



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 3

List View

- General Information**
- Contact
- Default Values
- Discount
- Document Information
- Clarification Request

Procurement Folder: 1339866

Procurement Type: Central Master Agreement

Vendor ID: 000000174507

Legal Name: SHARON J LOAR

Alias/DBA:

Total Bid: \$27,500.00

Response Date: 12/21/2023

Response Time: 7:11

Responded By User ID: Kr1t1poos

First Name: Sharon

Last Name: Loar

Email: sjloar@outlook.com

Phone: 540-383-9466

SO Doc Code: CRFQ

SO Dept: 0403

SO Doc ID: DBS2400000003

Published Date: 12/15/23

Close Date: 1/4/24

Close Time: 13:30

Status: Closed

Solicitation Description: In Person Interpreters at WVSDB

Total of Header Attachments: 3

Total of All Attachments: 3



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: 1339866
Solicitation Description: In Person Interpreters at WVSDB
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-01-04 13:30	SR 0403 ESR12212300000002920	1

VENDOR
 000000174507
 SHARON J LOAR

Solicitation Number: CRFQ 0403 DBS2400000003
Total Bid: 27500
Response Date: 2023-12-21
Response Time: 07:11:40
Comments:

FOR INFORMATION CONTACT THE BUYER
 Joseph E Hager III
 (304) 558-2306
 joseph.e.hageriii@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	In person interpreters	500.00000	HOUR	55.000000	27500.00

Comm Code	Manufacturer	Specification	Model #
90121702			

Commodity Line Comments:

Extended Description:

Quantities are estimated and for bid purposes only.



UNITED SERVICES AUTOMOBILE ASSOCIATION

(A RECIPROCAL INTERINSURANCE EXCHANGE)
9800 Fredericksburg Road - San Antonio, Texas 78288
WEST VIRGINIA AUTO POLICY
RENEWAL DECLARATIONS
(ATTACH TO PREVIOUS POLICY)

PAGE 7
ADDL INFO ON NEXT PAGE MAIL MCH-M-I
RENEWAL OF

State 10 13 14
WV 079079079
POLICY NUMBER 00361 10 33U 7105
POLICY PERIOD: (12:01 A.M. standard time)
EFFECTIVE OCT 01 2023 TO APR 01 2024

Named Insured and Address

DAVID W LOAR
331 COMMUNITY WAY
ROMNEY WV 26757-7140

OPERATORS
01 DAVID W LOAR
02 SHARON J LOAR
03 AARON D LOAR

Description of Vehicle(s)

Table with columns: VEH, YEAR, TRADE NAME, MODEL, BODY TYPE, ANNUAL MILEAGE, IDENTIFICATION NUMBER, VEH USE*, WORK/SCH. Includes entries for Subaru Impreza, Subaru Forester, and Toyota RAV4.

The Vehicle(s) described herein is principally garaged at the above address unless otherwise stated.
VEH 10 ROMNEY WV 26757-7140
VEH 13 ROMNEY WV 26757-7140
VEH 14 ROMNEY WV 26757-7140

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

Table with columns: COVERAGES, LIMITS OF LIABILITY, VEH 10 6-MONTH, VEH 13 6-MONTH, VEH 14 6-MONTH, VEH. Includes rows for Bodily Injury, Property Damage, Medical Payments, Extended Benefits, Uninsured Motorists, Underinsured Motorists, and Physical Damage Coverage.

TOTAL PREMIUM - SEE FOLLOWING PAGE(S)

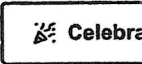
ADDITIONAL INTEREST - EMPLOYER
STATE OF WEST VIRGINIA, CHARLESTON, WV

ENDORSEMENTS: ADDED 10-01-23 - ACCFOR(02) A402WV(02) A200WV(02)
REMAIN IN EFFECT(REFER TO PREVIOUS POLICY)- A073(05) RSGPCW(01) 5100WV(04)
INFORMATION FORMS: 50WV(05) CDWVA(01) 999WV(04)

Table with columns for vehicle identification numbers: 10 RMM5800000, 13 RMF6600000, 14 RSM3000000

In WITNESS WHEREOF, the Subscribers at UNITED SERVICES AUTOMOBILE ASSOCIATION have caused these presents to be signed by their Attorney-in-Fact on this date AUGUST 26, 2023

Wayne Peacock
Wayne Peacock
President, USAA Reciprocal Automobile Association



National Association of the Deaf- IV (NAD IV)

Issued by Registry of Interpreters for the Deaf

Holders of this certification possess excellent voice-to-sign skills and above average sign-to-voice skills. Holders have demonstrated above average skill in any given area. Performance is consistent and accurate and fluency is smooth, with few deletions; the viewer has no question to the candidate's competency. Holders of this certification should be able to interpret in most situations.

[Learn more](#)



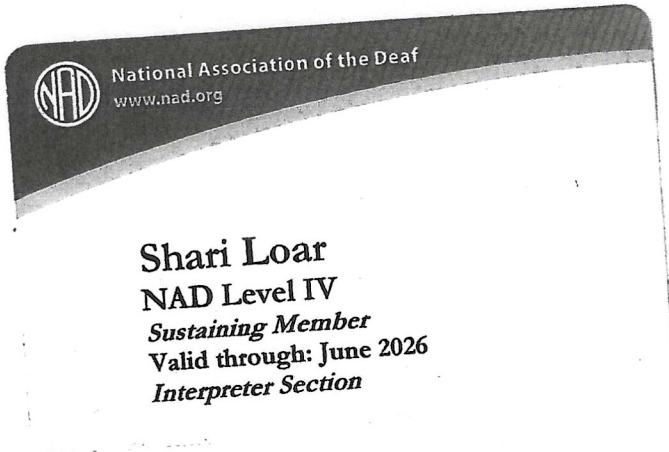
Skills

- American Sign Language (ASL)
- ASL
- Communication
- English Language
- Interpreter
- Language
- Sign Language Interpretation

Earning Criteria

Passed the NAD exam

Registered with RID prior to June 30, 2005.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2023

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 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 USAA INSURANCE AGENCY INC/PHS 65812846 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (888) 242-1430 FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: <div style="text-align: center;"> INSURER(S) AFFORDING COVERAGE NAIC# </div>
INSURED Sharon Loar DBA Sharon Loar 331 COMMUNITY WAY ROMNEY WV 26757-7140	INSURER A: Hartford Underwriters Insurance Company 30104 INSURER B: INSURER C: INSURER D: INSURER E: 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 WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability			65 SBM AF0THT	01/21/2023	01/21/2024	EACH OCCURRENCE \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$						EACH OCCURRENCE AGGREGATE
	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/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Professional Liability			65 SBM AF0THT	01/21/2023	01/21/2024	Each Claim Limit \$1,000,000 Aggregate Limit \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Those usual to the Insured's Operations.

CERTIFICATE HOLDER For Informational Purposes 331 COMMUNITY WAY ROMNEY WV 26757-7140	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; margin-top: 10px;"> <i>Susan S. Castaneda</i> </div>
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