



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

# State of West Virginia Master Agreement

Order Date: 09-11-2024

CORRECT ORDER NUMBER MUST  
 APPEAR ON ALL PACKAGES, INVOICES,  
 AND SHIPPING PAPERS. QUESTIONS  
 CONCERNING THIS ORDER SHOULD BE  
 DIRECTED TO THE DEPARTMENT  
 CONTACT.

<b>Order Number:</b>	CMA 0439 0439 EBA2300000005 3	<b>Procurement Folder:</b>	1076363
<b>Document Name:</b>	EBAr70398r4 Multi-Site Maintenance& Repair Southern District	<b>Reason for Modification:</b>	Change Order 02 To renew contract
<b>Document Description:</b>	EBAr70398r4 Multi-Site Maintenance & Repair Southern Distric		
<b>Procurement Type:</b>	Central Master Agreement		
<b>Buyer Name:</b>			
<b>Telephone:</b>			
<b>Email:</b>			
<b>Shipping Method:</b>	Best Way	<b>Effective Start Date:</b>	2022-08-01
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2025-07-31

VENDOR		DEPARTMENT CONTACT		
<b>Vendor Customer Code:</b>	VC0000007724	<b>Requestor Name:</b>	Cecil Dale Malcomb	
AGSTEN CONSTRUCTION COMPANY INC 1700 STATE ROUTE 34		<b>Requestor Phone:</b>	(304) 254-7858	
HURRICANE WV 25526		<b>Requestor Email:</b>	dmalcomb@wvpublic.org	
US		<div style="font-size: 48px; font-weight: bold;">2025</div> <div style="font-weight: bold;">FILE LOCATION _____</div>		
<b>Vendor Contact Phone:</b>	304-343-5400			<b>Extension:</b>
<b>Discount Details:</b>				
	<b>Discount Allowed    Discount Percentage    Discount Days</b>			
#1	No                      0.0000                      0			
#2	No			
#3	No			
#4	No			

INVOICE TO	SHIP TO
CHIEF FINANCIAL OFFICER EDUCATIONAL BROADCASTING 124 INDUSTRIAL PARK RD	PURCHASING ADMINISTRATOR EDUCATIONAL BROADCASTING 600 CAPITOL ST
BEAVER WV 25813	CHARLESTON WV 25301-1223
US	US

*9/16/24 GC*

<b>Total Order Amount:</b>	Open End
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Purchasing Division's File Copy

*29/13/2024*

**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *Munich - 9/16/2024*  
 ELECTRONIC SIGNATURE ON FILE

**ATTORNEY GENERAL APPROVAL AS TO FORM**  
 DATE: *John S. Gray*  
 ELECTRONIC SIGNATURE ON FILE

**ENCUMBRANCE CERTIFICATION**  
 DATE: *9-19-24*  
 ELECTRONIC SIGNATURE ON FILE

*9/19/2024*

**Extended Description:**

Change Order  
Change Order No. 2 is issued to renew the original contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.  
Effective date of renewal 8/1/2024 through 7/31/2025.  
Renewal Years Remaining: 1  
No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	72121103				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
				0.00	

**Commodity Line Description:** SOUTHERN DISTRICT-MAINTENANCE & REPAIRS

**Extended Description:**

Multi-site building Maintenance and Repair Services: SOUTHERN DISTRICT  
As per Pricing page



Dale Malcomb  
Purchasing Coordinator  
Phone: (304) 254-7858  
Email: [dmalcomb@wvpublic.org](mailto:dmalcomb@wvpublic.org)

July 31st, 2024

Sam Hull  
Agsten Construction Company Inc  
1700 State Route 34  
Hurricane, WV 25526  
OASIS Vendor ID: VC0000007724  
Phone: (304) 343-5400  
Email: [Shull@AgstenConstruction.Com](mailto:Shull@AgstenConstruction.Com)

Subject: Second renewal of CMA 0439 0439 EBA2300000005, multi-site maintenance and repair, Southern District.

Dear Mr. Hull:

The State of West Virginia is offering to renew subject contract under the same terms, conditions, and pricing. The renewal dates are August 1<sup>st</sup>, 2024, through July 31<sup>st</sup>, 2025. If your company agrees to this renewal, please sign below, and return the original to my attention as soon as possible. We will also need a copy of your current contractor's license and an updated certificate of insurance for your general liability and automotive policies.

Please call if you have any questions.

