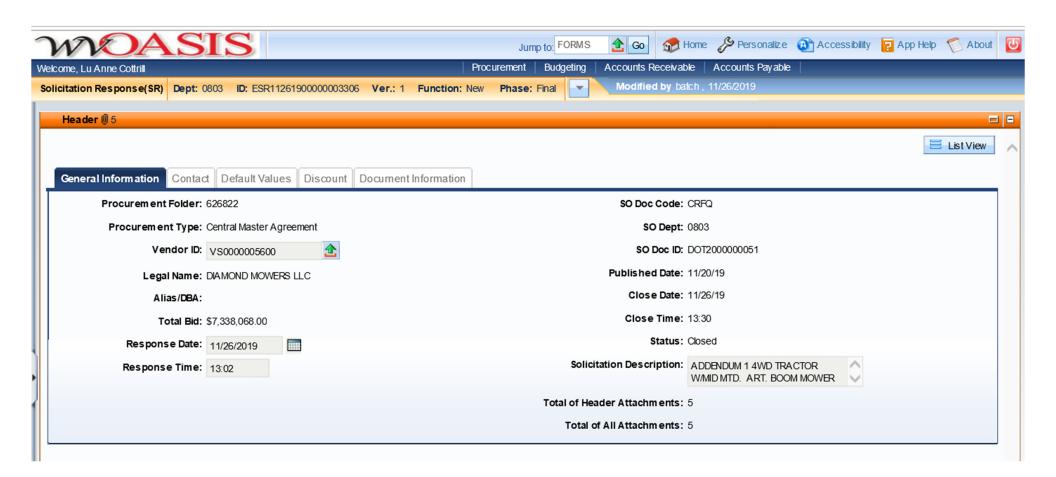
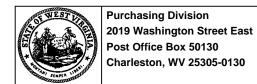


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

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.





State of West Virginia Solicitation Response

Proc Folder: 626822

Solicitation Description: ADDENDUM 1 4WD TRACTOR W/MID MTD. ART. BOOM MOWER

Proc Type: Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-11-26 13:30:00	SR 0803 ESR11261900000003306	1

VENDOR

VS0000005600

DIAMOND MOWERS LLC

Solicitation Number: CRFQ 0803 DOT2000000051

Total Bid: \$7,338,068.00 **Response Date**: 2019-11-26 **Response Time**: 13:02:57

Comments:

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead (304) 558-2402 crystal.g.hustead@wv.gov

Signature on File FEIN # DATE

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

Page: 1 FORM ID: WV-PRC-SR-001

Line	Comm Ln	Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount	
1		4WD TRACTOR W/MID MOUNTED ART. BOOM MOWER		EA	\$158,605.700000	\$6,344,228.00	
Comm Code	Ma	nufacturer	Specification		Model #		
21101701			•				
Extended Des	cription :	4 WHEEL DRIVE TRACTO	OR W/MID-MOU	NTED ARTIC	ULATED BOOM MC	OWER W/60" ROTARY CUTTING HEAD	
Line 2	Comm Ln	Desc BATTLE AXE HEAD	Qty 40.00000	Unit Issue	Unit Price \$12,940.000000	Ln Total Or Contract Amount \$517,600.00	
	02 1110111						
Comm Code	Ма	nufacturer	Specification		Model #		
21101708							
Extended Des	scription: 52-INCH BATTLE AXE HE		AD				
Line	Comm Ln	Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount	
			40,00000	- A	**** ********************************	#470.040.00	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	50-INCH SRD MULCHER HEAD	40.00000	EA	\$11,906.000000	\$476,240.00

Comm Code	Manufacturer	Specification	Model #	
21101708				

Extended Description :

50-INCH SRD MULCHER HEAD

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: DOT2000000051

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.

Cneck	the	bo	x next to each addendum rece	ive	1)	
	[1	Addendum No. 1	[]	Addendum No. 6
]]	Addendum No. 2	[]	Addendum No. 7
]]	Addendum No. 3]]	Addendum No. 8
	[]	Addendum No. 4	[]	Addendum No. 9
	[]	Addendum No. 5]]	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 is binding.

Company

Authorized Signature

11-26-19

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing. Revised 6/8/2012



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/21/2019

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).

