



RFQ 3064

For

BULK FUEL PURCHASE AND DELIVERY SERVICE

TECHNICAL PROPOSAL COPY 1

TAB I

Part I A – Technical Proposal for: Bulk Fuel Purchase and Delivery Service

RFQ 3064

**Thomas Petroleum, LLC
4825 Sloan Lane
Las Vegas, NV 89115**

Proposal Opening Date: October 9, 2013

Proposal Opening Time: 2:00 PM

TAB II

Table of Contents

- III. Vendor Information Sheet
- IV. State Documents
- V. Attachment B Technical Proposal Certification of Compliance with Terms and Conditions of RFQ
- VI. Section 3.2 Minimum Qualifications
- VII. Section 6 Company Background and References
- VIII. Other Informational Material

TAB III

VENDOR INFORMATION SHEET FOR RFQ 3064

Vendor Must:

- A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;
- B) Type or print responses; and
- C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	<i>Thomas Petroleum, LLC</i>	
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V2	Street Address	<i>4825 Sloan Lane</i>	
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V3	City, State, ZIP	<i>Las Vegas, NV 89115</i>	
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V4	Telephone Number		
	Area Code: <i>702</i>	Number: <i>382-1620</i>	Extension:

V5	Facsimile Number		
	Area Code: <i>702</i>	Number: <i>382-4315</i>	Extension:

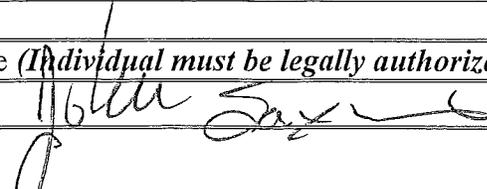
V6	Toll Free Number		
	Area Code: <i>877</i>	Number: <i>726-0753</i>	Extension:

V7	<i>Contact Person for Questions / Contract Negotiations, including address if different than above</i>		
	Name: <i>Paul Anderson</i>		
	Title: <i>Account Executive</i>		
	Address:		
Email Address: <i>panderon@CLThomas.com</i>			

V8	Telephone Number for Contact Person		
	Area Code: <i>775</i>	Number: <i>848-0834</i>	Extension:

V9	Facsimile Number for Contact Person		
	Area Code: <i>775</i>	Number: <i>829-9923</i>	Extension:

V10	<i>Name of Individual Authorized to Bind the Organization</i>		
	Name: <i>John Saxon</i>	Title: <i>General Manager Southern Region</i>	

V11	Signature (<i>Individual must be legally authorized to bind the vendor per NRS 333.337</i>)		
	Signature: 	Date: <i>10/02/13</i>	

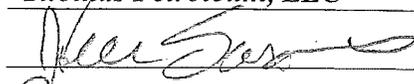
TAB IV

12. During the pre-proposal conference, it was brought to the States attention that the following propane tanks are owned by Suburban Propane:

<i>Tonopah Conservation Camp</i>	<i>6 – 1,150 gallon tanks</i>
<i>Glendale NDOT</i>	<i>1- 500 gallon tank</i>
<i>Indian Springs NDOT</i>	<i>1 – size of tank unspecified</i>
<i>Mt. Charles NDOT</i>	<i>1 – 1,000 gallon tank</i>
<i>Searchlight NDOT</i>	<i>1 – 500 gallon tank</i>

ALL ELSE REMAINS THE SAME FOR RFQ 3064.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: Thomas Petroleum, LLC
Authorized Signature: 
Title: Authorized Agent Date: 10/02/13

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked “confidential” in their entirety, or those in which a significant portion of the submitted proposal is marked “confidential” **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a “trade secret” as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors’ technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFQ, vendors are requested to submit confidential information in separate binders marked “**Part I B Confidential Technical**” and “**Part II Confidential Financial**”.

