



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

State of West Virginia  
Solicitation Response

**Proc Folder:** 1685928  
**Solicitation Description:** ADDENDUM 01 - MOWING OPERATIONS BY VENDOR BY COUNTY  
**Proc Type:** Agency Master Agreement

Solicitation Closes	Solicitation Response	Version
2025-05-22 10:30	SR 0803 ESR05212500000007222	1

**VENDOR**  
VS0000039555  
GREENWORX LAND MANAGEMENT

**Solicitation Number:** ARFQ 0803 DOT2500000060  
**Total Bid:** 0  
**Response Date:** 2025-05-21  
**Response Time:** 16:16:02  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
Jeromie F Lanham  
304-720-7383  
jeromie.f.lanham@wv.gov

**Vendor Signature X** **FEIN#** **DATE**

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	EXPRESSWAY RIGHT OF WAY CLEANUP	0.00000	ACRE		

Comm Code	Manufacturer	Specification	Model #
76121501			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	EXPRESSWAY MOWING & TRIMMING	0.00000	ACRE		

Comm Code	Manufacturer	Specification	Model #
70111707			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	EXPRESSWAY INITIAL MOBILIZATION	0.00000	LS		

Comm Code	Manufacturer	Specification	Model #
24000000			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	EXPRESSWAY ADDITIONAL MOBILIZATION	0.00000	LS		

Comm Code	Manufacturer	Specification	Model #
24000000			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	EXPRESSWAY PILOT TRUCK & DRIVER	0.00000	DAY		

Comm Code	Manufacturer	Specification	Model #
46161500			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	EXPRESSWAY TRAFFIC CONTROL DEVICES	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
46161500			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	EXPRESSWAY FLAGGER	0.00000	HOURL		

Comm Code	Manufacturer	Specification	Model #
46161500			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	EXPRESSWAY ARROW BOARD	0.00000	DAY		

Comm Code	Manufacturer	Specification	Model #
46161500			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	NON-EXPRESSWAY RIGHT OF WAY CLEANUP	0.00000	MILE		

Comm Code	Manufacturer	Specification	Model #
76121501			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	NON-EXPRESSWAY MOWING & TRIMMING	0.00000	MILE		

Comm Code	Manufacturer	Specification	Model #
70111707			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	NON-EXPRESSWAY INITIAL MOBILIZATION	0.00000	LS		

Comm Code	Manufacturer	Specification	Model #
24000000			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	NON-EXPRESSWAY ADDITIONAL MOBILIZATION	0.00000	LS		

Comm Code	Manufacturer	Specification	Model #
24000000			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	NON-EXPRESSWAY PILOT TRUCK & DRIVER	0.00000	DAY		

Comm Code	Manufacturer	Specification	Model #
46161500			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
14	NON-EXPRESSWAY TRAFFIC CONTROL DEVICES	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
46161500			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
15	NON-EXPRESSWAY FLAGGER	0.00000	HOURL		

Comm Code	Manufacturer	Specification	Model #
46161500			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST



Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
16	NON-EXPRESSWAY ARROW BOARD	0.00000	DAY		

Comm Code	Manufacturer	Specification	Model #
46161500			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
17	FACILITY RIGHT OF WAY CLEANUP	0.00000	ACRE		

Comm Code	Manufacturer	Specification	Model #
76121501			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
18	FACILITY MOWING & TRIMMING	0.00000	ACRE		

Comm Code	Manufacturer	Specification	Model #
70111710			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
19	FACILITY INITIAL MOBILIZATION	0.00000	LS		

Comm Code	Manufacturer	Specification	Model #
24000000			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
20	FACILITY ADDITIONAL MOBILIZATION	0.00000	LS		

Comm Code	Manufacturer	Specification	Model #
24000000			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
21	FACILITY PILOT TRUCK & DRIVER	0.00000	DAY		

Comm Code	Manufacturer	Specification	Model #
46161500			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
22	FACILITY TRAFFIC CONTROL DEVICES	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
46161500			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
23	FACILITY FLAGGER	0.00000	HOURL		

Comm Code	Manufacturer	Specification	Model #
46161500			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
24	FACILITY ARROW BOARD	0.00000	DAY		

