

Bid Delivery Address and Fax Number:
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130
Fax: 304-558-3970

A bid submitted in paper or facsimile form should contain the information listed below on the face of the submission envelope or fax cover sheet. Otherwise, the bid may be rejected by the Purchasing Division.

VENDOR NAME:
BUYER: JOHN ESTEP
SOLICITATION NO.: CRFQ 0803 DOT2300000015
BID OPENING DATE: AUGUST 17, 2022
BID OPENING TIME: 1:30 PM
FAX NUMBER: 304-558-3970

08/11/22 09:25:51
WV Purchasing Division

7. BID OPENING: Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when confirmation of delivery is provided by wvOASIS (in the case of electronic submission) or when the bid is time stamped by the official Purchasing Division time clock (in the case of hand delivery).

Bid Opening Date and Time: AUGUST 17, 2022 @ 1:30PM

Bid Opening Location: Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

8. ADDENDUM ACKNOWLEDGEMENT: Changes or revisions to this Solicitation will be made by an official written addendum issued by the Purchasing Division. Vendor should acknowledge receipt of all addenda issued with this Solicitation by completing an Addendum Acknowledgment Form, 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.

9. BID FORMATTING: Vendor should type or electronically enter the information onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.



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
 Highways

Proc Folder: 1082134	Reason for Modification:		
Doc Description: STONE & AGGREGATE Pick Up by Agency			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2022-08-05	2022-08-17 13:30	CRFQ 0803 DOT2300000015	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code:

Vendor Name : Valley Storeyard + Maritime Center - Jamarco, LLC

Address : 360 Valley Road

Street :

City : Millwood

State : WV

Country :

Zip : 25262

Principal Contact : Marc Hatcher

Vendor Contact Phone: 304-273-5555

Extension:

FOR INFORMATION CONTACT THE BUYER

John W Estep
 304-558-2566
 john.w.estep@wv.gov

Vendor Signature X

Marc Hatcher

FEIN#

822482788

DATE

August 10, 2022

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

JAMARCO LLC dba Valley Stone yard

**Stone & Aggregate PICK UP by WVDOH from Vendor's Storage S
Attachment A "ATT A" - Pricing Page with Source and Storage Infor**

Enter your VENDOR NAME:

Contract Item		Vendor shall Enter its Pick Up by Agency Bid Price	
Comm Line	Description of Material	Limestone, Sandstone, Gravel, Sand	Steel Slag
1	Item A Class 1 Aggregate	\$ 30.00	
2	Item B Class 2 Aggregate	\$ 30.00	
3	Item C Class 10 Aggregate	\$ 30.00	
4	Item D AASHTO #1 Aggregate	\$ 30.00	
5	Item E AASHTO #3 Aggregate	\$ 30.00	
6	Item F AASHTO #4 Aggregate	\$ 30.75	
7	Item G AASHTO #467 Aggregate	\$ 30.00	
8	Item H AASHTO #57 Aggregate	\$ 31.75	
9	Item I AASHTO #67 Aggregate	\$ 31.75	
10	Item J AASHTO #7 Aggregate	N/A	
11	Item K AASHTO #8 Aggregate	\$ 32.50	
12	Item L AASHTO #9 Aggregate	N/A	
13	Item M Stone for Gabions	\$ 33.50	
14	Item N Fine Aggregate	\$ 29.25	
15	Item OA Limestone Standard Abrasives	\$ 29.25	
16	Item OB Sandstone Standard Abrasives	N/A	
17	Item OC Steel Slag for SRIC	N/A	
18	Item PA Limestone Modified Abrasives	N/A	
19	Item PB Sandstone Modified Abrasives	N/A	
20	Item Q Rip Rap	\$ 36.25	
21	Item R Shot Rock	N/A	
22	Item S AASHTO #8 Modified	N/A	
23	Item T AASHTO #9 Modified	N/A	
24	Item U Pea Gravel	\$ 26.25	
25	Item V #11 Limestone Abrasives	N/A	
26	Item W Quarry Waste	N/A	
27	Item Z Imbricated Stone	N/A	
28	Item AA Cinders	N/A	
Vendors Sources/Plants Source Locations information: Enter the plant Name, Physical Address, and Phone #		Yager Materials Battletown, Riverside, Maysville Quarries	Mulzer Crushed Stone Charlestown, New Amsterdam, Cape Sandy Curries
Vendors Storage information: Enter Location (physical address), Phone #		Valley Stoneyard 360 Valley Road Millwood, WV 25262	
Vendors Phone #, Email Address to contact for placing Orders:		304-273-5555	marc.hatcher@valleyincwv.com
Vendors Phone #, Email Address to contact for Invoices:		304-273-5555	marc.hatcher@valleyincwv.com
Vendors Phone #, Email Address to contact for Payment:		304-273-5555	marc.hatcher@valleyincwv.com