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in *Section 2 “ACRONYMS/DEFINITIONS.”*

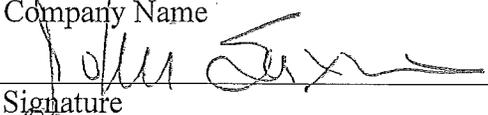
Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part I B – Confidential Technical Information			
YES	<input checked="" type="checkbox"/>	NO	
Justification for Confidential Status			
<i>Thomas Petroleum, LLC proprietary information</i>			

A Public Records CD has been included for the Technical and Cost Proposal			
YES	<input checked="" type="checkbox"/>	NO	

Part II – Confidential Financial Information			
YES	<input checked="" type="checkbox"/>	NO	
Justification for Confidential Status			
<i>Thomas Petroleum, LLC proprietary information</i>			

Thomas Petroleum, LLC

Company Name


John Saxon
 Print Name

10/02/13
 Date

This document must be submitted in Tab IV of vendor’s technical proposal

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

- (1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.
- (2) All proposed capabilities can be demonstrated by the vendor.
- (3) The price(s) and amount of proposal will be arrived independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.
- (4) All proposal terms, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, will remain in effect throughout the contract negotiation process.
- (5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.
- (6) All conditions and provisions of this RFQ are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.
- (7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFQ. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFQ, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.
- (8) All employees assigned to the project are authorized to work in this country.
- (9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.
- (10) The company has a written policy regarding compliance for maintaining a drug-free workplace.
- (11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.
- (12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.
- (13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

Thomas Petroleum, LLC

Vendor/Company Name



Vendor Signature

John Saxon

Print Name

10/02/13

Date

This document must be submitted in Tab IV of vendor's technical proposal

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Marsh USA Inc.		NAMED INSURED Thomas West Fuels, Lubricants & Chemicals, LLC	
POLICY NUMBER		P.O. Box 1876	
CARRIER	NAIC CODE	Victoria, TX 77902	
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

Texas Non-Subscriber Occupational Injury Coverage is provided by the following policies:

Policy Number: NSZE51088-13 Service Lloyds Insurance Company 03/14/2013 to 03/14/2014 Limits of Liability CSL \$5,000,000 Each Employee; \$10,000,000 Each Occurrence; \$500,000 SIR

Policy Number: XCB2296 Essex Insurance Company 03/14/2013 to 03/14/2014 Limits of Liability \$10,000,000 Per Occurrence; \$10,000,000 Policy Aggregate



POLICY NUMBER: TC2J-CAP-9356B116-TIL-13

EFFECTIVE DATE: 02-10-13

ISSUE DATE: 03-07-13

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS.

IL T0 02 11 89	COMMON POLICY DECLARATIONS
IL T8 01 10 93	FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS
IL T0 01 01 07	COMMON POLICY CONDITIONS
IL T3 02 07 86	CALCULATION OF PREMIUM-COMPOSITE RATE(S)
IL T3 40 03 95	BROADENED NAMED INSURED ENDORSEMENT
IL T8 00	NAMED INSURED
IL T8 25	GENERAL PURPOSE ENDORSEMENT
IL T3 20 09 97	EARLIER NOT CANCEL/NONRENEWAL PROV BY US

COMMERCIAL AUTOMOBILE

CA T0 01 02 07	BUSINESS AUTO COV PART ITEMS 1, 2
CA T0 03 03 10	BUS AUTO COV PART DECLARATIONS-4&5
CA F0 57 03 10	DEDUCTIBLE END-CALIFORNIA
CA T4 06 03 10	DEDUCTIBLE ENDORSEMENT
CA T0 31 03 10	TABLE OF CONTENTS-BUSINESS AUTO COV FORM
CA 00 01 03 10	BUSINESS AUTO COVERAGE FORM
CA 01 21 02 99	LIMITED MEXICO COVERAGE
CA 99 60 03 10	AUDIO/VIS/DATAELEC EQUIP COV ADDED LMTS
MCS 90	END FOR MC POL OF INS FOR PUBLIC LIAB
CA F0 85 08 07	EARLIER NOTICE OF CANCEL/NONRENEW - TX
CA T4 34 08 08	COMM AUTO TOWING AND LABOR COVERAGE
CA T4 43 06 09	AMENDMENT OF BODILY INJURY DEFINITION
CA T4 59 03 10	AMENDMENT OF EMPLOYEE DEFINITION
CA T4 61 11 10	BROAD FORM NAMED INSURED
CA T4 74 02 12	BLKT ADDL INSD-PRIMARY AND NON-CONTRIB
CA 01 03 03 10	LOUISIANA CHANGES
CA 01 13 01 11	COLORADO CHANGES
CA 01 18 11 00	IDAHO CHANGES
CA 01 32 03 94	OKLAHOMA CHANGES
CA 01 36 03 10	NEVADA CHANGES
CA 01 39 12 01	NEW MEXICO CHANGES
CA 01 43 05 07	CALIFORNIA CHANGES
CA 01 59 03 10	UTAH CHANGES
CA 01 61 11 11	NORTH DAKOTA CHANGES
CA 01 62 10 07	ARKANSAS CHANGES
CA 01 78 05 96	LA CHANGES COV EXTENSION-RENTAL VEHS
CA 01 80 09 97	PENNSYLVANIA CHANGES
CA 01 96 03 10	TEXAS CHANGES
CA 20 01 03 06	ADDITIONAL INSURED-LESSOR
CA 22 34 03 06	NORTH DAKOTA PERSONAL INJURY PROTECTION
CA 22 37 03 06	PA BASIC FIRST PARTY BENEFITS
CA 22 44 03 06	UTAH PERSONAL INJURY PROTECTION
CA 23 17 03 06	TRUCKERS-INTERMODAL INTERCHANGE END
CA 99 10 03 10	DRIVE OTHER CAR COV-BROAD COV NAMED INSD



