



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
GSD116442

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
**KRISTA FERRELL
 304-558-2596**

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

DEPARTMENT OF ADMINISTRATION
 GENERAL SERVICES DIVISION
 BUILDING 1
 1900 KANAWHA BOULEVARD, EAST
 CHARLESTON, WV
 25305 304-558-3517

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
03/23/2011				

BID OPENING DATE: **03/31/2011** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				THIS ADDENDUM IS ISSUED TO:		
				1.) ANSWER ALL TECHNICAL QUESTIONS SUBMITTED IN ACCORDANCE WITH THE PROVISIONS OF THE ORIGINAL RFQ (GSD116442),		
				2.) PROVIDE A COPY OF THE MODIFIED ACORD FORM EXAMPLE		
				3.) PROVIDE A COPY OF THE MANDATORY PRE-BID ATTENDEE LIST.		
				BID OPENING DATE REMAINS: 03/31/2011		
				BID OPENING TIME REMAINS: 1:30 PM		
				***** END ADDENDUM NO. 1 *****		
0001	1	LS		910-13		
				HOUSE OF DELEGATES ELEVATOR UPGRADE		

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



405 Capitol Street, Upper Atrium
 Charleston, West Virginia 25301
 p 304.346.0565 f 304.346.1522
 web: www.silling.com

ADDENDUM NO. 1

Date: March 18, 2011

Project: House Elevator Upgrade Project

Architect: Silling Associates, Inc.
 405 Capitol Street, Upper Atrium
 Charleston, WV 25301

Owner: West Virginia Department of Administration

The following amendments, addenda, additions and deletions shall be made to the contract documents titled as above. Insofar as the contract documents are at variance with Addendum Number two, this Addendum shall govern. Bidders shall acknowledge receipt of the Addendum on the Bid Form included in the Project Manual.

QUESTIONS & CLARIFICATIONS

- C1:** The correct drawings that should be used for bidding are dated 01.18.11 and are marked 'For Construction' in bottom right corner.
- C2:** Several variance requests have been sent to the Department of Labor. They have been processed and the compliance officer met the Architect on site to review the existing conditions. The construction documents reflect comments from DOL on the variance requests. Final approval letter has not been received yet. We expect to receive it in the next few days.
- C3:** Contractor is to install one 'trapeze' support for existing overhead piping. Exact location as determined by Architect in the field.
- Q1:** In the elevator specifications under 14210, page 8, item 2.5 Equipment: Signal Devices and Fixtures, A. it states Car-Operating Panel: Retain Existing. Since we will be changing the controller and operation of the elevator we will need to replace the car station to comply with current code and fire recall. Also the main landing hall station will need to have fire recall.
- A1:** We have asked for and will receive a variance to leave the existing car operating panel due to the historic aesthetics of the existing panel.

PROJECT SPECIFICATIONS

Item No. 1: Add revised Acord form showing property insurance requirements.

END OF ADDENDUM NO. 1

ACORD™ CERTIFICATE OF PROPERTY INSURANCE DATE

PRODUCER INSURANCE AGENCY'S NAME AND ADDRESS	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE COMPANY A INSURER'S NAME COMPANY B COMPANY C COMPANY D
INSURED CONTRACTOR'S NAME AND ADDRESS	

COVERAGES

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.

CO. LTR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$ \$ \$ \$ \$ \$
	<input checked="" type="checkbox"/> INLAND MARINE TYPE OF POLICY A Inst/Builder's Risk <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> OTHER <input type="checkbox"/> CRIME TYPE OF POLICY	(if applicable)			<input checked="" type="checkbox"/> BUILDING <input checked="" type="checkbox"/> TRANSIT <input checked="" type="checkbox"/> OFF-SITE STORAGE	\$ \$ 20% \$ 20% \$
	<input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> OTHER					\$ \$

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY
 PROJECT NAME AND ADDRESS

SPECIAL CONDITIONS/OTHER COVERAGES
 Owner is to be named as additional insured.

CERTIFICATE HOLDER STATE AGENCY'S NAME AND ADDRESS	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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PRE-BID CONFERENCE
SIGN IN SHEET

Request for Quotation Number: FD116442

Date: March 9, 2011

PLEASE PRINT LEGIBLY. THIS INFORMATION IS ESSENTIAL TO CONTACT THE ATTENDEES IN A TIMELY MANNER. FAILURE TO DO SO MAY RESULT IN DELAYS IN YOUR COMPANY GETTING IMPORTANT BID INFORMATION.

