

State of West Virginia Request for Quotation 09 — Construction

Proc Folder: 563371

Doc Description: Addendum No. 4 B5 Freight Elevator Replacement Project

Proc Type: Central Purchase Order

 Date Issued
 Solicitation Closes
 Solicitation No
 Version

 2019-06-06
 2019-06-12 13:30:00
 CRFQ
 0211 GSD1900000024
 5

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV

25305

US

RECEIVED

VENDOR

Vendor Name, Address and Telephone Number:

W.N. ELEVATOR

304-881-1383

2019 JUN 12 PM 12: 30

WV PURCHASING DIVISION

FOR INFORMATION CONTACT THE BUYER

Melissa Pettrey (304) 558-0094

melissa.k.pettrey@wv.gov

Signature X

FFIN#

15-5260236

DATE 6-11-19

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

Page: 1

FORM ID: WV-PRC-CRFQ-001

ADDITIONAL INFORMATION:

Addendum No. 4

Addendum No. 4 is issued to publish and distribute the attached information to the vendor community.

Central Request For Quotation Construction

The West Virginia Purchasing Division is soliciting bids on behalf of the WV Department of Administration, General Services Division ("Agency" and "Owner") to establish a contract for the replacement of the freight elevator, in Building Five on the WV State Capitol Complex in Charleston, WV, per the bid requirements, specifications, terms and conditions and Project Manual attached to this solicitation. Miller Engineering, Inc., is serving as the Engineer on this project.

INVOICE TO		SHIP TO			
DEPARTMENT OF ADMINISTRATION GENERAL SERVICES DIVISION 112 CALIFORNIA AVENUE, 5TH FLOOR			GENERAL SERVICES DIVISION BLDG 5 - HIGHWAYS		
CHARLESTON WV25305		1900 KANAWHA BLVD E CHARLESTON WW 2	5305		
us		US			

Line	Comm Ln Desc	Qty	Unit issue	Unit Price	Total Price
1	Bldg 5 Freight Elevator Repl	acement			
	Project				

Comm Code	Manufacturer	Specification	Model #	
72154010				

Extended Description:

Per attached specifications

	Document Phase	Document Description	Page 3
GSD1900000024	Final	Addendum No. 4 B5 Freight Elevator	of 3
		Replacement Project	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: GSD1900000024

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.

<u>[X</u> 1	Addendum No. 1	[1	Addendum No. 6
[/]	Addendum No. 2	[]	Addendum No. 7
[\(\)]	Addendum No. 3	1]	Addendum No. 8
ľXí	Addendum No. 4	[1	Addendum No. 9
[]	Addendum No. 5	[1	Addendum No. 10

Addendum Numbers Received:

(Check the box next to each addendum received)

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

Company

Authorized Signature

Date

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

ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

1. CONTRACTOR'S LICENSE: West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor. West Virginia Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. If an apparent low bidder fails to submit a license number in accordance with this section, the Purchasing Division will promptly request by telephone and electronic mail that the low bidder and the second low bidder provide the license number within one business day of the request. Failure of the bidder to provide the license number within one business day of receiving the request shall result in disqualification of the bid. Vendors should include a contractor's license number in the space provided below.

Contractor's Name:	West Vivginia Eloyator, LLC.
Contractor's License	No.: WV- J 049 746

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a contract award document.

- 2. DRUG-FREE WORKPLACE AFFIDAVIT: W. Va. Code § 21-1D-5 provides that any solicitation for a public improvement contract requires each Vendor that submits a bid for the work to submit an affidavit that the Vendor has a written plan for a drug-free workplace policy. If the affidavit is not submitted with the bid submission, the Purchasing Division shall promptly request by telephone and electronic mail that the low bidder and second low bidder provide the affidavit within one business day of the request. Failure to submit the affidavit within one business day of receiving the request shall result in disqualification of the bid. To comply with this law, Vendor should complete the enclosed drug-free workplace affidavit and submit the same with its bid. Failure to submit the signed and notarized drugfree workplace affidavit or a similar affidavit that fully complies with the requirements of the applicable code, within one business day of being requested to do so shall result in disqualification of Vendor's bid. Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.
- 2.1. DRUG-FREE WORKPLACE POLICY: Pursuant to W. Va. Code § 21-1D-4, Vendor and its subcontractors must implement and maintain a written drug-free workplace policy that complies with said article. The awarding public authority shall cancel this contract if: (1) Vendor fails to implement and maintain a written drug-free workplace policy described in the preceding paragraph, (2) Vendor fails to provide information regarding implementation of its drug-free workplace policy at the request of the public authority; or (3) Vendor provides to the public authority false information regarding the contractor's drug-free workplace policy.

Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.

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.

