

**WEST VIRGINIA DIVISION OF NATURAL RESOURCES  
 TREE TRIMMING, REMOVAL, AND STUMP GRINDING  
 EXHIBIT A - PRICING PAGE  
 DISTRICT 3**

<u>LINE</u>	<u>HOURLY RATE *</u>	<u>ESTIMATED HOURS **</u>	<u>TOTAL COST</u>
1	\$ 800	50 estimated hours **	\$ 40,000
Grand Total bid for District 3			\$

Cook's Tree Services LLC

Vendor Name

202 Highland St Gassaway WV 26624

Vendor Address

304-689-6124

Telephone

Fax

cooks treeservicesllc@gmail.com

Email

Josh H Cook owner

Signature & Title

12-11-2017

Date

\* Hourly rate shall include all labor, materials and necessary equipment to complete the work.

\*\* Quantities listed are estimates only. Actual needs of the Agency will be met whether greater, or less than those listed.

**WEST VIRGINIA DIVISION OF NATURAL RESOURCES  
 TREE TRIMMING, REMOVAL, AND STUMP GRINDING  
 EXHIBIT A - PRICING PAGE  
 DISTRICT 6**

<u>LINE</u>	<u>HOURLY RATE *</u>	<u>ESTIMATED HOURS **</u>	<u>TOTAL COST</u>
1	\$ 800	50 estimated hours **	\$ 40,000
Grand Total bid for District 6			\$

Cooks Tree Services LLC

Vendor Name

202 Highland St Gassaway WV 26624

Vendor Address

304-689-6124

Telephone

Fax

cooksreeservicesllc@gmail.com

Email

Joshua H Cook Owner

Signature & Title

12-11-2017

Date

\* Hourly rate shall include all labor, materials and necessary equipment to complete the work.

\*\* Quantities listed are estimates only. Actual needs of the Agency will be met whether greater, or less than those listed.

**REQUEST FOR QUOTATION**  
**West Virginia Division of Natural Resources – Parks and Recreation Section**  
**Open-End Regional Tree Trimming, Removal, and Stump Grinding**

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Code, Life Safety Code, NEC, OSHA, UL, ANSI, ASME and related standards.

- 11.7. Safety:** All applicable local safety and OSHA rules and guidelines shall be met by the Vendor. Work shall be subject to verification and inspection of DNR Safety representatives. Such verification shall not relieve the Vendor from meeting all applicable safety regulations and inspection by other agencies.
- 11.8. 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:** Heath Cook

**Telephone Number:** 304-689-6124

**Fax Number:** \_\_\_\_\_

**Email Address:** cooks+tree services LLC@gmail.com

ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.:

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Cook's Tree Services LLC  
Company

John H. Cook  
Authorized Signature

12-11-2017  
Date

NOTE: This addendum acknowledgment 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.

Joshua H Cook Owner  
(Name, Title)  
Joshua H Cook Owner  
(Printed Name and Title)  
202 Highland St Gassaway, WV  
(Address)  
304-689-6124  
(Phone Number) / (Fax Number)  
cooks treeservicesllc@gmail.com  
(email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation 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 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 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.

Cooks Tree Services LLC  
(Company)

Joshua H Cook owner  
(Authorized Signature) (Representative Name, Title)

Joshua H Cook owner  
(Printed Name and Title of Authorized Representative)

12-11-2017  
(Date)

304-689-6124  
(Phone Number) (Fax Number)

20171020v

**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.

Heath Cook, Owner  
(Name, Title)  
Heath Cook, Owner  
(Printed Name and Title)  
202 Highland Street Cassaway, WV 26624  
(Address)  
(304) 689-6124  
(Phone Number) / (Fax Number)  
cooks treeservicesllc.com  
(email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation 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 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 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.

Cook's Tree Services LLC  
(Company)

Joshua Cook Owner  
(Authorized Signature) (Representative Name, Title)

Joshua Cook Owner  
(Printed Name and Title of Authorized Representative)

12-12-17  
(Date)

(304) 689-6124  
(Phone Number) (Fax Number)

20171020v



STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL OTHER CONTRACTS:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

**"Debt"** means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: Cooks Tree Services LLC

Authorized Signature: [Signature] Date: 12-12-2017

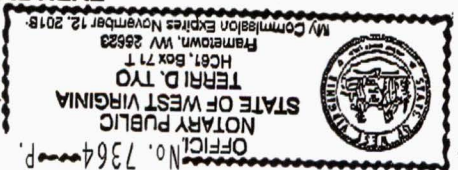
State of West Virginia

County of Braxton to-wit:

Taken, subscribed, and sworn to before me this 12<sup>th</sup> day of December, 2017.