Letart
Sand & Gravel

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Ins Svcs C/L Charleston 1 Hillcrest Drive East Charleston, WV 25311 304 347-0611	CONTACT NAME: Donna Waggoner
	PHONE (A/C, No, Ext): 304.710.3680 FAX (A/C, No): 855.231.1259 E-MAIL ADDRESS: donna.waggoner@usi.com
INSURED Jamarco, LLC P.O. Box 100 Millwood, WV 25262	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Westfield National Insurance Co. 24120
	INSURER B : Rockwood Casualty Insurance Company 35505
	INSURER C : Atlantic Specialty Insurance Company 27154
	INSURER D : New York Marine & General Insurance Co. 16608
	INSURER E : Safe Harbor Insurance Company 12563
INSURER F :	

COVERAGES CERTIFICATE NUMBER: 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 INSR	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"/> PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CMM000392G	10/01/2021	10/01/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CMM000392G	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CMM000392G	10/01/2021	10/01/2022	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	BINDERWC696696	10/01/2021	10/01/2022	<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
C	Ocean Marine P&I			B5JH28313	10/01/2021	10/01/2022	See Comments
D	OM Excess			See Comments	10/01/2021	10/01/2022	See Comments
E	OM Pollution Liab			V1553821	10/01/2021	10/01/2022	\$5,000,000 Max Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Ocean Marine Total Aggregate Limit of Liability \$1,000,000
 Protection & Indemnity and Collision & Towers Liability \$10,000 Deductible Per Occurrence
 Landing Owners Legal Liability (including Terminal Operations) \$10,000 Deductible Per Occurrence
 Excess Ocean Marine - Joint Policy \$4,000,000 Limit
 (See Attached Descriptions)

CERTIFICATE HOLDER State of West Virginia 1900 Kanawha Blvd. East, Bldg. 5 Charleston, WV 25305	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 <i>JAMES P. COUSE</i>
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DESCRIPTIONS (Continued from Page 1)

*New York Marine & General Insurance Company #ML2021MEE00020 50% Participation

*Starstone National Insurance Company #AA9271211MAR 50% Participation

Workers Compensation policy includes WV Broad Form Employers Liability and Longshore & Harbor Workers Compensation Act Coverage

State of WV is listed as Additional Insured.

REQUEST FOR QUOTATION
Stone & Aggregate Pickup by Agency

- 9.1.3 Failure to comply with any laws, rules, and ordinances applicable to the Services provided under this contract.
- 9.1.4 Failure to remedy deficient performance upon request.
- 9.2 The following remedies shall be available to Agency upon default.
 - 9.2.1 Immediate cancellation of the contract.
 - 9.2.2 Immediate cancellation of one or more delivery orders issued under this contract.
 - 9.2.3 Any other remedies available in law or equity.

10. MISCELLANEOUS:

- 10.1 **No Substitutions:** Vendor shall supply only Contract Items submitted unless a contract modification is approved per the provisions contained in this contract.
- 10.2 **Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.
- 10.3 **Reports:** For Items purchased during the term of this contract, the Vendor shall provide the Agency with reports, in electronic spreadsheet format, with purchased Contract Items, total dollar value, quantities, shipments, and delivery information, quarterly, or annual summaries, or upon request. Failure to supply such reports may be grounds for cancellation of this contract.
- 10.4 **Contract Manager:** During its performance of this contract, Vendor must designate and maintain a primary Contract Manager responsible for overseeing Vendor's responsibilities under this contract. The Contract Manager must be available during normal business hours to address any customer service or other issues related to this contract. Vendor shall provide the Agency with its current email addresses, billing/payment addresses, phone numbers, fax numbers, and any changes to the latter or its Contract Manager during the life of the contract. Vendor should list its Contract Manager and his or her contact information below.

Contract Manager: Marc Hatcher
Telephone Number: 304-273-5555
Fax Number: 304-273-~~9555~~ 9588
Email Address: marc.hatcher@valkyr.com

Vendor shall inform the Agency in writing of any changes to the information provided above and/or changes to support personnel supplied by the Vendor within ten (10) calendar days of such changes. Failure to comply may be grounds for cancellation of this contract.

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.

(Name, Title) Marc Hatcher Vice President

(Printed Name and Title) _____

(Address) 360 Valley Road Millwood, WV 25262

(Phone Number) / (Fax Number) 304-273-5555 304-273-9588

(email address) marc-hatcher@valleyincwv.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Jamarco, LLC dba Valley Storage & Maritime Center
(Company)

[Signature]
(Authorized Signature) (Representative Name, Title)

Jamarco J Hatcher August 10, 2022
(Printed Name and Title of Authorized Representative) (Date)

304-273-5555 304-273-9588
(Phone Number) (Fax Number)

jarvel.hatcher@valleyincwv.com
(Email Address)