Firm Name:	<u>General Services Division</u>
Firm Address:	
Representative Attending:	<u>Melody Thomas</u>
Phone Number:	<u>David Hayes</u>
Fax Number:	<u>Michael Evans</u>
Email Address:	

Firm Name:	<u>DAN HILL CONSTRUCTION</u>
Firm Address:	<u>PO Box 685</u> <u>GAULEY BRIDGE, KY 25085</u>
Representative Attending:	<u>MIKE SIEMIACKO</u>
Phone Number:	<u>304 632-1600</u>
Fax Number:	<u>304 632-1501</u>
Email Address:	<u>Pollock in KYV@HOTMAIL.COM</u>

Firm Name:	<u>EMAR Corporation</u>
Firm Address:	<u>919 College Hill Rd</u> <u>Washington WV 26181</u>
Representative Attending:	<u>Ken Gilchrist</u>
Phone Number:	<u>(304) 861-0414</u>
Fax Number:	<u>(304) 861-0416</u>
Email Address:	<u>emarkc@hughes.net</u>

Firm Name:	<u>Oracle Elevator</u>
Firm Address:	<u>4136 W. Washington St.</u> <u>Charleston, WV 25313</u>
Representative Attending:	<u>Jeff Redman</u>
Phone Number:	<u>304-744-4020</u>
Fax Number:	<u>304-744-4022</u>
Email Address:	<u>jeff.redman@oracleelevator.com</u>

Firm Name:	<u>SILLING ASSOCIATES</u>
Firm Address:	
Representative Attending:	<u>SEAN SIMON</u>
Phone Number:	
Fax Number:	
Email Address:	

Firm Name:	<u>SILLING ASSOCIATES</u>
Firm Address:	
Representative Attending:	<u>MARTIN KLAFPROTH</u>
Phone Number:	<u>304 246 0565</u>
Fax Number:	
Email Address:	

PRE-BID CONFERENCE
SIGN IN SHEET

Request for Quotation Number: CRD 110442

Date: March 9, 2011

PLEASE PRINT LEGIBLY. THIS INFORMATION IS ESSENTIAL TO CONTACT THE ATTENDEES IN A TIMELY MANNER. FAILURE TO DO SO MAY RESULT IN DELAYS IN YOUR COMPANY GETTING IMPORTANT BID INFORMATION.

Firm Name:	<u>Thyssen Krupp Elevator</u>
Firm Address:	<u>901 Morris Street Charleston, WV 25301</u>
Representative Attending:	<u>Gary Roberts</u>
Phone Number:	<u>304-342-8115</u>
Fax Number:	<u>866-812-5842</u>
Email Address:	<u>gary.w.roberts@thyssenkrupp.com</u>

Firm Name:	<u>OTTS ELEVATOR</u>
Firm Address:	<u>4768 CHIMNEY DR CHARLESTON, WV 25302</u>
Representative Attending:	<u>ERIC PANZER</u>
Phone Number:	<u>304-965-8185</u>
Fax Number:	<u>304-965-3653</u>
Email Address:	<u>ERIC.PANZER@OTTS.COM</u>

Firm Name:	<u>Murphy Elevator</u>
Firm Address:	<u>128 E Main St Louisville, KY 40207</u>
Representative Attending:	<u>Shane Perry</u>
Phone Number:	<u>502 587 7304</u>
Fax Number:	<u>502 400 4256</u>
Email Address:	<u>Walt@MurphyElevators.com</u>

Firm Name:	
Firm Address:	
Representative Attending:	
Phone Number:	
Fax Number:	
Email Address:	

Firm Name:	<u>KONE INC</u>
Firm Address:	<u>7356 CROSS POINTE RD GAHANNA OH 43230</u>
Representative Attending:	<u>RICK VRENN</u>
Phone Number:	<u>614-866-1751</u>
Fax Number:	<u>614-866-3240</u>
Email Address:	<u>RICHARD.VRENN@KONE.COM</u>

Firm Name:	
Firm Address:	
Representative Attending:	
Phone Number:	
Fax Number:	
Email Address:	