DUSTIN BOZEK MANAGER
(Name, Title)
DUSTIN BOZEK MANAGER
(Printed Name and Title)
(Printed Name and Title) 1.0. BOX 57 AMMA WV 25005
(Address)
304-881-1383 304-381-4444
(Phone Number) / (Fax Number)
wyelevator o gmail. com
(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

WEST VIRGINIA ELEVATOR LLC
(Company)
DUSTIN BOZEK MANAGER
(Authorized Signature) (Representative Name, Title)
Nucrol Pages
DUSTIN BOZEK MANAGER
(Printed Name and Title of Authorized Representative)
10/11/19
(Date)
304-881-1383 304-881-4444
(Phone Number) (Fax Number)

REQUEST FOR QUOTATION Building Five Freight Elevator Replacement Project

and procedures.

14.5. Vendor shall inform all staff of Agency's security protocol and procedures.

15. MISCELLANEOUS:

15.1. 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: DUSTIN BOZEK

Telephone Number: 304-881-1383

Fax Number: 304-381-4444

Email Address: Welevator @ amail.com

15.2. Owner's Representative: Owner's representative for notice purposes is

Name:

David K Parsons

Telephone Number:

(304)957-7122

Fax Number:

(304)558-1475

Email Address:

David.K.Parsons@wv.gov

16. Initial Decision Maker: Miller Engineering, Inc., the Engineer, shall serve as the Initial Decision Maker in matters relating to this contract.

State of West Virginia Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with **West Virginia Code** § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

<u>Instructions:</u> Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than \$25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of \$25,000 or less, the vendor should mail the report to the public authority issuing the contract.

,	
Contract Identification:	
Contract Number:GSD 1900000 24	
Contract Purpose: BS FREIGHT ELEVATOR REF	PLACEMENT PROJECT
Agency Requesting Work: GENERAL SERVICES	DIVISION
Required Report Content: The attached report must include a should check each box as an indication that the required information	ation has been included in the attached report.
☐ Information indicating the education and training service 21-1D-5 was provided;	to the requirements of West Virginia Code §
Name of the laboratory certified by the United States Department o	partment of Health and Human Services or its
Average number of employees in connection with the corr	nstruction on the public improvement;
 Drug test results for the following categories including the negative tests: (A) Pre-employment and new hires; (B) R (D) Random. 	e number of positive tests and the number of leasonable suspicion; (C) Post-accident; and
Vendor Contact Information:	
Vendor Name: WEST VIRGINIA ELEVATOR LIC	Vendor Telephone: 304-881-1383
Vendor Address: P.O. BOX 57	Vendor Fax: 304-381-4444
Amma wy 25005	Vendor E-Mail: Wyelevatora gmail com

STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, firmited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: WU ELFUA76/7			
Authorized Signature:		Date:	6-11-17
State of Nest Virginia			
County of Kanauha to-wit:			
Taken, subscribed, and sworn to before me this	L day of June		, 20 <u>19</u> ,
My Commission expires 10 - 24	, 2022,		
AFFIX SEAL HERE	NOTARY PUBLIC _	auch	ley Walker
OFFICIAL SEAL I		Purc	hasing Affidavit (Revised 01/19/2018)





State of West Virginia DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT West Virginia Code §21-1D-5

STATE OF WEST VIRGINIA, COUNTY OF KANAWMA TO-WIT: I am an employee of WU ECEVATOR; and, (Company Name) 1. I do hereby attest that WV ELEVATOR (Company Name) 2. maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with West Virginia Code §21-1D. The above statements are sworn to under the penalty of perjury. Printed Name: CHRIS TOPHER BRADGET Signature: Title: MENDER Company Name: WV ECE SATOR Date: ____6 - 1/ - 19 Taken, subscribed and sworn to before me this 11 day of June , 2019 By Commission expires 10-24-27 (Seal) Mly Walter



Exhibit A Pricing Page

State of West Virginia – General Services Division – Building 5 Freight Elevator Replacement Project

Name of Bidder:

WEST VIRGINIA ELEVATOR LLC

The Bidder, being familiar with and understanding the Bidding Documents and also having examined the site and being familiar with all local conditions affecting the project hereby proposes to furnish all labor, material, equipment, supplies and transportation and to perform all Work in accordance with the Bidding Documents within the time set forth for the sum of:

Base Bid (all inclusive lump sum bid for all Contract Services):

\$ 482, 782.00 (Commodity Line 1)

FOUR HUNDRED EASHTY TWO THOUSAND SEVEN HUNDRED AND EIGHTY TWO
(Show amount in both words and numbers)

