

Patterson Excavating, Inc.  
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**Bids submitted in paper, facsimile, or via wvOASIS must contain a signature. Failure to submit a bid in any form without a signature will result in rejection of your bid.**

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 DOT2600000096  
**BID OPENING DATE:** June 24, 2026  
**BID OPENING TIME:** 1:30 PM  
**FAX NUMBER:** 304-558-3970

RECEIVED

2026 JUN 17 PM 1:41

WV PURCHASING

Any bid received by the Purchasing Division staff is considered to be in the possession of the Purchasing Division and will not be returned for any reason.

**Bid Delivery Address and Fax Number:**

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

**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 or via delivery by mail).

**Bid Opening Date and Time:** June 24, 2026 @ 1:30 pm

**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 Acknowledgement Form. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

**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) Clarence Patterson - owner

(Address) PO Box 376 Mt. Gay, WV 25038

(Phone Number) / (Fax Number) 304-946-2326 / 304-687-3262

(email address) pattersonsquarry@yahoo.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.

Patterson Excavating, Inc.

(Company)

Clarence Patterson

(Signature of Authorized Representative)

Clarence Patterson

(Printed Name and Title of Authorized Representative) (Date)

304-946-2326 / 304-687-3262

(Phone Number) (Fax Number)

pattersonsquarry@yahoo.com

(Email Address)

REQUEST FOR QUOTATION  
Stone & Aggregate, Pick Up by Agency

- 8.3 **Vendor Name Change:** It is the Vendor's responsibility to notify the WVDOT of name changes or acquisition by another company during the term of the contract. The WVDOT must be notified in writing of the change/acquisition and intention for the contract's ownership within 10 days of the change. **Failure to do so may result in payment delays.**
  
- 8.4 **Reports:** Vendor shall provide the Agency with quarterly reports, annual summaries, and/or monthly reports as requested by the Agency and/or the West Virginia Purchasing Division showing quantities, total dollar value of the Contract Items purchased, ordered, shipped & invoiced with dates in spreadsheet format as defined by the Agency. Failure to supply such reports may be grounds for cancellation of this Contract.
  
- 8.5 **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 should list its Contract Manager and his or her contact information below.

**Contract Manager:** Clarence Patton  
**Telephone Number:** 304.946.2326 - 304.687.3242  
**Fax Number:** 304.946.2399  
**Email Address:** pattonsquarry@yahoo.com

Vendor shall inform the Agency in writing of any changes to the information provided above within 10 calendar days of such changes. Failure to comply may be grounds for cancellation of this contract.

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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

<b>Proc Folder:</b> 1981130	<b>Reason for Modification:</b>
<b>Doc Description:</b> Stone & Aggregate Pick Up by Agency	
<b>Proc Type:</b> Central Master Agreement	

Date Issued	Solicitation Closes	Solicitation No	Version
2026-05-29	2026-06-24 13:30	CRFQ 0803 DOT2600000096	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:** Patterson Excavating Inc.

**Address:** PO Box 376

**Street:** Mt. Gay

**City:** Mt Gay

**State:** WV **Country:** USA **Zip:** 25637

**Principal Contact:** Clarence Patterson

**Vendor Contact Phone:** 304-946-2326 **Extension:**  
304-087-3262

**FOR INFORMATION CONTACT THE BUYER**

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

**Vendor Signature X**  **FEIN#** 550691972 **DATE** 6/17/20

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

**VENDOR INSTRUCTIONS:** Vendor shall provide their Source Plant address, Pick Up Storage Location Address, and bid pricing for the Contract Item listed below. **Failure to provide Source Plant and Pick Up Storage Location information will result in the disqualification of the entire bid.** If Vendor needs additional space to list their plants, or storage locations, please use the Supplemental to ATT A. This is a multiple vendor award contract. Vendor may bid any or all Contract Items. All qualifying vendors meeting the contract specifications will be awarded with a contract. The low bid vendor per project will be determined at the time of need, as per Section 4 of the Contract Specifications. No future use of this Contract is guaranteed or implied. Estimated quantities are not available.

VENDOR NAME: Patterson Excavating, Inc.  
Patterson Quarry & Mill

**Source Plant Names & Addresses:**  
(Please provide a negative (-) with the longitudes.)  
**NOTE: Use Supplemental attachment if additional space is needed.**

Name:	<u>Patterson Excavating, Inc.</u> <u>Patterson Quarry &amp; Mill</u>	Latitude:	<u>37.75902°N</u>
		Longitude:	<u>82.01324°W</u>
Name:		Latitude:	
Address:	<u>Po Box 376</u>	Longitude:	
	<u>Mt. Gay, WV 25638</u>	Latitude:	
Address:		Longitude:	
Email Address:	<u>pattersonquarry@yahoo.com</u>	Latitude:	
		Longitude:	

**Pick Up Storage Location Names & Addresses (if different from above):**  
(Please provide a negative (-) with the longitudes.)