Very truly yours,

C. Dale Malcomb

*We agree to renew the contract for the period as stated above under the same terms and conditions in the original purchase order and any change orders thereto.*

Sam Hull  
\_\_\_\_\_  
*Name*

  
\_\_\_\_\_  
*Signature*

President  
\_\_\_\_\_  
*Title*

09/11/2024  
\_\_\_\_\_  
*Date*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/23/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Ins Svcs C/L Charleston 300 Kanawha Blvd. East, Suite 300 Charleston, WV 25301 304 347-0611	CONTACT NAME: <b>Megan Withrow</b>
	PHONE (A/C, No, Ext): <b>304-347-0630</b>
<b>INSURED</b> Agsten Construction Co., Inc. 1700 State Route 34 Hurricane, WV 25526	INSURER(S) AFFORDING COVERAGE
	INSURER A : <b>Westfield Insurance Company</b>
	INSURER B : <b>BrickStreet Mutual Insurance Company</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 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 <input checked="" type="checkbox"/> PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	CWP3907572	04/26/2024	04/26/2025	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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	CWP3907572	04/26/2024	04/26/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0	X	X	CWP3907572	04/26/2024	04/26/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCB1019272 WV Broad Form	04/26/2024	04/26/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Builders Risk	X		CWP3907572	04/26/2024	04/26/2025	\$750,000
A	L/R Equipment	X		CWP3907572	04/26/2024	04/26/2025	\$300,000

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

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	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>Jamie P. Crouse</i>



# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: **WV031022**

CLASSIFICATION:  
GENERAL BUILDING  
SPECIALTY

AGSTEN CONSTRUCTION COMPANY INC  
DBA AGSTEN CONSTRUCTION COMPANY INC  
1700 STATE ROUTE 34  
HURRICANE, WV 25526-7089

DATE ISSUED

EXPIRATION DATE

MAY 18, 2024

MAY 18, 2025

Authorized Signature

Chair, West Virginia Contractor  
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>LM</u> Date: <u>9/13/24</u>  Solicitation No. <u>CO#2-renew</u>	Agency: 0439 Educational Broadcasting Authority  Procurement Officer Submitting Requisition: Dale Malcomb  Requisition No. EBAr70398r4sr2 / CMA EBA23*05  PF No.: 1076363
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

## FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions ( <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
<b>10</b>	Insurance requirements				
	Commercial General Liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR CHANGE ORDERS/RENEWALS:**

<b>1</b>	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b>	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b>	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*\*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

*For Purchasing Division Use Only:*

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: \_\_\_\_\_

*Tara H*

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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

*NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.*

### AGSTEN CONSTRUCTION COMPANY, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	4/16/1996		4/16/1996	Domestic	Profit			

Organization Information			
<b>Business Purpose</b>	2362 - Construction - Construction of Buildings - Nonresidential Building Construction (industrial, commercial & institutional building)	<b>Capital Stock</b>	5000.0000
<b>Charter County</b>	Putnam	<b>Control Number</b>	0
<b>Charter State</b>	WV	<b>Excess Acres</b>	0
<b>At Will Term</b>		<b>Member Managed</b>	
<b>At Will Term Years</b>		<b>Par Value</b>	10.000000
<b>Authorized Shares</b>	500	<b>Young Entrepreneur</b>	Not Specified





<b>Addresses</b>	
<b>Type</b>	<b>Address</b>
<b>Local Office Address</b>	1700 STATE ROUTE 34 HURRICANE, WV, 25526
<b>Mailing Address</b>	1700 STATE ROUTE 34 HURRICANE, WV, 25526 USA
<b>Notice of Process Address</b>	SAM HULL 1700 STATE ROUTE 34 HURRICANE, WV, 25526
<b>Principal Office Address</b>	1700 STATE ROUTE 34 HURRICANE, WV, 25526 USA
<b>Type</b>	<b>Address</b>

<b>Officers</b>	
<b>Type</b>	<b>Name/Address</b>
<b>Director</b>	SAMUEL J. HULL 1700 STATE ROUTE 34 HURRICANE, WV, 25526
<b>Director</b>	CASEY E. MILLER 1700 STATE ROUTE 34 HURRICANE, WV, 25526
<b>President</b>	SAMUEL J. HULL 1700 STATE ROUTE 34 HURRICANE, WV, 25526
<b>Secretary</b>	CASEY E. MILLER 1700 STATE ROUTE 34 HURRICANE, WV, 25526
<b>Treasurer</b>	CASEY E. MILLER 1700 STATE ROUTE 34 HURRICANE, WV, 25526
<b>Vice-President</b>	CASEY E. MILLER 1700 STATE ROUTE 34 HURRICANE, WV, 25526
<b>Type</b>	<b>Name/Address</b>

<b>DBA</b>			
<b>DBA Name</b>	<b>Description</b>	<b>Effective Date</b>	<b>Termination Date</b>
AGSTEN FINE HOMEBUILDERS	TRADENAME	10/28/2005	4/12/2007
<b>DBA Name</b>	<b>Description</b>	<b>Effective Date</b>	<b>Termination Date</b>

<b>Annual Reports</b>
<b>Filed For</b>
2024
2023
2022
2021
2020
2019
2018
2017x
2017
2016
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1997
<b>Date filed</b>

For more information, please contact the Secretary of State's Office at 304-558-8000.

Friday, September 13, 2024 — 2:04 PM

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Simple Search

Search Editor

Any Words (i)

All Words (i)

Exact Phrase (i)

e.g. 123456789, Smith Corp

"agsten construction company inc" ×

Entity ∨

Location ∨

Status ∧

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