POLICY NUMBER: TC2J-CAP-9356B116-TIL-13

EFFECTIVE DATE: 02-10-13

ISSUE DATE: 03-07-13

COMMERCIAL AUTOMOBILE (CONTINUED)

CA 99 16 03 10 HIRED AUTOS SPECIF AS COV AUTOS YOU OWN
CA 99 23 03 10 RENTAL REIMBURSEMENT COVERAGE
CA 99 30 03 10 TAPES, RECORDS AND DISCS COVERAGE
CA 99 37 03 10 GARAGEKEEPERS COVERAGE
CA 99 48 03 06 POLLUTION LIAB-BROADENED COV FOR AUTO
CA 99 95 12 01 TEXAS SUPPLEMENTARY DEATH BENEFIT
CA T3 40 08 08 BLANKET WAIVER OF SUBROGATION
CA T3 52 01 04 CHANGES IN POLICY-FELLOW EMPLOYEE COV
CA T3 69 01 04 ADD'L COND-UNINTENTIONAL ERRORS/OMISS
CA T3 70 10 96 AMENDMENT OF NOTICE REQUIREMENT
CA T3 94 01 04 EMPLOYEE AS INSUREDS
18230 UNIFORM MOTOR CARRIER END-18230- FORM F
CA F0 51 03 01 TX CHANGES-CANCELLATION AND NONRENEWAL
CA 02 50 02 99 NEW MEXICO CANCELLATION CHANGES
CA T3 04 01 87 AMENDED TITLE-AUTO COVERAGE PARTS
CA T8 00 LESSOR - ADDITIONAL INSURED AND LOSS PAY
CA 99 40 12 93 EXCL OR EXCESS COV HAZARDS OTHERWISE INS
CA 23 05 12 93 WRONG DELIVERY OF LIQUID PRODUCTS
CA T3 18 02 99 EXCLUSION-AUTOS IN CANADA

INTERLINE ENDORSEMENTS

IL T4 05 03 11 DESIGNATED ENTITY - CANC PROVIDED BY US
IL F0 95 10 10 OK CHANGES-CONCEAL,MISREPRESENT OR FRAUD
IL 00 21 09 08 NUCLEAR ENERGY LIAB EXCL END-BROAD FORM
IL 01 10 09 07 NV CHANGES-CONCEALMENT,MISREP OR FRAUD
IL 01 15 01 10 NEVADA CHANGES - DOMESTIC PARTNERSHIP
IL 01 65 09 08 ND CHANGES-EXAM OF YOUR & RECORDS
IL 01 69 09 07 CO CHANGES CONCEAL MISREP OR FRAUD
IL 01 77 10 10 OK CHANGES-CONCEAL,MISREPRESENT OR FRAUD
IL 01 79 10 02 OKLAHOMA NOTICE
IL 02 04 09 08 IDAHO CHANGES-CANCELLATION/NONRENEWAL
IL 02 28 09 07 CO CHANGES-CANCELLATION AND NONRENEWAL
IL 02 31 09 08 ARKANSAS CHG-CANCELLATION AND NONRENEWAL
IL 02 34 09 08 ND CHANGES-CANCELLATION AND NONRENEWAL
IL 02 36 09 07 OKLAHOMA CHANGES-CANC & NONRENEWAL
IL 02 46 09 07 PA CHANGES-CANCELLATION & NONRENEWAL
IL 02 51 09 07 NV CHANGES-CANCELLATION & NONRENEWAL
IL 02 66 09 08 UT CHANGES-CANCELLATION & NONRENEWAL
IL 02 70 08 11 CALIFORNIA CHANGES - CANC AND NONRENEWAL
IL 02 77 03 12 LOUISIANA CHGS - CANC & NONRENEWAL
IL 09 09 03 98 ARKANSAS NOTICE
IL 09 10 07 02 PENNSYLVANIA NOTICE