Name:		Latitude:	
Address:		Longitude:	
Name:		Latitude:	
Address:		Longitude:	
Name:		Latitude:	
Address:		Longitude:	

Contract Item	Description	Composition*	Unit of Measure	Bid Price
1	Class 1 Aggregate	Limestone Only	Tons	
2	Class 1 Aggregate	LSGS	Tons	
3	Class 1 Aggregate	Slag	Tons	
4	Class 2 Aggregate	Limestone Only	Tons	
5	Class 2 Aggregate	LSGS	Tons	
6	Class 2 Aggregate	Slag	Tons	
7	Class 10 Aggregate	LSGS	Tons	
8	AASHTO #1 Aggregate	Limestone Only	Tons	
9	AASHTO #1 Aggregate	LSGS	Tons	
10	AASHTO #3 Aggregate	Limestone Only	Tons	
11	AASHTO #3 Aggregate	LSGS	Tons	
12	AASHTO #4 Aggregate	LSGS	Tons	<u>\$22.25</u>
13	AASHTO #467 Aggregate	LSGS	Tons	
14	AASHTO #57 Aggregate	Limestone Only	Tons	
15	AASHTO #57 Aggregate	LSGS	Tons	<u>\$22.25</u>
16	AASHTO #67 Aggregate	Limestone Only	Tons	
17	AASHTO #67 Aggregate	LSGS	Tons	
18	AASHTO #7 Aggregate	Limestone Only	Tons	
19	AASHTO #7 Aggregate	LSGS	Tons	
20	AASHTO #8 Aggregate	Limestone Only	Tons	
21	AASHTO #8 Aggregate	LSGS	Tons	
22	AASHTO #8 MODIFIED	Limestone Only	Tons	
23	AASHTO #8 MODIFIED	LSGS	Tons	
24	AASHTO #9 Aggregate	Limestone Only	Tons	
25	AASHTO #9 Aggregate	LSGS	Tons	
26	AASHTO #9 MODIFIED	Limestone Only	Tons	
27	AASHTO #9 MODIFIED	LSGS	Tons	

Stone

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28	AASHTO #10 Aggregate	Limestone Only	Tons		
29	Stone for Gabions	Limestone Only	Tons		
30	Stone for Gabions	LSGS	Tons	\$19.75	
31	Fine Aggregate (PCC or Mortar Sand)	LSGS	Tons	\$15.00	
32	Trail Surface Aggregate	LSGS	Tons		
33	Limestone Standard Abrasives	Limestone Only	Tons		
34	Limestone Standard Abrasives	LSGS	Tons		
35	Sandstone Standard Abrasives	LSGS	Tons		
36	Steel Slag for SRIC	Slag	Tons		
37	Limestone MODIFIED Abrasives	Limestone Only	Tons		
38	Limestone MODIFIED Abrasives	LSGS	Tons		
39	Sandstone MODIFIED Abrasives	LSGS	Tons		
40	Cinders	Cinders	Tons		
41	Pea Gravel	LSGS	Tons		
42	#11 Limestone Abrasives	LSGS	Tons		
43	Quarry Waste	LSGS	Tons		
44	Rip Rap	LSGS	Tons	\$22.25	
45	Shot Rock	Limestone Only	Tons		
46	Shot Rock	LSGS	Tons	\$22.25	
47	Imbricated Stone	LSGS	Tons		
*LSGS: Limestone, Sandstone, Gravel or Sand					

	Document Phase	Document Description	Page 26
DOT2600000096	Final	Stone & Aggregate Pick Up by Agency	

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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



# CERTIFICATE OF LIABILITY INSURANCE

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DATE (MM/DD/YYYY)

06/17/2026

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).

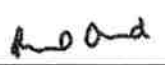
<b>PRODUCER</b> Mountain State Insurance Agency 1206 Kanawha Blvd. E. Suite 100 Charleston WV 25301-2949	<b>CONTACT NAME:</b> Rachel Allred <b>PHONE (A/C, No, Ext):</b> (304) 720-2000 <b>E-MAIL ADDRESS:</b> rallred@mountainstateinsurance.com	<b>FAX (A/C, No):</b> (304) 720-2002
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Patterson Contracting Inc.; Po Box 376 Mount Gay WV 25637	<b>INSURER A:</b> Westfield	<b>NAIC #</b> 24112
	<b>INSURER B:</b> PinnaclePoint Insurance Company	15137
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 26 27 Liab                      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			TRA7395616	01/01/2026	01/01/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 Named Malware - Third \$ 50,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			TRA7395616	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> OCCUR CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 0			TRA7395616	01/01/2026	01/01/2027	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	<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		N/A	WCP7005720	07/30/2025	07/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER WV Code 23-4-2 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> State of West Virginia, Division of Highways 1900 Kanawha Blvd E Building 5 Charleston WV 25301	<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 
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