



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
- Clarification Request

Procurement Folder: 1019525

Procurement Type: Central Purchase Order

Vendor ID:

Legal Name: Appalachian Tree & Clearing, Ltd. Co.

Alias/DBA:

Total Bid: \$11,500.00

Response Date:

Response Time:

Responded By User ID:

First Name:

Last Name:

Email:

Phone:

SO Doc Code: CRFQ

SO Dept: 0211

SO Doc ID: GSD2200000042

Published Date: 4/19/22

Close Date: 4/28/22

Close Time: 13:30

Status: Closed

Solicitation Description:

Total of Header Attachments: 2

Total of All Attachments: 2

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Building 84 Tree Work	1.00000	JOB	11500.000000	11500.00

Comm Code	Manufacturer	Specification	Model #
70111506			

Commodity Line Comments:

Extended Description:

Building 84 Tree Work



Nationwide®

NATIONWIDE GENERAL INSURANCE COMPANY
ONE WEST NATIONWIDE BLVD
COLUMBUS, OH 43215-2220
1-877 On Your Side
1 (877) 669-6877

RENEWAL

COMMERCIAL AUTO
COMMON DECLARATIONS

Issued By: NATIONWIDE GENERAL INSURANCE COMPANY



Premium/Fees

Policy Number: ACP BA013220162595

Total Annual Premium	\$2,568.00
Surcharge/Assessment	\$14.12
Total Policy Premium	\$2,582.12

ITEM1

Policy Period: Effective From 06-23-2022 to 06-23-2023 12:01 AM standard time at the insured's mailing address.

Agency: ASSURED PARTNERS OF WV LLC

Named Insured: APPALACHIAN TREE & CLEARING LTD CO
See Schedule of Named Insureds

Address: PO BOX 10
ONA, WV 25545-0010

Mailing Address: 7068 HURRICANE CREEK RD
WINFIELD, WV 25213-7460

Agency Phone: (304) 736-2222

Producer: KRISTIE PERRY

Telematics Solution: Decline

The Insured is a(n): Corporation

12070000074071



In return for the payment of the premium, and subject to the terms of this policy, we agree with you to provide the insurance stated in this policy

INSURED COPY

WV 56944



Nationwide®

COMMERCIAL AUTO

SCHEDULE(S)

Policy Number: ACP BA013220162595 Policy Period: From 06-23-2022 To 06-23-2023

ITEM 2: SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS section of the Business Auto or Motor Carrier Coverage Form next to the name of the coverage.

Coverage	Covered Autos	Limit of Insurance	Deductible	Premium
Liability	7	\$1,000,000		\$1,445.00
Medical Payments / Expense	2	See State Schedule		\$11.00
Uninsured Motorists	6	See State Schedule		\$32.00
Underinsured Motorists	6	See State Schedule		\$175.00
Comprehensive	7	See Vehicle Schedule		\$132.00
Collision	7	See Vehicle Schedule		\$190.00
Other Coverages		See Schedule		\$318.00
Expense Constant Premium				\$265.00



**COMMERCIAL LIABILITY COVERAGE PART
DECLARATIONS**

Policy Number: NPP8791138

Effective Date: 03/18/2022
12:01 AM, Standard Time

COMMERCIAL GENERAL LIABILITY - LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations)	\$ 2,000,000	
Products - Completed Operations Aggregate Limit	\$ <u>Included</u>	†
Personal and Advertising Injury Limit	\$ 1,000,000	Any One Person or Organization
Each Occurrence Limit	\$ 1,000,000	
Damage to Premises Rented to You	\$ 100,000	Any One Premises
Medical Expense Limit	\$ 5,000	Any One Person
Each Professional Incident Limit (if applicable)	\$ <u>Included</u>	

† If the Limit is shown as Included, Products-Completed Operations are subject to the General Aggregate Limit.

PREMIUM

Classification	Code No.	Premium Basis	Rate		Advance Premium	
			Pr/Co	All Other	Pr/Co	All Other
Tree Pruning, Dusting or Spraying, Repairing, Trimming or Fumigating (P1/B1)	99777	Payroll 78,000.00	Included	40.86	Included	3,187.00
Total Advance Premium						\$ 3,187.00

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this coverage part and made part of policy at time of issue:

See Schedule of Forms and Endorsements

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.