



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 1

List View

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 1422550

SO Doc Code: CRFQ

Procurement Type: Central Purchase Order

SO Dept: 1400

Vendor ID: 000000197271

SO Doc ID: AGR2400000016

Legal Name: SOUTHERN STATES COOPERATIVE INC

Published Date: 5/16/24

Alias/DBA:

Close Date: 5/22/24

Total Bid: \$55,897.00

Close Time: 13:30

Response Date: 05/18/2024

Status: Closed

Response Time: 9:52

Solicitation Description: Fertilizer for Huttonsville, Pruntytown, and McCausland Farm

Responded By User ID: eric@philippi

Total of Header Attachments: 1

First Name: Eric

Total of All Attachments: 1

Last Name: Titchnell

Email: eric.titchnell@sscoop.com

Phone: 304-991-4577



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: 1422550
Solicitation Description: Fertilizer for Huttonsville, Pruntytown, and McCausland Farm
Proc Type: Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2024-05-22 13:30	SR 1400 ESR05182400000007179	1

VENDOR
000000197271
SOUTHERN STATES COOPERATIVE INC

Solicitation Number: CRFQ 1400 AGR2400000016
Total Bid: 55897
Response Date: 2024-05-18
Response Time: 09:52:05
Comments:

FOR INFORMATION CONTACT THE BUYER
Larry D McDonnell
304-558-2063
larry.d.mcdonnell@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	Total Overall Cost	1.00000	EA	55897.000000	55897.00

Comm Code	Manufacturer	Specification	Model #
10171600			

Commodity Line Comments: For the 2 ton of DAP (18-46-0) for McCausland, we only have MAP (11-52-0) available and that is what's billed for that particular line. All others are as requested.

Extended Description:
See attached documentation for further details.

EXHIBIT A - PRICING PAGE

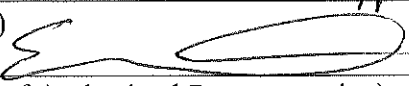
Section No.	Description	Model No/Brand Name	Quantity	Price per Ton	Extended Amount
Section 3.1.1.1	Huttonsville 23-10-21 NPK granular fertilizer Blended in 1-ton super sacks		34	\$620.00	\$21,080.00
Section 3.1.1.2	Huttonsville 19-19-19 NPK granular fertilizer in 1-ton super sacks		10	\$670.00	\$6,700.00
Huttonsville Total Cost					\$27,780.00
Section 3.1.2.1	Pruntytown 23-10-21 NPK granular fertilizer blended in 1-ton super sacks		22	\$620.00	\$13,640.00
Pruntytown Total Cost					\$13,640.00
Section 3.1.3.1.1	McCausland 46-0-0 NPK, with Nutrisphere blended granular fertilizer in 1-ton super sacks		6	\$700.00	\$4,200.00
Section 3.1.3.1.2	McCausland 18-46-0 NPK Blended granular fertilizer blended in 1-ton super sacks	only have MAP available 11-52-0	2	\$862.00	\$1,724.00
Section 3.1.3.1.3	McCausland 0-0-60 Potash NPK blended granular fertilizer in 1-ton super sacks		3	\$541.00	\$1,623.00
Section 3.1.3.2	McCausland 46-0-0 Granular fertilizer in 1-ton super sacks		11	\$630.00	\$6,930.00
McCausland Total Cost					\$14,477.00
TOTAL OVERALL COST					\$55,897.00
Bidder / Vendor Information					
Name:	Southern States - Philippi				
Address:	42 Depot St,				
	Philippi WV 26416				
Phone:	304-457-2441				
Email Address:	eric.titchnell@sscoop.com				
Authorized Signature:					

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.

(Printed Name and Title) Eric Titchnell - manager
(Address) 42 Depot St, Philippi, WV 26416
(Phone Number) / (Fax Number) 304-457-2441 / 304-457-2470
(email address) eric.titchnell@sscoop.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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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.

Southern States - Philippi
(Company) 
(Signature of Authorized Representative) Eric Titchnell - manager
(Printed Name and Title of Authorized Representative) (Date)
304-457-2441 / 304-457-2470
(Phone Number) (Fax Number)
eric.titchnell@sscoop.com
(Email Address)



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
06/28/2023

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 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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center	
	PHONE (A/C, No, Ext): 1-877-945-7378	FAX (A/C, No): 1-888-467-2378
INSURED Southern States Cooperative, Inc. 6606 West Broad Street Richmond, VA 23260	E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Southern States Insurance Exchange	NAIC # 15709
	INSURER B: Nationwide Agribusiness Insurance Company	28223
	INSURER C: James River Insurance Company	12203
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** W29441433**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	Y	Y	CGL999999923	05/01/2023	05/01/2024	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 4,000,000
	OTHER:						\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	Y	Y	CA853594A	05/01/2023	05/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Inc.						PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
C	Excess Auto Liability			00071414-7	05/01/2023	05/01/2024	E.L. DISEASE - POLICY LIMIT \$
							Each Occ/Agg \$5,000,000

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

This Voids and Replaces Previously Issued Certificate Dated 05/05/2023 WITH ID: W28924895.

Certificate Holder is included as an Additional Insured as respects to General Liability and Automobile Liability as required by written contract. The Umbrella/Excess policy Follows Form.

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

West Virginia Dept. of Agriculture 1900 Kanawha Boulevard East Charleston, WV 25305	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>Amy Walker</i>

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ACORD 25 (2016/03)

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SR ID: 24343090

BATCH: 3032246



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Southern States Cooperative, Inc. 6606 West Broad Street Richmond, VA 23260	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

General Liability Policy No. CGL999999923 - Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV.

Auto Policy No. CA 853594A - \$1,000,000 SIR / Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV.

Re: Southern States Cooperative, Inc. - Elkins Service, 1200 S. Davis Avenue, Elkins, WV 26241.

INSURER AFFORDING COVERAGE: Southern States Insurance Exchange

NAIC#: 15709

POLICY NUMBER: CAP999999923 EFF DATE: 05/01/2023 EXP DATE: 05/01/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Auto Liability-Any Auto	CSL	\$1,000,000
Auto Physical Damage	Comp/Coll Deductible	\$1,000

ADDITIONAL REMARKS:

Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV

INSURER AFFORDING COVERAGE: James River Insurance Company

NAIC#: 12203

POLICY NUMBER: 00066533-8 EFF DATE: 05/01/2023 EXP DATE: 05/01/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess General Liability	Each Occ/Agg	\$5,000,000