



# West Virginia Purchasing Division

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](http://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](http://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

Procurement Type: Statewide MA (Open End)

Vendor ID: 000000201655

Legal Name: STANDARD EXTERMINATING CO

Alias/DBA:

Total Bid: \$0.00

Response Date: 06/24/2022

Response Time: 15:29

Responded By User ID: bugman905

First Name: wendell

Last Name: brown

Email: wbrown180@gmail.com

Phone: 304-342-5200

SO Doc Code: CRFQ

SO Dept: 0212

SO Doc ID: SWC2200000017

Published Date: 6/24/22

Close Date: 6/29/22

Close Time: 13:30

Status: Closed

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

Total of Header Attachments: 2

Total of All Attachments: 2



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 ESR06242200000008077	1

**VENDOR**  
000000201655  
STANDARD EXTERMINATING CO

**Solicitation Number:** CRFQ 0212 SWC2200000017

**Total Bid:** 0      **Response Date:** 2022-06-24      **Response Time:** 15:29:50

**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:** Resubmitted with new pricing sheets price stayed the same

**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 (Per Sqft)	UNOCCUPIED Building - Parking Garage, Warehouses, etc... (Per Sqft)	Bed Bugs - INSPECTION (Per SqFt)	Bed Bugs - TREATMENT (Per SqFt)	Termites - INSPECTION (Per Lf)	Termites - TREATMENT (Per Lf)	
0 - 10,000 SqFt	\$0.01000	\$0.01000	free	\$0.39000	free	\$2.5000	
10,001 - 20,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.5000	
20,001 - 30,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.5000	
30,001 - 40,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.5000	
40,001 - 50,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.5000	
50,001 - 60,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.5000	
60,001 - 70,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.5000	
70,001 - 80,000 SqFt	\$0.00400	\$0.00400	free	\$0.39000	free	\$2.5000	
80,001 sqft and ABOVE	\$0.00400	\$0.00400	free	\$0.39000	free	\$2.5000	
<b>SUBTOTAL:</b>	<b>\$0.04800</b>	<b>\$0.04800</b>	<b>\$0.00000</b>	<b>\$3.51000</b>	<b>\$0.00000</b>	<b>\$22.50000</b>	<b>\$26.10000</b>

Total Bid  
Amount  
for ALL  
SERVICES:

Exhibit A - Pricing Pages

REGION 2

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

	OCCUPIED Building - Rodent/Insect (Per Sqft)	UNOCCUPIED Building - Parking Garage, Warehouses, etc... (Per SqFt)	Bed Bugs - INSPECTION (Per SqFt)	Bed Bugs - TREATMENT (Per SqFt)	Termites - INSPECTION (Per Lf)	Termites - TREATMENT (Per Lf)	
0 - 10,000 SqFt	\$0.01000	\$0.01000	free	\$0.39000	free	\$2.5000	
10,001 - 20,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.5000	
20,001 - 30,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.5000	
30,001 - 40,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.5000	
40,001 - 50,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.5000	
50,001 - 60,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.5000	
60,001 - 70,000 SqFt	\$0.00500	\$0.00500	free	\$0.39000	free	\$2.5000	
70,001 - 80,000 SqFt	\$0.00400	\$0.00400	free	\$0.39000	free	\$2.5000	
80,001 sqft and ABOVE	\$0.00400	\$0.00400	free	\$0.39000	free	\$2.5000	
<b>SUBTOTAL:</b>	<b>\$0.04800</b>	<b>\$0.04800</b>	<b>\$0.00000</b>	<b>\$3.51000</b>	<b>\$0.00000</b>	<b>\$22.50000</b>	<b>\$26.10600</b>

Total Bid  
Amount  
for ALL  
SERVICES:

