



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: 1781678
Solicitation Description: Misc. Steel for 0958 Inventory
Proc Type: Agency Purchase Order

Solicitation Closes	Solicitation Response	Version
2025-09-25 10:30	SR 0803 ESR09252500000002248	1

VENDOR
000000198704
VIRGINIA STEEL & FABRICATION INC

Solicitation Number: ARFQ 0803 DOT2600000021
Total Bid: 16800.16999999999825377017259 **Response Date:** 2025-09-25 **Response Time:** 10:07:14
Comments:

FOR INFORMATION CONTACT THE BUYER
James F Moffatt
304-414-0815
james.f.moffatt@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	Flat, 1/2" x 4" x 20'	1361.2800	LB	0.780000	1061.80

Comm Code	Manufacturer	Specification	Model #
30263900			

Commodity Line Comments:

Extended Description:

Flat, 1/2" x 4" x 20'

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Flat, 3/4" x 10" x 20'	8167.6800	LB	0.830000	6779.17

Comm Code	Manufacturer	Specification	Model #
30263900			

Commodity Line Comments:

Extended Description:

Flat, 3/4" x 10" x 20'

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Channel, C6 x 7/16" x 20'	10400.000	LB	0.855000	8892.00

Comm Code	Manufacturer	Specification	Model #
30101804			

Commodity Line Comments:

Extended Description:

Channel, C6 x 7/16" x 20'

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Square Tube, 1/8" x 1" x 1" x 24'	48.00000	LF	1.400000	67.20

Comm Code	Manufacturer	Specification	Model #
40182300			

Commodity Line Comments:

Extended Description:

Square Tube, 1/8" x 1" x 1" x 24'



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/15/2025

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).

PRODUCER Bearing Insurance Group, LLC P. O. Box 9953 Glen Allen VA 23058	CONTACT NAME: Lindsay Florence	FAX (A/C, No): 800-899-0146	
	PHONE (A/C, No, Ext): 800-541-1419	E-MAIL ADDRESS: lflorence@bearinginsurance.com	
INSURED Virginia Steel & Fabrication, Inc. David Stinson 36 Progress Drive Bastian VA 24314	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Cincinnati Insurance Company		10677
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES	CERTIFICATE NUMBER: 777690482	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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EPP 0317172	3/15/2025	3/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			EPP 0317172	3/15/2025	3/15/2026	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			EPP 0317172	3/15/2025	3/15/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	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	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	Auto Physical Damage Coverage			EPP 0317172	3/15/2025	3/15/2026	Comp Deductible \$1,000 Collision Deductible \$1,000

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

CERTIFICATE HOLDER West Virginia Department of Transportation Division of Highways 1900 Kanawha Boulevard East Building 5, Room 110 Charleston WV 25305-0430	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 <i>Lindsay Florence</i>
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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.

Teresa Lovell, Purchasing

(Printed Name and Title)

36 Progress Drive Bastian, VA 24314

(Address)

276-688-2125 / 276-688-2129

(Phone Number) / (Fax Number)

tlovell@va-steel.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.

Virginia Steel & Fabrication, inc.

(Company)



(Signature of Authorized Representative)

Teresa Lovell, Purchasing

(Printed Name and Title of Authorized Representative)

09/25/25

(Date)

276-688-2125 / 276-688-2129

(Phone Number) (Fax Number)

Revised 8/24/2023

Exhibit A
ARQS DOT2600000160

Item Number	Quantity	Unit of Measure	Description	Unit Price	Extended Amount
1	1,361.28	Pounds	Flat, 1/2"x4"x20'	7800	\$ 106180
2	8,167.68	Pounds	Flat, 3/4" x 10" x 20'	8300	\$ 677917
3	10,400.00	Pounds	Channel, C6 x 7/16" x 20'	8550	\$ 889200
4	48.00	Linear Feet	Square Tube, 1/8" x 1" x 1" x 25'	1.40	\$ 67.20
TOTAL					
					\$ 16,800.17

Date:	09/25/25
Vendor Name:	Virginia Steel & Fabrication, Inc

Authorized Signature:

Jane Knell