

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.

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ome, Lu Anne Cottrill			1		0 0	ts Receivable	Accounts I	Payable			
citation Response(SR) Dept: 0603	B ID: ESR091321000000	1806 Ver.: 1 Function	on: New Phase: Final	M	odified by batch , 0	9/14/2021					
Header 🕅 1											
·										5	E List Vi
General Information Contact	Default Values Discount	Document Information	Clarification Request								
Procurement Folder:	: 927860				so	Doc Code: C	RFQ				
Procurement Type:	: Central Purchase Order					SO Dept: 0	603				
Vendor ID:	00000206586					SO Doc ID: A	DJ220000001	6			
Lenal Name	SUNRISE SANITATION SE	_			Publi	shed Date: 9	/7/21				
Alias/DBA					c	Close Date: 9	/14/21				
	\$222,456.00				c	lose Time: 1	3:30				
Response Date:						Status: C	losed				
-					Solicitation D	escription:	Addendum No	1 Load Transport	^		
Response Time:	15:36							n-Hazardous Was			
Responded By User ID:	SUNSANSVCS	<b>金</b>			Total of Header Att	tachments: 1					
First Name	NATHAN				Total of All Att	tachments: 1					
Last Name:											
Email	SUNRISE@SUNRISESA										
Phone	301-334-6212										



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:	927860								
Solicitation Description:	Addendum No 1 Load Transport Dispose of Non-Hazardous Waste								
Proc Type:	Central Purchase	Central Purchase Order							
Solicitation Closes		Solicitation Response	Version						
2021-09-14 13:30		SR 0603 ESR09132100000001806	1						

VENDOR									
00000206586 SUNRISE SANITATION SERVICES INC									
Solicitation Number:	CRFQ 0603 ADJ2200000016								
Total Bid:	222456	Response Date:	2021-09-13	Response Time:	15:36:01				

Comments:

FOR INFORMATION CONTACT THE E Tara Lyle (304) 558-2544 :ara.l.lyle@wv.gov	BUYER		
Vendor Signature X	FEIN#	DATE	
All offers subject to all terms and cor	ditions contained in this solicitation		

conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Refuse & Debris Removal Services	2600.000	00 TON	85.560000	222456.00
Comm (	Code Manufacturer		Specifica	otion	Model #

## 76121500

**Commodity Line Comments:** The bid specifies that the job must be completed in a 90 day window. We do not plan to use the entire 90 day period, but 90 days is the total number of days that the project is allowed.

## **Extended Description:**

All-Inclusive per ton price to load, transport, and dispose of non-hazardous waste per the statement of work and the attached specificaiton

ACORD <sup>®</sup> CERTIFICATE OF LIABILITY INSURANCE									
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 hole endorsed. If SUBROGATION IS WAI statement on this certificate does not	VED, s	subject to the terms and co	onditions of the po	licy, certain	policies may require				
PRODUCER EE1556			CONTACT	ER WARE	(-)-				
BLACKWATER INSURANCE GF	OUP		PHONE (A/C, No, Ext): 304-4		FAX (A/C, No	): 304-4	78-6201		
PO BOX 364					CKWATERINS.CO				
PARSONS, WV 26287-0364			INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #		
			INSURER A: Erie In		26263				
INSURED SUNRISE SANITATION	SERV	VICES	INSURER B: Erie Insurance Property & Casualty Cor				26830		
PO BOX 675			INSURER C: Erie In		•		26271		
OAKLAND, MD 21550			INSURER D: Erie In INSURER E: Flagsh		mpany of New York		<u>16233</u> 35585		
			INSURER F :		33383				
COVERAGES CEF	TIFIC	ATE NUMBER: N/A	INSURER P.		<b>REVISION NUMBER:</b>	N/A			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY	EQUIRE	EMENT, TERM OR CONDITION	OF ANY CONTRACT	O THE INSURE	ED NAMED ABOVE FOR DOCUMENT WITH RESP	THE PO ECT TO	WHICH THIS		
EXCLUSIONS AND CONDITIONS OF SUCH	POLICI	IES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY	PAID CLAIMS		TO ALL	THE TERMS,		
INSR LTR TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	NITS			
X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000		
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
B	X	Q40 6550171	4/15/21	4/15/22	MED EXP (Any one person)	\$	5,000		
		Q40 0550171	4/13/21	4/13/22	PERSONAL & ADV INJURY	\$	1,000,000 2,000,000		
					GENERAL AGGREGATE PRODUCTS - COMP/OP AGO	\$ G \$ \$	2,000,000		
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
X ANY AUTO					BODILY INJURY (Per person)	) \$			
B OWNED AUTOS ONLY SCHEDULED AUTOS	X	Q05 6490011	5/19/21	5/19/22	BODILY INJURY (Per accider	nt) \$			
AUTO ONLY NON-OWNED					PROPERTY DAMAGE (Per accident)	\$ \$			
UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	3,000,000		
B EXCESS LIAB CLAIMS-MADE		Q28 6570082	4/15/21	4/15/22	AGGREGATE	\$	3,000,000		
DED X RETENTION \$ 10,000						\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER		1 000 000		
	N/A	Q94 6300093	10/13/20	10/13/21	E.L. EACH ACCIDENT	\$	1,000,000		
(Mandatory in NH)					E.L. DISEASE - EA EMPLOY		1,000,000		
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMI	1 \$	1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	CORD 101, Additional Remarks Schedu	Ile, may be attached if mo	re space is requi	red)				
30 DAY NOTICE OF CANCELLAT	ION I	NCLUDED FOR GENERA	AL LIABILITY A	ND AUTO	MOBILE LIABILIT	Y.			
L	CANCELLATION								
WEST VIRGINIA ARMY NA	TION	AL GUARD	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1707 COONSKIN DRIVE CHARLESTON, WV 25311									
			AUTHORIZED ROPRESE		Left JESSICA		RT - EE2355		
			© 19	88-2015 AC		VATER INS	URANCE GROUP		

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