POLICYHOLDER NOTICES

PN CA 36 09 05 CA AUTO BODY REPAIR CONS BILL OF RIGHTS

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED – PRIMARY AND
NON-CONTRIBUTORY WITH OTHER INSURANCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

PROVISIONS

- A. The following is added to Paragraph c. in A. 1., Who Is An Insured, of SECTION II – LIABILITY COVERAGE:**

Any person or organization who is required under a written contract or agreement between you and that person or organization, that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to be named as an additional insured is an "insured" for Liability Coverage, but only for damages to which this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II.

- B. The following is added to Paragraph 5., Other Insurance, in B. General Conditions of SECTION IV – BUSINESS AUTO CONDITIONS:**

Regardless of the provisions of paragraph a. and paragraph d. of this part 5. **Other Insurance**, this insurance is primary to and non-contributory with applicable other insurance under which an additional insured person or organization is the first named insured when the written contract or agreement between you and that person or organization, that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, requires this insurance to be primary and non-contributory.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

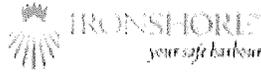
With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Paragraph 5. **Transfer of Rights Of Recovery Against Others To Us** of the CONDITIONS section is replaced by the following:

5. Transfer Of Rights Of Recovery Against Others To Us

We waive any right of recovery we may have against any person or organization to the extent

required of you by a written contract executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of the operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.



IRONSHORE SPECIALTY INSURANCE COMPANY

Mailing Address:
75 Federal Street
5th Floor
Boston, MA 02110
Toll Free: (877) IRON411

Endorsement # 33

Policy Number: 000931502

Effective Date of Endorsement: February 10, 2013

Insured Name: C.L. Thomas, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED REQUIRED BY WRITTEN CONTRACT

- A. **Section II - Who Is An Insured** is amended to include any person or organization you are required to include as an additional insured on this policy by a written contract or written agreement in effect during this policy period and executed prior to the "occurrence" of the "bodily injury" or "property damage."
- B. The insurance provided to the above described additional insured under this endorsement is limited as follows:
 - 1. **SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** only.
 - 2. The person or organization is only an additional insured with respect to liability arising out of "your work" or "your product" for that additional insured.
 - 3. The insurance provided to such an additional insured does not apply to "bodily injury" or "property damage" arising out of an architect's, engineer's or surveyor's rendering of or failure to render any professional services including:
 - i. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specifications; and
 - ii. Supervisory, inspection, architectural or engineering activities.
 - 4. This insurance does not apply to "bodily injury" or "property damage" arising out of "your work" or "your product" included in the "products-completed operations hazard" unless you are required to provide such coverage by written contract or written agreement and then only for the period of time required by the written contract or written agreement and in no event beyond the expiration date of the policy.
 - 5. Any coverage provided by this endorsement to an additional insured shall be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a written contract or written agreement specifically requires that this insurance apply on a primary or non-contributory basis.

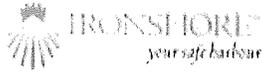
ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

A handwritten signature in black ink, appearing to be 'SMC', written over a horizontal line.

Authorized Representative

February 20, 2013

Date



IRONSHORE SPECIALTY INSURANCE COMPANY

Mailing Address:
75 Federal Street
5th Floor
Boston, MA 02110
Toll Free: (877) IRON411

Endorsement # 7

Policy Number: 000931502
Insured Name: C.L. Thomas, Inc.

