



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: 1062534

SO Doc Code: CRFQ

Procurement Type: Statewide MA (Open End)

SO Dept: 0212

Vendor ID: 000000201655

SO Doc ID: SWC2200000017

Legal Name: STANDARD EXTERMINATING CO

Published Date: 6/24/22

Alias/DBA:

Close Date: 6/29/22

Total Bid: \$0.00

Close Time: 13:30

Response Date: 06/23/2022

Status: Closed

Response Time: 14:28

Solicitation Description: Addendum #1 - Statewide Contract for Pest Control

Responded By User ID: bugman905

Total of Header Attachments: 2

First Name: wendell

Total of All Attachments: 2

Last Name: brown

Email: wbrown180@gmail.com

Phone: 304-342-5200



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

**State of West Virginia
 Solicitation Response**

Proc Folder: 1062534
Solicitation Description: Addendum #1 - Statewide Contract for Pest Control
Proc Type: Statewide MA (Open End)

Solicitation Closes	Solicitation Response	Version
2022-06-29 13:30	SR 0212 ESR06232200000008067	1

VENDOR
 000000201655
 STANDARD EXTERMINATING CO

Solicitation Number: CRFQ 0212 SWC2200000017

Total Bid: 0

Response Date: 2022-06-23

Response Time: 14:28:16

Comments:

FOR INFORMATION CONTACT THE BUYER

Jessica L Hovanec
 304-558-2314
 jessica.l.hovanec@wv.gov

Vendor Signature X **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	Pest Control Services - SEE PRICING PAGES				0.00

Comm Code	Manufacturer	Specification	Model #
72102100			

Commodity Line Comments: I uploaded pricing page's

Extended Description:

Vendors submitting bids electronically through wvOasis should enter zero (0) as the unit cost, upload, and attach the Exhibit A pricing Pages for the Regions they are bidding on.

Exhibit A - Pricing Pages

REGION 1

Brooke, Calhoun, Dodridge, Gilmer, Hancock, Harrison, Marion, Marshall, Monongalia, Ohio, Pleasants, Ritchie, Tyler, Wetzel, Wirt, & Wood

	OCCUPIED Building - Rodent/Insect	UNOCCUPIED Building - Parking Garage, Warehouses, etc...	Bed Bugs - INSPECTION	Bed Bugs - TREATMENT	Termites - INSPECTION	Termites - TREATMENT	
0 - 10,000 SqFt	\$0.01000	\$0.01000	free	\$0.39000	free	\$2.50000	
10,001 - 20,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
20,001 - 30,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
30,001 - 40,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
40,001 - 50,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
50,001 - 60,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
60,001 - 70,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
70,001 - 80,000 SqFt	\$0.00400	\$0.00400	free	\$0.39000	free	\$2.50000	
80,001 sqft and ABOVE	\$0.00400	\$0.00400	free	\$0.39000	free	\$2.50000	
SUBTOTAL:	\$0.04800	\$0.04800		\$3.51000		\$22.50000	Total Bid Amount for ALL SERVICES: \$26.10600

Exhibit A - Pricing Pages

REGION 2

Boone, Cabell, Jackson, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, Roane, and Wayne

	OCCUPIED Building - Rodent/Insect	UNOCCUPIED Building - Parking Garage, Warehouses, etc...	Bed Bugs - INSPECTION	Bed Bugs - TREATMENT	Termites - INSPECTION	Termites - TREATMENT	
0 - 10,000 SqFt	\$0.01000	\$0.01000	free	\$0.39000	free	\$2.50000	
10,001 - 20,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
20,001 - 30,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
30,001 - 40,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
40,001 - 50,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
50,001 - 60,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
60,001 - 70,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
70,001 - 80,000 SqFt	\$0.00400	\$0.00500	free	\$0.39000	free	\$2.50000	Total Bid Amount for ALL SERVICES:
80,001 sqft and ABOVE	\$0.00400	\$0.00500	free	\$0.39000	free	\$2.50000	
SUBTOTAL:	\$0.04800	\$0.04800		\$3.51000		\$22.50000	\$26.10600

Exhibit A - Pricing Pages

REGION 3

Barbour, Berkeley, Grant, Hampshire, Hardy, Jefferson, Lewis, Mineral, Morgan, Pendleton, Preston, Randolph, Taylor, Tucker, and Upshur

	OCCUPIED Building - Rodent/Insect	UNOCCUPIED Building - Parking Garage, Warehouses, etc...	Bed Bugs - INSPECTION	Bed Bugs - TREATMENT	Termites - INSPECTION	Termites - TREATMENT	
0 - 10,000 SqFt	\$0.01000	\$0.01000	free	\$0.39000	free	\$2.50000	
10,001 - 20,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
20,001 - 30,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
30,001 - 40,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
40,001 - 50,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
50,001 - 60,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
60,001 - 70,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
70,001 - 80,000 SqFt	\$0.00400	\$0.00400	free	\$0.39000	free	\$2.50000	Total Bid Amount for ALL SERVICES:
80,001 sqft and ABOVE	\$0.00400	\$0.00400	free	\$0.39000	free	\$2.50000	
SUBTOTAL:	\$0.04800	\$0.04800		\$3.51000		\$22.50000	\$26.10600

Exhibit A - Pricing Pages

REGION 4

Braxton, Clay, Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, and Wyoming

	OCCUPIED Building - Rodent/Insect	UNOCCUPIED Building - Parking Garage, Warehouses, etc...	Bed Bugs - INSPECTION	Bed Bugs - TREATMENT	Termites - INSPECTION	Termites - TREATMENT	
0 - 10,000 SqFt	\$0.01000	\$0.01000	free	\$0.39000	free	\$2.50000	
10,001 - 20,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
20,001 - 30,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
30,001 - 40,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
40,001 - 50,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
50,001 - 60,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
60,001 - 70,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.50000	
70,001 - 80,000 SqFt	\$0.00400	\$0.00400	free	\$0.39000	free	\$2.50000	
80,001 sqft and ABOVE	\$0.00400	\$0.00400	free	\$0.39000	free	\$2.50000	
SUBTOTAL:	\$0.04800	\$0.04800		\$3.51000		\$22.50000	Total Bid Amount for ALL SERVICES: \$26.10600



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/24/2022

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 AssuredPartners of West Virginia, LLC 1 Insurance Way; PO Box 10 Ona WV 25545	CONTACT NAME: Alene Lyons PHONE (A/C, No, Ext): (304) 736-2222 FAX (A/C, No): (304) 302-3401 E-MAIL ADDRESS: alene.lyons@assuredpartners.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Everest National Insurance Co. INSURER B : State Auto Mutual Insurance Co 25135 INSURER C : Everest Indemnity Insurance Co INSURER D : Encova/Brickstreet Insurance INSURER E : INSURER F :
INSURED Standard Exterminating Company, Inc. PO Box 20490 Charleston WV 25362	

COVERAGES **CERTIFICATE NUMBER:** 21-22 **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.

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"/> WDI/O Inspections <input checked="" type="checkbox"/> Errors & Omissions GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	51GL015911-2	08/26/2021	08/26/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Employee Benefits \$ 1,000,000
B	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"/>			10091374CA	08/26/2021	08/26/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical Expense \$ 5,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		51CC006148	08/26/2021	08/26/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCB 1028505	04/05/2022	04/05/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

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. AUTHORIZED REPRESENTATIVE <div style="text-align: center;"> </div>
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