

Purchasing Divison 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

State of West Virginia Request for Quotation 23 — Laboratory

Proc Folder: 512065

Doc Description: OPEN END CONTRACT FOR DRUG AND ALCOHOL TESTING

Proc Type: Central Master Agreement

Date Issued Solicitation Closes Solicitation No Version

2018-11-20 2018-12-11 CRFQ 0506 HHR1900000001 1

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION 2019 WASHINGTON ST E

CHARLESTON

WV

25305

US

Vendor Name, Address and Telephone Number:

Toe Boggs & Associates, Inc.
1703 Wood vale Dr.
Charleston, WU 25314

RECEIVED

2018 DEC 11 AM 9: 39

W PURCHASING DIVISION

| FOR INFORMATION CONTACT THE BUYER                               |       |            |               |
|---|-------|------------|---------------|
| Heather D Bundrage<br>304-558-2566<br>heather.d.bundrage@wv.gov |       |            |               |
| Signature X   | FEIN# | 55-0664639 | DATE /2/11/10 |

#### Exhibit A Pricing Page CRFQ HHR1900000001

Any anticipated travel may be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the

Vendor must include the cost of a certified Medical Review Officer (MRO) in the per test cost.

The vendor's quotation must include bids for the following information as outlined:

| Spec. #  | Service  | 01      |                    |    |            |             |
|----------|--|---------|--------------------|----|------------|-------------|
| 1.1 A    | Pre-Employment Drug Testing - Laboratory Screen                                | Qty     | Unit               |    | Juit Price | Total Price |
| 1.1 B    | Pre-Employment Alcohol Testing   | 765     | tests              | \$ | 92-00      | \$70,380    |
|          |  | 765     | tests              | \$ | 3 00       | s à 295.    |
| 1,2 A    | Reasonable Suspicion Drug Testing - Preilminary On-Site Screen                 |         |                    |    |            |             |
| 1.2 B    | Reasonable Suspicion Drug Testing - Laboratory Samuel                          | 185     | tests              | \$ | 60 00      | \$11.100 -  |
| 1.2 C    | Reasonable Suspicion Alcohol Testing   | 185     | tests              | \$ | 92 -00     | \$17. 120.1 |
|          |  | 185     | tests              | \$ | 4-00       | s 740 8     |
| 1.3 A    | Post-Accident Drug Testing - Preliminary On-Site Screen                        | بالكبال |                    |    |            | WAY SE      |
| 1.3 B    | Post-Accident Drug Testing - Laboratory Screen                                 | 2       | tests              | \$ | 60-00      | \$ 120.     |
| 1.3 C    | Post-Accident Alcohol Testing  | 2       | tests              | \$ | 92-00      |             |
|          | Testing  | 2       | tests              | \$ | 1/         |             |
| 1.4 A    | Return to Work Days Tooling 1  |         | THE REAL PROPERTY. |    | 7 00       | S           |
| 1.4 B    | Return to Work Drug Testing - Laboratory Screen Return to Work Alcohol Testing | 25      | tests              | \$ | 92-00      | 2300-       |
|          | To Work Alcohol Testing  | 25      | tests              | s  |            |             |
| 1.1.17.1 | Collection Expert Testimony  |         | 700                |    | 4-90       | 100 €       |
| 1.1.17.2 | Laboratory Expert Testimony  | 10      | hours              | \$ | 10-103     | (0.4        |
| 1.1.17.3 | MRO Expert Testimony   | 10      | hours              | \$ |            | 100         |
| 1 1 17 4 | Collection Extending   | 10      | hours              | \$ | 10-00\$    |             |
| 1 1 17 6 | Collection Expert Testimony at Deposition                                      | 10      | hours              |    | 35-00\$    |             |
| 1.1.17.5 | aboratory Expert Testimony at Deposition                                       | 10      | hours              | \$ | 10-00 \$   |             |
| 1.1.17.6 | ARO Expert Testimony at Deposition   | 10      |                    | \$ | 35 00\$    |             |
| 1.2.8 E  | Blind Perfomance Tests (One Per Querter)                                       | 4       | hours              | \$ | 35-00 s    |             |
| HELLEN   |  | 4       | tests              | \$ | 5000 s     | 2000        |
|          | Total Bid  | TO DO   |                    |    | WE FAL     |             |
|          |  |         |                    |    | 2          | 105 797-0   |