Effective Date of Endorsement: February 10, 2013

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Person Or Organization:</p> <p>As per written contract on file with company</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – **Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



Authorized Representative

February 20, 2013
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/04/2013

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 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 Marsh USA Inc. 1000 Main Street Suite 3000 Houston, TX 77002 Irene N. Bijarro	1-713-276-8615	CONTACT NAME:	
		PHONE (A/C, No. Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Ironshore Specialty Insurance Company	
		INSURER B: Travelers Property Casualty Company of	
		INSURER C: Navigators Insurance Company	
		INSURER D: The Charter Oak Fire Insurance Company	
		INSURER E:	
		INSURER F:	
INSURED Thomas West Fuels, Lubricants & Chemicals, LLC P.O. Box 1876 Victoria, TX 77902		NAIC #	

COVERAGES **CERTIFICATE NUMBER:** 36241886 **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/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		000931502	02/10/13	02/10/14	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ N/A
	<input checked="" type="checkbox"/> SIR/Ded \$250,000					PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 5,000,000
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC	PRODUCTS - COMP/OP AGG \$ 2,000,000
<input type="checkbox"/>						\$
B	AUTOMOBILE LIABILITY		TC2J-CAP-9356B116	02/10/13	02/10/14	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> MCS-90						\$
C	UMBRELLA LIAB		NY13UMR722743IV	02/10/13	02/10/14	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE					\$
<input checked="" type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$ 10,000			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		TC20-UB-9358B816	02/10/13	02/10/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
		<input checked="" type="checkbox"/>				E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Proof of Insurance Only. Proof of Additional Insured and Waiver of Subrogation Endorsements provided.

CERTIFICATE HOLDER	CANCELLATION
State of Nevada Dept of Administration - Purchasing Div. 515 E. Musser St, Ste. 300 Carson City, NV 89701 USA	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

Document Number:	20100679818-82	# of Pages:	1
File Date:	9/9/2010	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20110517320-72	# of Pages:	1
File Date:	7/14/2011	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20120644812-30	# of Pages:	1
File Date:	9/20/2012	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20130412755-40	# of Pages:	1
File Date:	6/24/2013	Effective Date:	
(No notes for this action)			

Post this Permit in a Visible
Area at All Times



Post this Permit in a Visible
Area at All Times

NEVADA STATE FIRE MARSHAL

Hazardous Materials Permit

PERMIT NUMBER

26807

Thomas Petroleum, LLC
1117 North 400 East
North Salt Lake, UT 84054

FDID NUMBER

16002



Reno Warehouse
995 South McCarran Blvd #103
Sparks, NV 89431

2013

Expires February 28, 2014

Nevada State Fire
Marshal

THIS PERMIT DOES NOT MEET LOCAL FEE REQUIREMENTS * PLEASE KEEP PERMIT AVAILABLE ON SITE
CHANGES IN INFORMATION OR MATERIALS SHALL BE REPORTED WITHIN 90 DAYS



April 16, 2013

ROGER WOODWARD
THOMAS WEST FLC
PO BOX 540730
NORTH SALT LAKE, UT 84054-0730

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **TWFK** has been renewed for:

THOMAS WEST FLC
PO BOX 540730
NORTH SALT LAKE, UT 84054-0730
MC-691016
US DOT-1936338

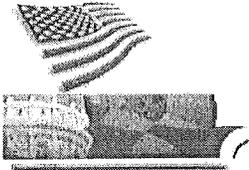
This Alpha Code will apply only to the company name shown above through June 30, 2014. A renewal notice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

CBP SCAC Processing
Bureau of Customs and Border Protection
7681 Boston Blvd., Beauregard 1st Fl Wing A
Springfield, VA 22153
AMS.SCAC@DHS.GOV

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810



UNIFIED CARRIER REGISTRATION SYSTEM

[UCR Home](#) [Logout](#) [Contact Us](#)

[Home](#) [RegistrationHome](#)

Unified Carrier Registration

UCR registration is complete.
Please print this page for your records and close the browser window.
If you paid using a credit card on the internet, the charge will be reflected as 'UCR Fees' on your statement.