Comm Code	Manufacturer	Specification	Model #
46161500			

**Commodity Line Comments:**

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A, FOR ACTUAL COST

**WEST VIRGINIA  
STATE TAX DEPARTMENT  
BUSINESS REGISTRATION  
CERTIFICATE**

ISSUED TO:  
**HADLEYS LAWN CARE LLC  
DBA GREENWORX LAND MANAGEMENT  
84 PLUMMER DRIVE  
LEON, WV 25123-0000**

**BUSINESS REGISTRATION ACCOUNT NUMBER: 2456-7840**

This certificate is issued on: **02/14/2024**

*This certificate is issued by  
the West Virginia State Tax Commissioner  
in accordance with Chapter 11, Article 12, of the West Virginia Code.*

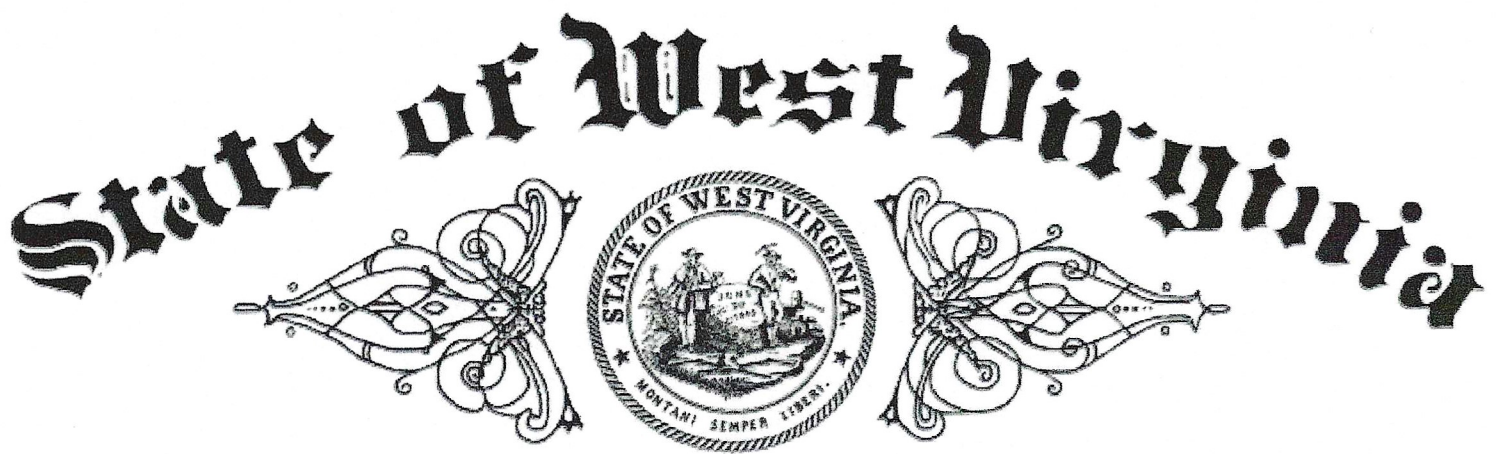
*The person or organization identified on this certificate is registered  
to conduct business in the State of West Virginia at the location above.*

**This certificate is not transferrable and must be displayed at the location for which issued.**

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.  
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.



## Certificate

*I, Mac Warner, Secretary of State,  
of the State of West Virginia, hereby certify that*

**hadleys lawn care LLC**

has filed a "Certificate of Registration of Trade Name" in my office according to the provisions of Chapter 47 of the West Virginia Code and was found to conform to law.

Therefore, I hereby issue this

### **CERTIFICATE OF REGISTRATION OF TRADE NAME**

authorizing it to transact business in West Virginia under the assumed name of

**GreenWorx Land Management**



*Given under my hand and  
the Great Seal of West Virginia  
on this day of*

February 14, 2024

*Mac Warner*

*Secretary of State*



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above. <u>GreenWork Land Management</u>	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. _____ <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <u>84 Plummer Dr</u>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <u>Leon WV 25123</u>		
<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
<b>or</b>	
<b>Employer identification number</b>	
99	1017525

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person <u>[Signature]</u>	Date <u>5/20/25</u>
------------------	---	---------------------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# PEIA

## VENDOR PREFERENCE CERTIFICATE

Certification and application\* is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The PEIA will make the determination of the Resident Vendor Preference, if applicable.