Agency_GS REQ.P.O#_	D	

BID BOND

	KNOW ALL MEN BY TH	IESE PRESENTS, That we, the	undersigned,	West Virginia Elevator, LLC.	
	of P O Box 57	Amma, WV 250	05	_, as Principal, and Western	Surety Company
	of Sioux Falls			rganized and existing under the	
	Dakota with its princip	al office in the City of Sioux Fa ne penal sum of Five Per Cent	alls t of Bid		nly bound unto the State or the payment of which,
of We	st Virginia, as Obligee, in tr	itly and severally bind ourselves	our boire ada	_ (Ψ	• •
well ar	nd truly to be made, we joir	itly and severally bind ourselves	s, our neirs, aur	ministrators, executors, success	ors and assigns.
	The Condition of the a	bove obligation is such that w	hereas the Pri	ncipal has submitted to the Pu	urchasing Section of the
Depar		ertain bid or proposal, attached			
		SD1900000010, Freight Ele			
	NOW THEREFORE,				
	(a) If said bid shall	be rejected, or			with the hid or proposal
ottooh	(b) If said bid sha	Il be accepted and the Princip any other bonds and insurance	al shall enter I e required by th	nto a contract in accordance to bid or proposal, and shall in a	with the bid or proposal III other respects perform
the an	reement created by the ac-	centance of said bid, then this o	bligation shall b	e null and void, otherwise this	obligation shall remain in
full for	ce and effect. It is expres	sly understood and agreed that	t the liability of	the Surety for any and all clain	ns hereunder shall, in no
event,	exceed the penal amount	of this obligation as herein state	a.		
	The Surety, for the valuence or affected by any notice of any such extension	e received, hereby stipulates ar extension of the time within won.	nd agrees that t which the Obliga	he obligations of said Surety ar ee may accept such bid, and s	nd its bond shall be in no said Surety does hereby
	WITNESS the following	signatures and seals of Princip	al and Surety.	executed and sealed by a prope	er officer of Principal and
Surati		y if Principal is an individual, this			₀ 19
Sulety	, or by Fillicipal individuali,	y ii i iiioipai io ali iliaividadi, alia		,	
Princir	oal Seal			West Virginia Elevator, LL	
1 IIIIOI	Jai Ocai			(Name of P	rincipal)
				Ву	en
				(Must be President, V	
				Duly Authorize	ed Agent)
				MEMBER	
				(Title)	
-					
Surety	/ Seal			Western Surety Company (Name of S	urotu
				(Name of 5	urety)
				a Dh	1
				Ryan WingroveAttorney-ir	n-Fact

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Nancy D Lawson, Kimberly D Woods, Joseph A Stanton, Adam L Yeager, Bradley A Meredith, Ryan Wingrove, Jill Morris Gibson, Individually

of Huntington, WV, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 19th day of June, 2018.

O TO THE PARTY OF THE PARTY OF

WESTERN SURETY COMPANY

Paul T. Bruflat, Vice President

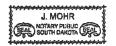
State of South Dakota County of Minnehaha

- ss

On this 19th day of June, 2018, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

June 23, 2021



J. Mohr, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 1010 day of June, 2019



WESTERN SURETY COMPANY

J. Nelson, Assistant Secretary

Form F4280-7-2012



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/30/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

th	PORTANT: If the certificate holder is e terms and conditions of the policy, of ertificate holder in lieu of such endors	ertai	n pol	ONAL INSURED, the polic icies may require an endo	y(ies) r orseme	nust be endo nt. A stateme	rsed. If SUB ent on this ce	ertificate does no	valved, subject ot confer rights	to the	
PRODUCER					NAME:	Joanna (Conley				
THORNBURG INSURANCE AGENCY INC					PHONE (304) 697-7650 FAX (A/C, No): (304) 697-				7-7699		
2519 3rd Ave						E-MAIL ADDRESS: jconley@thornburgagency.com					
P O Box 2966					INSURER(S) AFFORDING COVERAGE					NAIC #	
Huntington WV 25728					INSURER A: CSU Producer Resources Inc						
INSURED					INSURER B: Cincinnati Insurance Company				10677		
West Virginia Elevator, LLC					INSURER C: BrickStreet Mutual Insurance					12372	
PO Box 57					INSURERD: Travelers Casualty & Surety Company of 19038						
					INSURER E :						
Amma WV 25005					INSURER F :						
CO	/ERAGES CER	NUMBER: 2019-2020	REVISION NUMBER:					<u> </u>			
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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		1,000,000	
A	CLAIMS-MADE X OCCUR							PREMISES (Ea occu	urrence) \$	300,000	
				CSU0117518		7/10/2018	7/10/2019	MED EXP (Any one	person) \$	2,000	
								PERSONAL & ADV	INJURY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREG	ATE \$	4,000,000		
	POLICY X PRO- JECT LOC						:	PRODUCTS - COMP		4,000,000	
	OTHER:							COMPINED CINICIE	\$		
	AUTOMOBILE LIABILITY							(Ea accident)		1,000,000	
_	ANY AUTO							BODILY INJURY (Pe			
В	ALL OWNED X SCHEDULED AUTOS			EBA0495877		7/10/2018	7/10/2019	BODILY INJURY (Pe			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	E \$		
	ASISS								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	DE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	1							\$		
	WORKERS COMPENSATION							X PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN	NT \$	1,000,000	
С	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	EXCLUDED? WCB1021213		WCB1021213		6/12/2019	6/12/2020	E.L. DISEASE - EA E	MPLOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT \$	1,000,000	
D	Commercial Crime & Third Party			107007001		11/9/2018	11/9/2021	Employee Theft		\$100,000	
~	Fidelity			Deductible \$1,000				Employee Theft of Clier	nt Property	\$100,000	
	11461161										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Insurance subject to policy terms, conditions, limitations and exclusions.											
CERTIFICATE HOLDER CANCELLATION											
For Evidence of Insurance						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 Ryan Wingrove/JC					

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