My Commission expires November 12, 2018.

**AFFIX SEAL HERE**



NOTARY PUBLIC [Signature]  
Purchasing Affidavit (Revised 07/07/2017)





# CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY)  
12/11/17

Home Office - 100 Erie Insurance Place - Erie, Pennsylvania 16530 - 814.870.2000  
Toll free 1.800.458.0811 - Fax 814.870.3128 - www.erieinsurance.com

<b>NAME AND ADDRESS OF AGENCY</b> WARE INSURANCE AGENCY LLC 611 ELK ST GASSAWAY, WV 26624-1135  (304)364-9120	<b>AGENT'S NO.</b> EE1376	<b>COMPANIES AFFORDING COVERAGE</b> Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE Erie Indemnity Co., Attorney-In-Fact (Not Applicable) in NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
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**NAME AND ADDRESS OF NAMED INSURED**  
 Cook's Tree Service LLC  
 202 Highland Street  
 Gassaway, WV 26624

This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing Insurer(s), authorized representative or producer and the certificate holder.

This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO Add'l TR Ins'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/>	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any One Fire) \$ MED EXP (Any One Person) \$ PERSONAL & ADV. INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP ASG \$
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q04 5330304	4/3/17	4/3/18	BODILY INJURY (EACH PERSON) \$ 500,000 BODILY INJURY (EACH ACCIDENT) \$ 1,000,000 PROPERTY DAMAGE \$ 500,000 BODILY INJURY AND PROPERTY DAMAGE COMBINED \$
<input type="checkbox"/>	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCURRENCE  <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<input type="checkbox"/>	<b>WORKERS COMPENSATION &amp; EMPLOYERS LIABILITY</b>				STATUTORY BODILY INJURY BY ACCIDENT \$ EACH ACCIDENT DISEASE \$ POLICY LIMIT DISEASE \$ EACH EMPLOYEE
<input checked="" type="checkbox"/>	<b>OTHER</b> Commercial Inland Marine	Q40 7430025	4/24/17	4/24/18	\$40000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

**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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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>NAME AND ADDRESS OF CERTIFICATE HOLDER</b> Division of Natural Resources 324 4th Avenue South Charleston, WV 25303	<b>AUTHORIZED REPRESENTATIVE</b> 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2017

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> Associated FUIG LLC 136 Baker St  Webster Springs WV 26288		<b>CONTACT NAME:</b> Carol Hall CISR <b>PHONE (A/C No, Ext):</b> (304)847-2073 <b>E-MAIL ADDRESS:</b> carol.hall@nfp.com <b>FAX (A/C No):</b> (304)847-5030	
<b>INSURED</b> Cook's Tree Services LLC 202 Highland St  Gassaway WV 26624		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Western World Ins Co NAIC #: 13198 <b>INSURER B:</b> American Mining Ins Co 26727 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	


**COVERAGES** CERTIFICATE NUMBER: CL17121139103 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	ADDITIONAL SUBROGATION WAIVED	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:		NPP8234728	04/15/2017	04/15/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Each Professional \$ Included COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					\$ \$ \$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	WVARP301233	04/15/2017	04/15/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

**CERTIFICATE HOLDER****CANCELLATION**

WV Division of Natural Resources Property & Procurement Office 324 4th Ave  S Charleston WV 25303	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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ACORD 25 (2016/03)

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No. 7364 P. 9/10

Dec. 12. 2017 10:00AM ELK MEMORIAL CLINIC

# CONTRACTOR LICENSE

Authorized by the  
West Virginia Contractor Licensing Board

Number: WV056151

Classification:

SPECIALTY

COOKS TREE SERVICES LLC  
DBA COOKS TREE SERVICES LLC  
202 HIGHLAND ST  
GASSAWAY, WV 26624

Date Issued

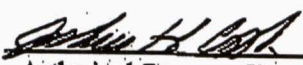
Expiration Date

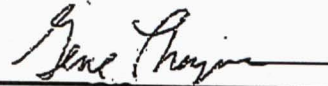
APRIL 18, 2017

APRIL 18, 2018



WEST VIRGINIA  
CONTRACTOR  
LICENSING  
BOARD

  
Authorized Company Signature

  
Chair, West Virginia Contractor  
Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where 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 cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.