Receipt number: 2013500400159
Registration Year: 2013
Expiration Date: 12/31/2013
Legal Name: THOMAS WEST FUELS LUBRICANTS & CHEMICALS LLC
DBA: THOMAS WEST FLC
USDOT Number: 1936338
MC Number: 691016
Telephone Number: 8013978356
Base State: UT
Business Address: 1070 West 200 North
 Logan , UT 84321
Mailing Address: Po Box 540730
 North Salt Lake , UT 84054
Classification: Motor Carrier

Payment Details

Transaction Type	Total Vehicles	Certified By	Paid Date	Fee Paid	Other Fee
REGISTRATION	254	ROGER WOODWARD	11/06/2012	\$7511.00	\$4.00
Total	254			\$7511.00	

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2011-2014

Registrant: THOMAS WEST FUELS, LUBRICANTS & CHEMICALS, LLC DBA:
THOMAS WEST FLC
Attn: ROGER
PO BOX 540730
NORTH SALT LAKE, UT 84054

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 051911 550 061TV Issued: 05/19/2011 Expires: 06/30/2014

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-62, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

**Alliance for Uniform HazMat Transportation
Procedures
Uniform Program Credentials**



**ALLIANCE
For Uniform
HAZMAT
Transportation
Procedures**

THOMAS WEST FUELS, LUBRICANTS &
CHEMICALS, LLC
PO BOX 540730
NORTH SALT LAKE UTAH 84054

USDOT Census #: 1936338
ICC #: 691016
EPA Transportation Ids:
Intrastate Motor Carrier #:

Phone Number to call in case of an accident or emergency: 801-589-7824

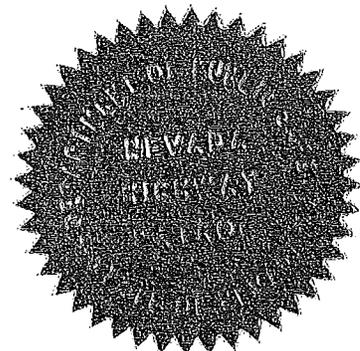
Uniform Program ID: UPM-1936338-NV

Certified By: *De Donna Chappel*

Issuance Date: January 16, 2013 **Expiration March 31, 2014**

Issuing Agency: Nevada Highway Patrol

Agency Phone Number: (775) 684-4622



TAB V

**ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE
WITH TERMS AND CONDITIONS OF RFQ**

I have read, understand and agree to comply with the terms and conditions specified in this Request for Qualifications.

YES X I agree to comply with the terms and conditions specified in this RFQ.

NO _____ I do not agree to comply with the terms and conditions specified in this RFQ.

In order for any exceptions and/or assumptions to be considered they **MUST** be documented in detail in the tables below. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. Vendors must be specific. Nonspecific exceptions or assumptions may not be considered. If the exception or assumption requires a change in the terms or wording of the contract, the scope of work, or any incorporated documents, vendors must provide the specific language that is being proposed in the tables below.

Thomas Petroleum, LLC

Company Name

Signature

John Saxon

Print Name

10/02/13

Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

RFQ SECTION NUMBER	RFQ PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

RFQ SECTION NUMBER	RFQ PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab V of vendor's technical proposal

TAB VI

3.2 Minimum Qualifications

3.2.1

Fuel supplied by Thomas Petroleum will comply with applicable governmental and industry standards and specifications in accordance with NRS and NAC Chapter 590

3.2.2

Thomas Petroleum is a certified Carrier in full compliance with the Nevada Transportation Authority per NAC 706 and will provide a copy upon request.

3.2.3

Thomas Petroleum will submit a Bill of Landing & Material Safety Data Sheets (M.S.D.S.) will accompany the hazardous material and will be made available at the time of delivery.

3.2.4

*Statewide Thomas Petroleum will deliver Diesel and Gasoline
For Propane deliveries Thomas will deliver to Tonopah in the West and Ely in the East South.*

3.2.5

- 3.3.3.2 *Class A Blended Gasoline*
- 3.3.3.3 *Unleaded Fuel*
- 3.3.3.4 *Diesel Fuel*
- 3.3.3.5 *Reformulated unleaded gasoline*
- 3.3.3.6 *Utilities Fuel Red*
- 3.3.3.7 *Utilities Fuel Propane*
- 3.3.3.8 *Red-dyed diesel*
- 3.3.3.9 *Ethanol 85*
- 3.3.3.11 *Bio-diesel*
- 3.3.3.12 *Reformulated Gasoline*
- 3.3.3.13 *Motor Fuels grade Propane*