				-	
Sioux Falls, SD 57104		INSURER F:			
		INSURER E: StarStone Specialty 1			
350 E. 60th Street N.		INSURER D: Technology Insurance	Company		
Diamond Mowers, LLC		INSURER C: St Paul Surplus Lines	Insurance Company		
INSURED		INSURER B: Acuity			
Sioux Falls, SD 57109		INSURER A: Admiral Insurance			
<u>-</u>		INSURER(S) AFFORDING CO	OVERAGE	NAIC#	
5120 S. Solberg Ave		E-MAIL ADDRESS:			
Holmes Murphy & Assoc-SF		PHONE			
PRODUCER	1-605-336-1090	CONTACT NAME:			
		LOONITACE			

COVERAGES CERTIFICATE NUMBER: 57827881 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.

		DSIONS AND CONDITIONS OF SUCH						
INSR LTR			ADDL INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	х	COMMERCIAL GENERAL LIABILITY		CA00001708908	10/01/19	10/01/20	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
1							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	х	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
1		OTHER:						\$
В	AUT	TOMOBILE LIABILITY		X54713	10/01/19	10/01/20	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
1	Х	ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	х	HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
С	Х	UMBRELLA LIAB X OCCUR		ZUP14T1605319NF	10/01/19	10/01/20	EACH OCCURRENCE	\$ 15,000,000
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 15,000,000
		DED X RETENTION \$ 10,000						\$
D		RKERS COMPENSATION DEMPLOYERS' LIABILITY		TWC3828703	10/01/19	10/01/20	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TY N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	(Mar	ndatory in NH)	II / A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Exc	cess Liability		40570E193ALI	10/01/19	10/01/20	Each Occurrence:	10,000,000
							Aggregate:	10,000,000
l								

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

Certificate holder is included as an additional insured on the General Liability when required by written contract, per policy terms and conditions

CERTIFICATE HOLDER	CANCELLATION
State of WV	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1900 Kanawha Blvd E, Bldg 5	AUTHORIZED REPRESENTATIVE
Charleston, WV 25305	W BA

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SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE 11/21/2019

NAME OF INSURED: Diamond Mowers, LLC Umbrella Liability and Excess Liability have a combined limit of \$25,000,000. Umbrella Liability has a \$15,000,000 limit with a \$10,000 retention Excess Liability has a \$10,000,000 limit

REVISED EXHIBIT A

VEN	DOR:VS000000560	0 Class 131	4WD TRACTOR W/MI	D MOUNTED ART. BOOM M	OWER		
	CRFQ DOT2000000051						
Item No.	Description:	Model & Part Number Being Bid	Estimated Unit Quantity	Unit Price	Item Total Cost		
1	Alamo Maverick 2 with 60-	John Deere 6110 M, Diamond Mowers DBR-C-H, Diamond Mowers DBR060-H	40	\$158,605.70	\$6,344,228.00		
2	Alamo 52-inch Battle Axe head or equal	Diamond Mowers DBF-050- H	40	\$12,940.00	\$517,600.00		
3	Alamo 50-inch SRD mulcher head or equal	Diamond Mowers FBC036-H	40	\$11,906.00	\$476,240.00		
Tota	Bid Amount				\$ 7,338,068.00		

Contract will be awarded to the lowest responsible bidder

Vendor Information	
Company Name: Diamond Mowers	
Contract Manager: Troy Waterfall	
Address: 350 East 60th St. N, Sioux Falls SD 57104	
Phone: (605) 977-3307	
Fax:(605) 655-5870	
Email: twaterfall@diamondmowers.com	
Signature: Tray nottell	

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:

Vendor's Name: Diamad Mower's, LLC

Authorized Signature: Date: 1//2/1/2-019

State of South Daket

County of Manchala, to-wit:

Taken, subscribed, and sworn to before me this 21 st day of November 2019.

Mindultilities expires 7-10 2024

NOTARY PUBLIC Arrelating Affidavit (Revised 01/18/2018)

PUBLIC PUBLIC PUBLIC Affidavit (Revised 01/18/2018)

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.
The Notefel Sole Eggeration Manager
TROY WATERFALL SALES OF GRATTON MANGER
1350 East 60 The ST. N
(Address) 605 977-3307 / 605 655-5870
(Phone Number) / (Fax Number) Twaterfall @ Departure months. 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.
(Company)
(Authorized Signature) (Representative Name, Title) STEVEN SCHWARTZ VP SALES & MARNETEN
STEVEN SCHWARTZ UP OF SALES AND MANNETENG
(Printed Name and Title of Authorized Representative)
11-26-19
(Date)
(605) 977-3304/(605) 655-5870
(Phone Number) (Fax Number)