PERIOD
ll C	NDICA ERTI	ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUIR PER1 I POLI	EMEN AIN, 1 CIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORDE	of any Ed by t	CONTRACT O HE POLICIES EDUCED BY PA	R OTHER DO DESCRIBED I AID CLAIMS.	CUMENT WITH RESPECT 1	O WHIC	H THIS TERMS,
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
- //		COMMERCIAL GENERAL LIABILITY					(EACH OCCURRENCE	\$	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$	
									PREMISES (Ea occurrence) MED EXP (Any one person)	ծ Տ	
									PERSONAL & ADV INJURY	\$	
	GEN	L AGGREGATE LIMIT APPLIES PER:								\$	
									GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	
		OTHER							FRODUCTS - COMF/OF AGG	\$	
									COMBINED SINGLE LIMIT	\$	
									(Ea accident)	\$ \$	
	(ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)		
		AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
										\$	
	I	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	E	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DEC RETENTION \$							PER OTH-		
А		KERS COMPENSATION EMPLOYERS' LIABILITY Y / N			WC 080371934 GA		07/01/19	07/01/20	X STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	2,000,000
	(Man	datory in NH) describe under							E.L. DISEASE - EA EMPLOYEE	\$	2,000,000
		CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	2,000,000
All v	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) All worksite employees working for DYNATEST NORTH AMERICA INC, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. DYNATEST NORTH AMERICA INC is an alternate employer under this policy.										
CER	TIFI	CATE HOLDER				CANC	ELLATION				
190	0 Kana	′est Virginia awha Blvd. East, Bldg 5 n, WV 25305				THE E		DATE THERE	RIBED POLICIES BE CANC OF, NOTICE WILL BE ROVISIONS.		
					A	UTHORIZ		Risk Se	rvices, Inc of Fl		
							© 1988	3-2015 ACO	RD CORPORATION. All	riahts	reserved.

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ACORD

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 07/30/2019

33022

29599

AA1280026

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). CONTACT NAME: PRODUCER Aon Risk Services Southwest, Inc. PHONE (A/C, No, Ext): (866) 283-7122 FAX (A/C, No.): (800) 363-0105 Houston TX Office 5555 San Felipe Suite 1500 E-MAIL Houston TX 77056 USA INSURER(S) AFFORDING COVERAGE NAIC # INSURED Philadelphia Indemnity Insurance Company 18058 INSURER A:

Dynatest North America, Inc.	
Dynatest Consulting, Inc.	
11415 Old Roswell Rd., Suite	100
Alpharetta GA 30009-2084 USA	

11415 Old Alpharetta				100	
A I pilat et ta	a GA 3000	JJ-2004	03A		

		INSUKER E.
		INSURER F:
COVERAGES	CERTIFICATE NUMBER: 5700776932	14

	_		
IIS IS TO CERTIFY THAT THE PO	DLICIES OF INSURANCE LISTED BELOW HAV	E BEEN ISSUED TO THE INSURED NAMED A	BOVE FOR THE POLICY PERIOD
DICATED. NOTWITHSTANDING	ANY REQUIREMENT, TERM OR CONDITION C	F ANY CONTRACT OR OTHER DOCUMENT	WITH RESPECT TO WHICH THIS
RTIFICATE MAY BE ISSUED OF	R MAY PERTAIN, THE INSURANCE AFFORDE	D BY THE POLICIES DESCRIBED HEREIN IS	S SUBJECT TO ALL THE TERMS,
CLUSIONS AND CONDITIONS O	F SUCH POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.	Limits shown are as requested

INSURER B

INSURER C

INSURER D:

AXA Insurance Company

Tryg Forsikring AS

U.S. Specialty Insurance Co

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUM	BER	POLICY EFF (MM/DD/YYYY) 01/01/2019	POLICY EXP	LIMI	rs	
B	X COMMERCIAL GENERAL LIABILITY			PCS00127119		01/01/2019	01/01/2020	EACH OCCURRENCE	\$5,000,000	
ŀ	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
Ī								MED EXP (Any one person)	\$10,000	
ľ								PERSONAL & ADV INJURY	\$5,000,000	
ŀ	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$5,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$5,000,000	
4	AUTOMOBILE LIABILITY			РНРК1923243		01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
ŀ	X ANY AUTO							BODILY INJURY (Per person)		
ŀ	OWNED SCHEDULED							BODILY INJURY (Per accident)		
ŀ	AUTOS ONLY AUTOS HIRED AUTOS NON-OWNED							PROPERTY DAMAGE		
ŀ	ONLY AUTOS ONLY							(Per accident) Comp./Coll. Deductible	¢1.000	
D				6708025567		01/01/2010	12/21/2010	EACH OCCURRENCE	\$1,000	
	X UMBRELLA LIAB X OCCUR			0708023307		01/01/2019	12/31/2019		\$10,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$10,000,000	
	DED RETENTION									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR / PARTNER / EXECUTIVE							E.L. EACH ACCIDENT		
	(Mandatory in NH)	N / A						E.L. DISEASE-EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT		
с	E&O-PL-Primary			USS1929336 Claims Made		01/01/2019	01/01/2020	Per Claim/Aggregate Deductible	\$35,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As respects policy number 6708025567, Aon Risk Solutions (U.S.) is generating and distributing this certificate in an administrative capacity. Aon Denmark A/S is the broker for the defined policy. State of West Virginia is included as Additional Insured in accordance with the policy provisions of the General Liability policy. CERTIFICATE HOLDER CANCELLATION State of West Virginia 1900 Kanawha Blvd. East, Bldg. 5 Charleston wy 25305 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.										
CERTIFICATE HOLDER 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.				
State of West Virginia 1900 Kanawha Blvd. East, Bldg. 5				AUTHORIZED REPRESENTATIVE						
	Charleston wv 25305 USA	y. 5			R	lon Rii	k Serv	ices Southwest,	Inc.	

CERTIFICATE H	HOLDER
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CANCELLATION

Aon Risk Services Southwest Inc.

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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.

Brust, Client Services Manager (Name, Title) (Printed Name and Title) Soswell Rd, Alphasetta CA 30009 (Address) 813 (Phone Number) / (Fax Number) dbruste (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.

yNatesi (Company) andold S. ACLient Services

(Authorized Signature) (Representative Name.

Randall G. Milton, Head of Client Services (Printed Name and Title of Authorized Representative)

(Date)

2019

(Phone Number) (Fax Number)

Revised 06/05/2019

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 exceed 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:

FloridaNotaryService.com

(40/) 398-0153

Vendor's Name: 1) ynatest	
Authorized Signature:	Date: <u>8/5/19</u>
State of Flonda	
County of <u>Pinellas</u> , to-wit:	
Taken, subscribed, and sworn to before me this 5	day of <u>August</u> , 20 <u>17</u>
My Commission expires 02 02 2020	, 20
AFFIX SEAL HERE	NOTARY PUBLIC Rachel Lunicpen
RACHEL L. INKPEN MY COMMISSION # FF956691 EXPIRES February 02, 2020	Purchasing Affidavit (Revised 01/19/2018)