



Jones, James R <james.r.jones@wv.gov>

Fwd: Davey Tree Property Recommendations CRM:0508000001306

1 message

James R Jones <james.r.jones@wv.gov>

Wed, Dec 6, 2023 at 7:56 AM

To: James R Jones <james.r.jones@wv.gov>, Carles W Farley <carles.w.farley@wv.gov>, Eric H Pardue <eric.h.pardue@wv.gov>

--- Forwarded message -----

From: Farley, Carles W <carles.w.farley@wv.gov>

Date: Wednesday, December 6, 2023 at 5:32:54 AM UTC-5

Subject: Fwd: Davey Tree Property Recommendations CRM:0508000001306

To: GSD Purchasing <gsdpurchasing@wv.gov>

Cc: Eric H Pardue <eric.h.pardue@wv.gov>

Purchasing,

Please see Davey Tree email below. Davey Tree discovered a tree that is hollow and needs to be cut down. It's a hazard of falling on a car or a pedestrian. Can we add it to the tree work that they are doing in Lot #8? Here is the quote for removal of the tree. Thanks

Carles Farley, CGT
WV Capitol Grounds Manager
Certified Grounds Technician
General Services Division
Office 304-352-5494 Ext. 25494
Cell 304-205-2726

--- Forwarded message -----

From: **Edward Legge** <Ed.Legge@davey.com>

Date: Tue, Dec 5, 2023 at 4:22 PM

Subject: Davey Tree Property Recommendations CRM:0508000001306

To: STATE OF WEST VIRGINIA <Carles.W.Farley@wv.gov>

While pruning we noticed that this Pin Oak is completely hollow about half way up. In fact, you can see completely through the trunk in one spot. This tree is hazardous because it has 4 parking stalls under it, and should be removed asap. This price would be if you have us remove it while were still working on this project. Any other time it will have additional set up time added to it.

Thanks,

Ed Legge CTSP | District Manager
ISA Certified Arborist MA-0062A
Tree Risk Assessment Qualified
The Davey Tree Expert Company
68 Tasty Blend Way
Frazier's Bottom, WV 25082
304-741-1685

 **Davey Tree quote on tree on Lot # 8.pdf**

341K



STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
GENERAL SERVICES DIVISION
State Capitol
Charleston, West Virginia 25305

Mark D. Scott
Cabinet Secretary

John K. McHugh
Director

December 6, 2023

To: Melissa Pettrey, Senior Buyer, WV Purchasing Division
From: James R. Jones, Procurement Administrator *James R Jones*
Re: Emergency Purchase, Dead Pin Oak, Lot # 8, Capitol Complex

Melissa,

Please let this letter serve as justification for the need to issue this Emergency Purchase Order. While performing pruning and cutting of various trees throughout the norther section of the campus, this tree was discovered to be hollow and in need of removal. This tree is a risk to pedestrians and vehicles. We have chosen to allow the vendor performing the work already underway, in the best interest of the State to illuminate the need for additional set-up for removal of the tree.

If you have any questions, or need additional information, please feel free to contact me at James.R.Jones@wv.gov, or 304-352-5517.

Thank you!

Manual Compliance Search Verification Form
(Agency Delegated Purchases)

Manual Search Verifications: By signing below the procurement officer certifies that he or she has verified that:

- Vendor is in compliance** with the Secretary of State requirements for business registration (or is not required to register with that office or has obtained the necessary exemption), that the vendor is not identified as a debarred vendor within the Federal SAM system, and that the vendor is not listed on the West Virginia Purchasing Division's list of debarred vendors.

- Vendor is not in compliance** with the Secretary of State requirements for business registration and this will need to be remedied before contract award.

James R. Jones

Procurement Officer Signature

James R. Jones

Procurement Officer Printed Name

12/6/2023

Date

|



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/18/2023

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 MARSH USA LLC. 200 Public Square, Suite 3760 Cleveland, OH 44114-1824 <p style="text-align: right;">132631 RESICA</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>CONTACT NAME:</td> <td colspan="2">Marsh U.S. Operations</td> </tr> <tr> <td>PHONE (A/C. No. Ext):</td> <td>(866) 966-4664</td> <td>FAX (A/C. No.):</td> </tr> <tr> <td>E-MAIL ADDRESS:</td> <td colspan="2">Cleveland.CertRequest@marsh.com</td> </tr> <tr> <td colspan="3" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A :</td> <td>Old Republic Insurance Company</td> <td>NAIC #</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	CONTACT NAME:	Marsh U.S. Operations		PHONE (A/C. No. Ext):	(866) 966-4664	FAX (A/C. No.):	E-MAIL ADDRESS:	Cleveland.CertRequest@marsh.com		INSURER(S) AFFORDING COVERAGE			INSURER A :	Old Republic Insurance Company	NAIC #	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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COVERAGES **CERTIFICATE NUMBER:** CLE-005894622-57 **REVISION NUMBER:** 2

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY 314042 23	09/01/2023	09/01/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td><td style="text-align: right;">5,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$</td><td style="text-align: right;">5,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td><td style="text-align: right;">25,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$</td><td style="text-align: right;">5,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td><td style="text-align: right;">5,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$</td><td style="text-align: right;">5,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table>	EACH OCCURRENCE	\$	5,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000,000	MED EXP (Any one person)	\$	25,000	PERSONAL & ADV INJURY	\$	5,000,000	GENERAL AGGREGATE	\$	5,000,000	PRODUCTS - COMP/OP AGG	\$	5,000,000		\$	
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A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MWC 314040 23 (AOS)	09/01/2023	09/01/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td> <td></td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td style="text-align: right;">5,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td style="text-align: right;">5,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td style="text-align: right;">5,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER			E.L. EACH ACCIDENT	\$	5,000,000	E.L. DISEASE - EA EMPLOYEE	\$	5,000,000	E.L. DISEASE - POLICY LIMIT	\$	5,000,000									
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A	Excess Workers Compensation			MWXS 314043 23 (NC, OH, PA, WA)	09/01/2023	09/01/2024	Workers Compensation Statutory																					
A	SIR: \$5,000,000			MWXS 316391 23 (CA)	09/01/2023	09/01/2024	Employer's Liability 1,000,000																					

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

CERTIFICATE HOLDER STATE OF WEST VIRGINIA DEPARTMENT OF ADMINISTRATION GENERAL SERVICES BUILDING ONE - ROOM MB60 1900 KANAWHA BLVD., EAST CHARLESTON, WV 25305-0123	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 <p style="text-align: right;"><i>Marsh USA LLC</i></p>
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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA LLC.		NAMED INSURED The Davey Tree Expert Company 1500 N. Mantua Street Kent, OH 44240	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Workers Compensation does not apply in MN. Coverage is obtained from Workers Compensation reinsurance association (W.C.R.A.) as required by the state. Minnesota Employers Liability is covered by policy number MWC 314040 23.