**1. Application is made for 2.5% resident vendor preference for the reason checked:**

☒ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,

☐ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,

☐ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,

**2. Application is made for 2.5% resident vendor preference for the reason checked:**

☒ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,

**3. Application is made for 2.5% resident vendor preference for the reason checked:**

☐ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,

**4. Application is made for 5% resident vendor preference for the reason checked:**

☒ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,

**5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**

☐ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,

**6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**

☐ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the PEIA determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the PEIA may: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the PEIA or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the PEIA and authorizes the PEIA to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the PEIA in writing immediately.

Bidder: Shawn Hadley GreenWork Land Management Signed: [Signature]

Date: 5/20/25 Title: Owner

\*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/20/2025

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> Progressive Insurance PO Box 94739, Cleveland, OH 44101		<b>CONTACT</b> NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Progressive Classic Insurance Company	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**INSURED**  
Shawn L Hadley DBA: GreenWorx Land Management  
84 Plummer drive  
Leon, WV 25123

**COVERAGES**      **CERTIFICATE NUMBER:** 181370166368154377D052025T161004      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	994498299	03/13/2025	03/13/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	994498299	03/13/2025	03/13/2026	\$

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

## CERTIFICATE HOLDER

Wv Dept of highway  
1900 kanawha blvd e unit 5  
Ch, WV 25305

## 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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/20/2025

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> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (855) 222-5919	<b>FAX (A/C, No):</b>
<b>INSURED</b> GreenWorx Land Management LLC 84 Plummer Dr Leon, WV 25123	<b>E-MAIL ADDRESS:</b> support@nextinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Next Insurance US Company	<b>NAIC #</b> 16285
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 991669557	<b>REVISION NUMBER:</b>
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"/> <b>COMMERCIAL GENERAL LIABILITY</b>	X		NXTCPFLJ4T-00-GL	01/15/2025	01/15/2026	EACH OCCURRENCE \$1,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00
							MED EXP (Any one person) \$5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000.00
	OTHER:						PRODUCTS - COMP/OP AGG \$2,000,000.00
	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

The Certificate Holder is WV Division of Highways. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

## CERTIFICATE HOLDER

WV Division of Highways  
1900 Kanawha Blvd E  
Charleston, WV 25305

## LIVE CERTIFICATE



Click or scan to view

## 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

© 1988-2015 ACORD CORPORATION. All rights reserved.



**ATTACHMENT A PRICING PAGE (ATT A)****Vendor Name:** GreenWorx Land Management

**Vendor Instructions:** Vendor shall mark with an "X" the counties that correspond with the pricing on this page. If Vendor has varied pricing per county, Vendor shall complete a separate, additional ATT A Pricing Page for each county pricing set and include it with the bid submission. Vendors may bid any or all mowing categories: Expressway, Non-Expressway, and/or Facility, however vendor must bid the intended categories in their entirety. Failure to bid all contract items within a mowing category shall result in the disqualification of the category bid. Failure to include ATT A with bid submission will result in the disqualification of the entire bid.

This is a multiple vendor award contract. All qualifying vendors meeting the Contract Specifications will be awarded with a contract. The low bid vendor per project will be determined at the time of need, as per Section 5 of the contract specifications. No future use of this Contract or any individual item is guaranteed or implied. Estimated quantities are not available

