



State of West Virginia
Request For Quotation
Fuels

Procurement Folder : 622341

Document Description : Open-End Contract for Propane at Watoga State Park

Procurement Type : Agency Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version	Phase
2019-08-22	2019-09-12 13:30:00	ARFQ 0310 DNR2000000014	1	Final

BID RESPONSE	VENDOR INFORMATION
DIVISION OF NATURAL RESOURCES PROPERTY & PROCUREMENT OFFICE 324 4TH AVE SOUTH CHARLESTON WV 25303-1228 US	Vendor Name, Address and Telephone

FOR INFORMATION CONTACT THE

James H Adkins
(304) 558-3397
jamie.h.adkins@wv.gov

Signature X

FEIN #

546307135

DATE

9/9/19

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

EXHIBIT A- Pricing Page
West Virginia Division of Natural Resources
Watoga State Park - Open End Propane Contract

Sep. 9. 2019 1:59PM

Item	Estimated Quantity	Description	Unit Price	Extended Amount
1	6	500 Gallon Tank Installation	0.00	0.00
2	31	120 Gallon Tank Installation	0.00	0.00
Subtotal "A"				0.00
Item	Estimated Quantity	Description	Unit Price	Extended Amount
3	6	500 Gallon Tank Installation	0.00	0.00
4	31	120 Gallon Tank Installation	0.00	0.00
Subtotal "B"				0.00
TOTAL A+B				0.00

Shading indicates Vendor input required

Item	Description	Unit of Measure	Vendor Proposed Pull Terminal	Estimated OPIS Propane Index Price	Vendor Mark Up	Unit Cost	Estimated Quantity* (Gallons per year)	Estimated Amount (Subtotal C)
5	Propane LP Gas	Per Gallon	NATRIUM MOUNOSVILLE WV	\$1.80	30	2.10	15,000*	31,500.00

1. Subtotal "A" Tank Installation Cost from Extended Amount Items 1 through 2	0.00
2. Subtotal "B" Tank Rental Cost from Extended Amount Items 3 through 4	0.00
3. Subtotal "C" Item 5	31,500.00
Total Bid Amount	31,500.00

*Quantities are estimates only. Actual needs of Park will be met whether greater or less than those listed.

SOUTHERN STATES MARLINTON COOP
 Vendor

 Authorized Vendor Signature

9-6-2019
 Date

No. 6411 P. 3

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.

Robert Lee Mgr.
(Name, Title)
ROBERT LEE Mgr.
(Printed Name and Title)
719 3rd Ave Marlinton WV 24954
(Address)
304-799-6523 304-799-6567
(Phone Number) / (Fax Number)
robert.lee @ sscoop.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.

Southern States Marlinton Coop
(Company)

Robert Lee Robert Lee Mgr.
(Authorized Signature) (Representative Name, Title)

Robert Lee Mgr.
(Printed Name and Title of Authorized Representative)

9/6/19
(Date)

304-799-6523 304-799-6567
(Phone Number) (Fax Number)

WEST VIRGINIA STATE TAX DEPARTMENT

MOTOR FUEL EXCISE TAX LICENSE

Effective: August 21, 2009

In accordance with West Virginia State Code §11-14C

SOUTHERN STATES MARLINTON COOPERATIVE INC

Is hereby licensed as:

License Type(s)	License Number(s)
<i>Exporter</i>	<i>1600-3122</i>
<i>Distributor</i>	<i>1600-3120</i>

This license is non-transferable and shall remain in effect until surrendered, canceled or revoked.

*Emmal Gyneth Cabonne
pres coop of MASF Present*

Vicki R. Kidd

Vicki R. Kidd, Unit Supervisor
Fuel Tax Administration Unit
Internal Auditing Division



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/4/2019

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 SSC Insurance Agency, LLC 6606 West Broad Street Richmond, VA 23230	CONTACT NAME: PHONE (A/C No. Ext): (804) 281-1395 FAX (A/C No.): (804) 287-1088 E-MAIL ADDRESS:														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Nationwide Anfibusiness Ins Co</td> <td>28223</td> </tr> <tr> <td>INSURER B: Southern States Insurance Exchange</td> <td>15709</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Nationwide Anfibusiness Ins Co	28223	INSURER B: Southern States Insurance Exchange	15709	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURED Southern States Cooperative, Incorporated 6606 West Broad Street Richmond, VA 23230															

COVERAGES

CERTIFICATE NUMBER: 798206

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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	COMMERCIAL GENERAL LIABILITY			CGL999999919	5/1/2019	5/1/2020	EACH OCCURRENCE \$ 2,000,000
A	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			OPP853594C	5/1/2019	5/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						\$
A	AUTOMOBILE LIABILITY			CA853594A	5/1/2019	5/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> PIP						\$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 Endt Inc						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCC137798A	5/1/2019	5/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				
B	Auto Physical Damage			CAP999999919	5/1/2019	5/1/2020	\$1,000 Comp/Coll Deductible Included States AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV

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

CERTIFICATE HOLDER**CANCELLATION**

19-20 GLALPDWC-137798A

798206

State of West Virginia
 Division of Natural Resources
 Property & Procurement Office
 324 4th Avenue
 South Charleston, WV 25303-1228

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 (01.13) No. 6411

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Sep. 9. 2019 1:59PM



AGENCY CUSTOMER ID: _____

LOC #: _____

798206

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY SSC Insurance Agency, LLC		NAMED INSURED Southern States Cooperative, Incorporated 6606 West Broad Street Richmond, VA 23230	
POLICY NUMBER CGL999999919		EFFECTIVE DATE: 9/4/2019	
CARRIER Nationwide Agribusiness Ins Co.	NAIC CODE 28223		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: Acord 25 FORM TITLE: Certificate of Liability Insurance

General Liability Policy No. CGL999999919 Included States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV;
 General Liability Policy No. CPP853594C Included States - All Other.
 Auto Policy No. CA853594A \$1,000,000 SIR Included States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV.
 Auto Policy No. CA853594C - All Other States.
 Re: Southern States Marlinton Coop, Inc., 719 Third Avenue, Marlinton, WV 24954. Propane Bid
 Solicitation # DNR2000000014

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 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: Southern States Marlinton Coop

Authorized Signature: *Robert Lee* Date: 08/06/2019

State of West Virginia

County of Pocahontas, to-wit:

Taken, subscribed, and sworn to before me this 6 day of September, 2019.

My Commission expires April 10, 2023.

AFFIX SEAL HERE  NOTARY PUBLIC *Cleva L Friel*

 **SOUTHERN STATES**
Farmer owned since 1923.

719 THIRD AVENUE
MARLINTON WV 24954
PHONE 304-799-6523 FAX 304-799-6567

SEALED BID

BUYER: Karen A Roberts
SOLICITATION NUMBER: ARFQ 0310 DNR2000000014
BID CLOSING DATE: Thursday, September 12, 2019
BID CLOSING TIME: 1:30 p.m. EST
FAX NUMBER: (304) 558-2165

RECEIVED
SEP 09 2019
DNR Procurement Office

2 pu
KAR