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 (Per Sqft)	UNOCCUPIED Building - Parking Garage, Warehouses, etc... (Per SqFt)	Bed Bugs - INSPECTION (Per SqFt)	Bed Bugs - TREATMENT (Per SqFt)	Termites - INSPECTION (Per Lf)	Termites - TREATMENT (Per Lf)	
0 - 10,000 SqFt	\$ 0.01000	\$ 0.01000	free	\$ 0.39000	free	\$ 2.5000	
10,001 - 20,000 SqFt	\$ 0.00500	\$ 0.00500	free	\$ 0.39000	free	\$ 2.5000	
20,001 - 30,000 SqFt	\$ 0.00500	\$ 0.00500	free	\$ 0.39000	free	\$ 2.5000	
30,001 - 40,000 SqFt	\$ 0.00500	\$ 0.00500	free	\$ 0.39000	free	\$ 2.5000	
40,001 - 50,000 SqFt	\$ 0.00500	\$ 0.00500	free	\$ 0.39000	free	\$ 2.5000	
50,001 - 60,000 SqFt	\$ 0.00500	\$ 0.00500	free	\$ 0.39000	free	\$ 2.5000	
60,001 - 70,000 SqFt	\$ 0.00500	\$ 0.00500	free	\$ 0.39000	free	\$ 2.5000	
70,001 - 80,000 SqFt	\$ 0.00400	\$ 0.00400	free	\$ 0.39000	free	\$ 2.5000	
80,001 sqft and ABOVE	\$ 0.00400	\$ 0.00400	free	\$ 0.39000	free	\$ 2.5000	
<b>SUBTOTAL:</b>	\$ 0.04800	\$ 0.04800	\$ 0.00000	\$ 3.51000	\$ 0.00000	\$ 22.50000	<b>Total Bid Amount for ALL SERVICES: \$ 26.10000</b>

Exhibit A - Pricing Pages

REGION 4

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

	OCCUPIED Building - Rodent/Insect (Per Sqft)	UNOCCUPIED Building - Parking Garage, Warehouses, etc... (Per SqFt)	Bed Bugs - INSPECTION (Per SqFt)	Bed Bugs - TREATMENT (Per SqFt)	Termites - INSPECTION (Per Lf)	Termites - TREATMENT (Per Lf)	
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	
<b>SUBTOTAL:</b>	<b>\$0.04800</b>	<b>\$0.04800</b>	<b>\$0.00000</b>	<b>\$3.51000</b>	<b>\$0.00000</b>	<b>\$22.50000</b>	<b>\$26,10600</b>

Total Bid  
Amount  
for ALL  
SERVICES:





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

State of West Virginia  
 Centralized Request for Quote  
 Service - Misc

Proc Folder: 1062534		Reason for Modification: Addendum #1 to update pricing pages	
Doc Description: Addendum #1 - Statewide Contract for Pest Control			
Proc Type: Statewide MA (Open End)			
Date Issued	Solicitation Closes	Solicitation No	Version
2022-06-23	2022-06-29 13:30	CRFQ 0212 SWC2200000017	2

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

Vendor Customer Code:  
 Vendor Name : *Standard Exterminating*  
 Address : *905 7th ave*  
 Street :  
 City : *charleston*  
 State : *West Virginia* Country : *Kenowa* Zip : *25302*  
 Principal Contact : *Wendell Brown*  
 Vendor Contact Phone: *304-342-5200* Extension:

**FOR INFORMATION CONTACT THE BUYER**  
 Jessica L Hovanec  
 304-558-2314  
 jessica.l.hovanec@wv.gov

Vendor Signature X *Wendell Brown* FEIN# *55-0492634* DATE *6-24-2022*

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

**ADDITIONAL INFORMATION**  
 Addendum #1 to update pricing pages  
 The West Virginia Purchasing Division is soliciting bids on behalf of ALL state agencies and political subdivisions to establish an open-end contract for Pest Control Services per the specifications and terms and conditions as attached hereto.

INVOICE TO		SHIP TO	
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV	No City	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Pest Control Services - SEE PRICING PAGES				

Comm Code	Manufacturer	Specification	Model #
72102100			

**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.

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Technical Questions due by June 22, 2022 at 10:00 AM ET	2022-06-22

**SOLICITATION NUMBER: CRFQ SWC2200000017**  
**Addendum Number: 1**

---

The purpose of this addendum is to modify the solicitation identified as CRFQ SWC2200000017 (“Solicitation”) to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

**Description of Modification to Solicitation:**

1) To correct a measurement on the pricing page. For Termite Inspection and Treatment, those calculations should be made based on Lf (Linear Feet). New Pricing Page is attached.

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ SWC220000017**

**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)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> 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 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.

Standard Exterminating  
Company

Wendell Brown  
Authorized Signature

6-24-2022  
Date

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



# 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).

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

**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	<b>AUTOMOBILE LIABILITY</b> <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			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 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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b> 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 