District 1	District 2	District 3	District 4	District 5	District 6	District 7	District 8	District 9	District 10
<input checked="" type="checkbox"/> Boone	<input checked="" type="checkbox"/> Cabell	<input checked="" type="checkbox"/> Calhoun	<input checked="" type="checkbox"/> Doddridge	<input type="checkbox"/> Berkeley	<input checked="" type="checkbox"/> Brooke	<input checked="" type="checkbox"/> Barbour	<input type="checkbox"/> Pendleton	<input checked="" type="checkbox"/> Fayette	<input checked="" type="checkbox"/> McDowell
<input checked="" type="checkbox"/> Clay	<input checked="" type="checkbox"/> Lincoln	<input checked="" type="checkbox"/> Jackson	<input checked="" type="checkbox"/> Harrison	<input type="checkbox"/> Grant	<input checked="" type="checkbox"/> Hancock	<input checked="" type="checkbox"/> Braxton	<input type="checkbox"/> Pocahontas	<input checked="" type="checkbox"/> Greenbrier	<input checked="" type="checkbox"/> Mercer
<input checked="" type="checkbox"/> Kanawha	<input checked="" type="checkbox"/> Logan	<input checked="" type="checkbox"/> Pleasants	<input checked="" type="checkbox"/> Marion	<input type="checkbox"/> Hampshire	<input checked="" type="checkbox"/> Marshall	<input checked="" type="checkbox"/> Gilmer	<input type="checkbox"/> Randolph	<input checked="" type="checkbox"/> Monroe	<input checked="" type="checkbox"/> Raleigh
<input checked="" type="checkbox"/> Mason	<input checked="" type="checkbox"/> Mingo	<input checked="" type="checkbox"/> Ritchie	<input checked="" type="checkbox"/> Monongalia	<input type="checkbox"/> Hardy	<input checked="" type="checkbox"/> Ohio	<input checked="" type="checkbox"/> Lewis	<input type="checkbox"/> Tucker	<input checked="" type="checkbox"/> Nicholas	<input checked="" type="checkbox"/> Wyoming
<input checked="" type="checkbox"/> Putnam	<input checked="" type="checkbox"/> Wayne	<input checked="" type="checkbox"/> Roane	<input checked="" type="checkbox"/> Preston	<input type="checkbox"/> Jefferson	<input checked="" type="checkbox"/> Tyler	<input checked="" type="checkbox"/> Upshur		<input checked="" type="checkbox"/> Summers	
		<input checked="" type="checkbox"/> Wirt	<input checked="" type="checkbox"/> Taylor	<input type="checkbox"/> Mineral	<input checked="" type="checkbox"/> Wetzel	<input checked="" type="checkbox"/> Webster			
		<input checked="" type="checkbox"/> Wood		<input type="checkbox"/> Morgan					

Contract Item #	Contract Item Description	Unit of Measure	List Price
<b>EXPRESSWAY</b>			
1	Right-Of-Way Cleanup	Acre	\$100.00
2	Mowing & Trimming	Acre	\$200.00
3	Initial Mobilization	Lump Sum	\$0.01
4	Additional Mobilization	Lump Sum	\$0.01
5	Pilot Truck & Driver	Day	\$350.00
6	Traffic Control Devices	Each	\$1.00
7	Flagger	Hour	\$30.00
8	Arrow Board	Day	\$1.00
<b>NON-EXPRESSWAY</b>			
9	Right-Of-Way Cleanup	Road Mile	\$100.00
10	Mowing & Trimming	Road Mile	\$300.00
11	Initial Mobilization	Lump Sum	\$0.01
12	Additional Mobilization	Lump Sum	\$0.01
13	Pilot Truck & Driver	Day	\$350.00
14	Traffic Control Devices	Each	\$1.00
15	Flagger	Hour	\$30.00
16	Arrow Board	Day	\$1.00
<b>FACILITY</b>			
17	Right-Of-Way Cleanup	Acre	\$50.00
18	Mowing & Trimming	Acre	\$150.00
19	Initial Mobilization	Lump Sum	\$0.01
20	Additional Mobilization	Lump Sum	\$0.01
21	Pilot Truck & Driver	Day	\$350.00
22	Traffic Control Devices	Each	\$1.00
23	Flagger	Hour	\$30.00
24	Arrow Board	Day	\$1.00

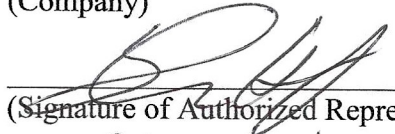
**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Shawn Hadley (Owner)  
(Printed Name and Title)  
84 Plummer Drive Leon WV 25123  
(Address)  
304-389-8468  
(Phone Number) / (Fax Number)  
ShawnHadley72@gmail.com  
(E-mail 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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 this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

