Pricing Page -Exhibit A
ARFQ 0608 DCR2400000124
Division of Corrections and Rehabiliatation - Denmar

**Propane Delivery** 

Per Gallon as of the Index Price on Markup Extended Cost	881L' 881L'
OPI Estimate Usage* [annual]	96500
<u>Terminal Location</u>	mt. Belvieu
Location	Denmar Correctional Ctr & Jail 4319 Denmar Road Hillsboro, WV
Item	3.1

<sup>\*</sup> Estimated quanitities are for bidding purposes only, more or less may be utilized by the Agency.

# Bidder/Vendor Information

Souther StAles- Philippi Service	ERIC Tetuned - manacea	42 Coot St	Philodai ww 26416	34-1457-2441	ጋሪት - 457. 2470	54-6387200	Swith
Vendor:	Contact Person:	Address:		Phone:	Fax:	FEIN:	Authorized Signature:

# ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: ARFQ - DCR2400000124

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.

necessary revisions to my proposal, plan	is and/or specification, etc.
Addendum Numbers Received: (Check the box next to each addendum to	received)
Addendum No. 1 Addendum No. 2 Addendum No. 3 Addendum No. 4 Addendum No. 5	Addendum No. 6 Addendum No. 7 Addendum No. 8 Addendum No. 9 Addendum No. 10
I further understand that any verbal repr discussion held between Vendor's repre	receipt of addenda may be cause for rejection of this bid. esentation made or assumed to be made during any oral sentatives and any state personnel is not binding. Only ded to the specifications by an official addendum is
Southern States - Philips.	Service
Authorized Signature	
6-4-2024	
Date	

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

# REQUEST FOR QUOTATION ARFQ DCR24\*124

### **Propane Fuel for Denmar**

**7.2.3** Any other remedies available in law or equity.

### 8. MISCELLANEOUS:

- **8.1 No Substitutions:** Vendor shall supply only Contract Items submitted in response to the Solicitation unless a contract modification is approved in accordance with the provisions contained in this Contract.
- **8.2 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.
- **8.3 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- **8.4 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: Enc 7stchnell
Telephone Number: 304-457-2441
Fax Number: 304-457-2470
Email Address: eric. titchnell @ ssceep.com

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.

(Name, Tit	tle) En Inmacco	1
(Printed	Name and Title) Ery Totchnell -	MANA-GER
(Address)	42 Depot St., Philippi, ww 26	416
(Phone Nu	umber) / (Fax Number) 304- 457- 2441 / 364-4	57-2470
(E-mail ad	304-457.2441/364-4 Idress) eric. titchnell o sscoop.com	

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wyOASIS, 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.

By signing below, I further certify that I understand that this Contract is subject to the provisions of West Virginia code and rules and applicable adopted procedures; therefore, purchases and contracts violating West Virginia Code and rules are void and of no effect.

(Company) Southern Stares Philipp. Representative Name, Title) Endowmen - Manyon (Authorized Signature) (Printed Name & Title of Authorized Representative) For 7th haell - managed (Date) 6-4-2024 304-457-2441 / 304-457-2470 (Phone Number) (Fax Number)

### ADDENDUM ACKNOWLEDGEMENT FORM

### **SOLICITATION NO.:**

Addendum Numbers Received:

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.

(Check the box next to each addendum rece	rived)
Addendum No. 1	Addendum No. 6
Addendum No. 2	Addendum No. 7
Addendum No. 3	Addendum No. 8
Addendum No. 4	Addendum No. 9
Addendum No. 5	Addendum No. 10
further understand that any verbal repres	ceipt of addenda may be cause for rejection of this bid. I entation made or assumed to be made during any oral ntatives and any state personnel is not binding. Only the

information issued in writing and added to the specifications by an official addendum is binding.