TAB VII

6. COMPANY BACKGROUND AND REFERENCES

6.1 VENDOR INFORMATION

6.1.1 Vendors must provide a company profile in the table format below.

Question	Response
Company name:	<i>Thomas Petroleum, LLC</i>
Ownership (sole proprietor, partnership, etc.):	<i>LLC Partnership</i>
State of incorporation:	<i>Texas</i>
Date of incorporation:	<i>September 2009</i>
# of years in business:	<i>27</i>
List of top officers:	<i>Cliff Thomas Jeff Johanson Bill Thomas</i>
Location of company headquarters:	<i>Victoria, Texas</i>
Location(s) of the company offices:	
Location(s) of the office that will provide the services described in this RFQ:	<i>Las Vegas, NV Reno, NV Carlin, NV Caliente, NV Beowawe, NV</i>
Number of employees locally with the expertise to support the requirements identified in this RFQ:	<i>95</i>
Number of employees nationally with the expertise to support the requirements in this RFQ:	<i>3,300</i>
Location(s) from which employees will be assigned for this project:	<i>Las Vegas, NV Reno, NV Carlin, NV Caliente, NV Beowawe, NV</i>

6.1.2 **Please be advised**, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State’s Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

6.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State’s Office pursuant to NRS76. Information regarding the Nevada Business License can be located at <http://sos.state.nv.us>.

Question	Response
Nevada Business License Number:	<i>NV20091301224</i>
Legal Entity Name:	<i>Thomas Petroleum, LLC</i>

Is “Legal Entity Name” the same name as vendor is doing business as?

Yes	X	No	
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If "No", provide explanation.

6.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

6.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes	X	No	
-----	---	----	--

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	Response
Name of State agency:	<i>Board of Agriculture</i>
State agency contact name:	<i>Jim Barbee</i>
Dates when services were performed:	<i>2009 to present</i>
Type of duties performed:	<i>Vice Chairman</i>
Total dollar value of the contract:	<i>0</i>

6.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes	X	No	
-----	---	----	--

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

Paul Anderson donates his time on the Board of Agriculture.

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFQ, and specify the services that each person will be expected to perform.

6.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFQ must also be disclosed. Does any of the above apply to your company?

Yes		No	X
-----	--	----	---

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	Response	
Date of alleged contract failure or breach:	N/A	
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

6.1.8 Vendors must review the insurance requirements specified in *Attachment E, Insurance Schedule for RFQ 3064*. Does your organization currently have or will your organization be able to provide the insurance requirements as specified in *Attachment E*.

Yes	X	No	
-----	---	----	--

Any exceptions and/or assumptions to the insurance requirements *must* be identified on *Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP*. Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor *must* provide the Certificate of Insurance identifying the coverages as specified in *Attachment E, Insurance Schedule for RFP 3064*.

- 6.1.9 Company background/history and why vendor is qualified to provide the services described in this RFQ. Limit response to no more than five (5) pages.
- 6.1.10 Length of time vendor has been providing services described in this RFQ to the public and/or private sector. Please provide a brief description.
- 6.1.11 Financial information and documentation to be included in Part III, Confidential Financial of vendor's response in accordance with *Section 12.4, Part II – Confidential Financial*.
 - 6.1.11.1 Dun and Bradstreet Number
 - 6.1.11.2 Federal Tax Identification Number

6.2 SUBCONTRACTOR INFORMATION

- 6.2.1 Does this proposal include the use of subcontractors, excluding the use of common carriers registered with a valid SCAC?

Yes		No	X
-----	--	----	---

If "Yes", vendor must:

- 6.2.1.1 Identify specific subcontractors and the specific requirements of this RFQ for which each proposed subcontractor will perform services.
- 6.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:
 - A. Describe the relevant contractual arrangements;
 - B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and
 - C. Describe your previous experience with subcontractor(s).
- 6.2.1.3 Vendors must describe the methodology, processes and tools utilized for:
 - A. Selecting and qualifying appropriate subcontractors for the project/contract;
 - B. Ensuring subcontractor compliance with the overall performance objectives for the project;
 - C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and

D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.

6.2.1.4 Provide the same information for any proposed subcontractors as requested in *Section 6.1, Vendor Information*.

6.2.1.5 Business references as specified in *Section 6.3, Business References* must be provided for any proposed subcontractors.

6.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

6.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFQ in *Section 6.2, Subcontractor Information*. The vendor must receive agency approval prior to subcontractor commencing work.

6.3 BUSINESS REFERENCES

6.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last three (3) years.

6.3.2 Vendors must provide the following information for every business reference provided by the vendor and/or subcontractor:

The "Company Name" must be the name of the proposing vendor or the vendor's proposed subcontractor.