GreenWorx Land Management  
(Company)

  
(Signature of Authorized Representative)

Shawn Hadley  
(Printed Name and Title of Authorized Representative)

5/18/25  
(Date)

304-389-8468  
(Phone Number) (Fax Number)





State of West Virginia  
Agency Request for Quote  
Highways

Proc Folder: 1685928

Doc Description: ADDENDUM 01 - MOWING OPERATIONS BY VENDOR BY COUNTY

Reason for Modification:

Addendum No 01

To attach responses to vendor questions and attach revised specifications

Proc Type: Agency Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2025-05-15	2025-05-22 10:30	ARFQ 0803 DOT2500000060	2

**BID RECEIVING LOCATION**

PROCUREMENT DIVISION  
DIVISION OF HIGHWAYS  
BLDG 6 RM 340A  
1900 KANAWHA BLVD E  
CHARLESTON WV 25305  
US

**VENDOR**

Vendor Customer Code: VS0000039555

Vendor Name: Shawn Hadley (GreenWork Land Management)

Address: 84 Plummer Dr

Street:

City: Leon

State: WV

Country:

Zip: 25123

Principal Contact: 304-389-8468

Vendor Contact Phone:

Extension:

**FOR INFORMATION CONTACT THE BUYER**

Jeromie F Lanham  
304-720-7383  
jeromie.f.lanham@wv.gov

Vendor  
Signature X

FEIN#

99-1017525

DATE

5/20/25

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

REQUEST FOR QUOTATION  
Mowing Operations by Vendor, by County

---

8.2.3 Any other remedies available in law or equity.

**9. MISCELLANEOUS:**

- 9.1 **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.
- 9.2 **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.
- 9.3 **Reports:** Vendor shall provide the Agency with quarterly reports, annual summaries, and/or monthly reports as requested by the Agency and/or the West Virginia Purchasing Division showing quantities, total dollar value of the Contract Items purchased, ordered, shipped & invoiced with dates in spreadsheet format as defined by the Agency. Failure to supply such reports may be grounds for cancellation of this Contract.
- 9.4 **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: Shawn Hadley  
Telephone Number: 304-389-8468  
Fax Number: \_\_\_\_\_  
Email Address: Shawn.Hadley72@gmail.com

Vendor shall inform the Agency in writing of any changes to the information provided above within ten (10) calendar days of such changes. Failure to comply may be grounds for cancellation of this contract.

ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.: ARFQ DOT2500000060

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.

GreenWorx Land Management  
Company

  
Authorized Signature

5/20/25  
Date

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





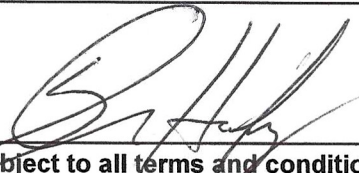
State of West Virginia  
Agency Request for Quote  
Highways

<b>Proc Folder:</b> 1685928			<b>Reason for Modification:</b>
<b>Doc Description:</b> MOWING OPERATIONS BY VENDOR BY COUNTY			
<b>Proc Type:</b> Agency Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2025-05-07	2025-05-22 10:30	ARFQ 0803 DOT2500000060	1

<b>BID RECEIVING LOCATION</b>
PROCUREMENT DIVISION DIVISION OF HIGHWAYS BLDG 6 RM 340A 1900 KANAWHA BLVD E CHARLESTON WV 25305 US

<b>VENDOR</b>		
<b>Vendor Customer Code:</b>		
<b>Vendor Name :</b>		
<b>Address :</b> 84 Plummer Drive		
<b>Street :</b>		
<b>City :</b> Leon		
<b>State :</b> WV	<b>Country :</b> Mason	<b>Zip :</b> 25123
<b>Principal Contact :</b>		
<b>Vendor Contact Phone:</b> 304-389-8468	<b>Extension:</b>	

<b>FOR INFORMATION CONTACT THE BUYER</b>
Jeromie F Lanham 304-720-7383 jeromie.f.lanham@wv.gov

<b>Vendor Signature X</b> 	<b>FEIN#</b> 99-1017525	<b>DATE</b> 5/18/25
All offers subject to all terms and conditions contained in this solicitation		