Southern States. Philippi

Company

Authorized Signature

6-4-2024

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2023

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.

lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ne ter	rms and conditions of th	e polic	y, certain po	olicies may i			
-	DUCER	,,,			CONTA NAME:			on Certificate Center	?	
	is Towers Watson Southeast, Inc.				NAME: PHONE (A/G, No, Ext): 1-877-945-7378 (A/G, No, Ext): 1-888-467-2378					-467-2378
	26 Century Blvd Box 305191					SS: certific				
	ville, TN 372305191 USA				ADDKE			RDING COVERAGE		NAIC#
	·				(Nello			Insurance Exchange		15709
INSU	RED							siness Insurance Com	pany	28223
Sou	hern States Cooperative, Inc.									12203
	West Broad Street Woond, VA 23260				INSURERC: James River Insurance Company					
*****	MINING VA EURUV				INSURER D: INSURER E:					
C C	VEDACES CEE	TIEI	^ A TE	NUMBER: W29441433	INSURE	:RF:		REVISION NUMBER:		
	VERAGES CERTIFY THAT THE POLICIES				VE REE	N ISSUED TO			IF POI	ICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	of an' Ed by	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO	CT TO I	WHICH THIS
	CLUSIONS AND CONDITIONS OF SUCH				BEEN F			1		
INSR LTR	4	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		0.000.000
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000
A		Y	Y	001 00000000		DE /01 /0000	05 /01 /0004	MED EXP (Any one person)	\$	5,000
		^		CGL99999923		05/01/2023	US/UI/2024	PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000
	OTHER:	<b>_</b>	ļ					COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000
_	X ANY AUTO		l					BODILY INJURY (Per person)	\$	
B	OWNED SCHEDULED AUTOS	Y	Y	CA853594A		05/01/2023	05/01/2024		\$	
	HIRED NON-OWNED ALTOS ONLY PIPOS ONLY	1						PROPERTY DAMAGE (Per accident)	\$	
	X Inc. X		1						\$	
_	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
<u> </u>	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	"'A						E.L. DISEASE - EA EMPLOYEE	\$	
	if yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
С	Excess Auto Liability			00071414-7		05/01/2023	05/01/2024	Each Occ/Agg	\$5,00	0,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	) 101, Additional Remarks Schedu	ile, may b	e attached If mor	e space is requir	ed)		
Thi	s Voids and Replaces Previous	sly 1	[ssue	ed Certificate Dated	05/0	5/2023 WIT	H ID: W289	24895.		
l _										
ı	tificate Holder is included a				_		eral Liabi	lity and Automobile	Liab	ility as
1	uired by written contract. The	ie Un	mbre.	ıта/жжсеза policy Fo	TLOWS	rorm.				
261	ATTACHED									
CF	RTIFICATE HOLDER				CAN	CELLATION				
_ <u></u>					1					
								ESCRIBED POLICIES BE C		
						EREOF, NOTICE WILL I	BE DE	LIVERED IN		
					ACCORDANCE WITH THE POLICY PROVISIONS.					
				AUTHORIZED REPRESENTATIVE						
We	West Virginia Dept. of Agriculture				AUTHORIES REFRESENTATIVE					

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1900 Kanawha Boulevard East Charleston, WV 25305

Any Walker

AGENCY CUSTOMER ID:	
LOC#:	



## **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

AGENCY		NAMED INSURED						
Willis Towers Watson Southeast, Inc.		Southern States Cooperative, Inc. 6606 West Broad Street						
POLICY NUMBER		Richmond, VA 23260						
See Page 1								
CARRIER	NAIC CODE							
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1						
ADDITIONAL REMARKS	1	-						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,							
FORM NUMBER: 25 FORM TITLE: Certificate of	Liability	Insurance						
General Liability Policy No. CGL999999923 - Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV.								
Auto Policy No. CA 853594A - \$1,000,000 SIR / Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV.								
Re: Southern States Cooperative, Inc Elkins Se	ervice, 120	O S. Davis Avenue, Elkins, WV 26241.						
INSURER AFFORDING COVERAGE: Southern States Insurance Exchange POLICY NUMBER: CAP99999993								
TYPE OF INSURANCE: LIMIT DESCRIPTION	N :	LIMIT AMOUNT:						
Auto Liability-Any Auto CSL		\$1,000,000						
Auto Physical Damage Comp/Coll Deduct:	ible	\$1,000						
ADDITIONAL REMARKS:								
Includes States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV								
INSURER AFFORDING COVERAGE: James River Insurance	e Company		NAIC#:	12203				
FOLICY NUMBER: 00066533-8 EFF DATE: 05/01/20	23 EXP	DATE: 05/01/2024						
TYPE OF INSURANCE: LIMIT DESCRIPTION	N:	LIMIT AMOUNT:						
Excess General Liability Each Occ/Agg		\$5,000,000						

SR ID: 24343090

BATCH: 3032246

CERT: W29441433