Reference #: 1	
Company Name:	<i>Las Vegas Paving</i>
<i>Identify role company will have for this RFQ project (check one):</i>	
<input checked="" type="checkbox"/>	VENDOR
	SUBCONTRACTOR
Project Name:	<i>North 5th</i>
Primary Contact Information	
Name:	<i>Rick Ewing</i>
Street Address:	<i>4420 S. Decatur</i>
City, State, Zip	<i>Las Vegas, NV 89103</i>
Phone, including area code:	<i>(702)251-5800</i>
Facsimile, including area code:	<i>(702)251-7026</i>
Email address:	<i>Rick.ewing@lvpaving.com</i>
Alternate Contact Information	
Name:	
Street Address:	

City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Reference #: 2			
Company Name:		<i>Sinclair Oil</i>	
<i>Identify role company will have for this RFQ project (check one):</i>			
<input checked="" type="checkbox"/>	<i>VENDOR</i>	<input type="checkbox"/>	<i>SUBCONTRACTOR</i>
Project Name:			
Primary Contact Information			
Name:		<i>Katherine Chadey</i>	
Street Address:		<i>550 East South Temple</i>	
City, State, Zip		<i>Salt Lake City, UT 84130</i>	
Phone, including area code:		<i>(801)524-2958</i>	
Facsimile, including area code:		<i>(801) 524-2740</i>	
Email address:		<i>kchadey@sinclairoil.com</i>	
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Reference #: 3			
Company Name:		<i>Clark County</i>	
<i>Identify role company will have for this RFQ project (check one):</i>			
<input checked="" type="checkbox"/>	<i>VENDOR</i>	<input type="checkbox"/>	<i>SUBCONTRACTOR</i>
Project Name:			
Primary Contact Information			
Name:		<i>David Johnson</i>	
Street Address:		<i>4241 Stephanie Street</i>	
City, State, Zip		<i>Las Vegas, NV 89122</i>	
Phone, including area code:		<i>(702)455-8556</i>	
Facsimile, including area code:			
Email address:		<i>DWJ@co.clark.nv.us</i>	
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			

Facsimile, including area code:	
Email address:	

- 6.3.3 Vendors must also submit *Attachment F, Reference Questionnaire* to the business references that are identified in *Section 6.3.2*.
- 6.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.
- 6.3.5 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in *Section 11, RFQ Timeline* for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.
- 6.3.6 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

7. COST

- 7.1 As needed, using agencies will obtain quotes from all contracted vendors in the region in which purchase is to be made.
- 7.2 Purchase will be made with consideration of lowest cost and availability of fuel delivery.
- 7.3 Cost of fuel and any additional fees must be provided to the using agency at time quotes are requested. **Any fees not disclosed at time of quote will not be paid.**

8. FINANCIAL

8.1 PAYMENT

Upon review and acceptance by the State of invoice, payments for invoices will be made within 10-15 days of receipt, providing all required information, documents and/or attachments have been received.

8.2 BILLING

- 8.2.1 The State does not issue payment prior to receipt of goods or services.
- 8.2.2 The vendor must bill the State as outlined in the approved contract and/or payment schedule.

9. PRE PROPOSAL CONFERENCE

- 9.1 A voluntary pre proposal conference will be held on September 4, 2013 @ 10:00 AM. It will be held in the North at the Legislative Council Bureau, 401 South Carson St., Room 3138, Carson City, NV. along with a video conference in the South, at the Sawyer Office Building, 555 E. Washington Ave., Room 4412E, Las Vegas NV.. Representatives of the Purchasing Division will be present at both locations to address questions about the RFQ.

TAB IX



Thomas Petroleum Locations Nationwide:

Nevada

Las Vegas
Reno
Caliente
Carlin

Arizona

Damascus

New Mexico

Hobbs

California

Bishop

Oklahoma

El Reno

Utah

North Salt Lake
Price
Richfield
Delta
St. George
Logan
Vernal

Texas

Beaumont
Bridgeport
Corpus Christi
Houston
La Grange
Laredo
Permian Basin
Rio Grande Valley
San Antonio
Tyler
Victoria

Idaho

Pocatello
Burley
Rexburg
Idaho Falls

Pennsylvania

Washington

North Dakota

Williston

Colorado

Greeley