Vendor Name:

| Vendor Address: |  |
|-----------------|--|
|-----------------|--|

| Vendor Contact Name: |
|----------------------|
|----------------------|

Vendor Phone Number:

Vendor Fax Number:

Vendor Email Address:

24-Hr Phone Number for Caliback Services:

Signature of Authorized Vendor Agent:

| Joe Boggs + Associates Inc                   |
|--|
| 1703 Woodvale Drive.<br>Charleston, WV 25314 |
|  |
| Ritchie Boggs                                |
| 304-345-1396<br>3A4-345-8907                 |
| Kabonos @ Sudday link il                     |
| rabages a suddenlinkmail.com<br>304-345-1396 |
| Date: /2/11/18                               |

#### ADDITIONAL PEROPERATION:

The West Virginia Purchasing Division is soliciting bids on behalf of the Department of Health and Human Resources ("DHHR," "Department", or "Agency") to establish an open-end contract for drug and alcohol testing services for select pre-employment, reasonable suspicion/cause, post-accident, and return-to-duty/follow-up, as needed and requested by its agencies, available 24-hours-per-day/7-days-per-week per the bid requirements, specifications, terms and conditions attached to this solicitation.

| INVOICE TO                                 |         | SHIP TO                   |          |
|--|---------|---------------------------|----------|
| BUYER - 304-957-0209                       |         | BUYER - 304-957-0209      |          |
| HEALTH AND HUMAN RE<br>OFFICE OF HUMAN RES |         | HEALTH AND HUMAN RESOURCE |          |
| ONE DAVIS SQUARE, ST                       | E 400   | ONE DAVIS SQUARE, STE 400 |          |
| CHARLESTON                                 | WV25301 | CHARLESTON                | WV 25301 |
| US   |         | US                        |          |

| Line | Comm Ln Desc                  | Qty       | Unit issue     | Unit Price | Total Price |
|------|-------------------------------|-----------|----------------|------------|-------------|
| 11.  | Pre-Employment Drug Testing - | 765.00000 | TEST           |            | 2 > 0.00    |
|      | Laboratory Screen             |           | 4) - 40° - 40° | 92,00      | 70.380.     |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 85121810  |              |               |         |  |
|           |              |               |         |  |

**Extended Description:** 

Pre-Employment Drug Testing - Laboratory Screening - Section 1.1.A

| MACHELO              |             | SHIP10                | SHIP 10     |  |  |
|----------------------|-------------|-----------------------|-------------|--|--|
| BUYER - 304-957-0209 |             | BUYER - 304-957-0209  |             |  |  |
| HEALTH AND HUMAN RE  | SOURCES     | HEALTH AND HUMAN RE   | SOURCES     |  |  |
| OFFICE OF HUMAN RES  | DURCES MGMT | OFFICE OF HUMAN RESC  | DURCES MGMT |  |  |
| ONE DAVIS SQUARE, ST | E 400       | ONE DAVIS SQUARE, STE | € 400       |  |  |
| CHARLESTON           | WV25301     | CHARLESTON            | WV 25301    |  |  |
| US                   |             | us                    |             |  |  |

| Line | Comm Ln Desc                   | Qty       | Unit Issue | Unit Price | Total Price |
|------|--------------------------------|-----------|------------|------------|-------------|
| 2    | Pre-Employment Alcohol Testing | 765.00000 | TEST       |            |             |
|      |                                |           |            | 3.00       | 2,295,00    |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 85121810  |              |               |         |  |
|           |              |               |         |  |

**Extended Description:** 

Pre-Employment Alcohol Testing Section 1.1 B

| NVOICE TO             |                      | SHIP TO                   |                      |  |  |
|-----------------------|----------------------|---------------------------|----------------------|--|--|
| BUYER - 304-957-0209  | BUYER - 304-957-0209 |                           | BUYER - 304-957-0209 |  |  |
| HEALTH AND HUMAN RE   | SOURCES              | HEALTH AND HUMAN RESOURCE | ES                   |  |  |
| OFFICE OF HUMAN RESC  | URCES MGMT           | OFFICE OF HUMAN RESOURCES | MGMT                 |  |  |
| ONE DAVIS SQUARE, STE | 400                  | ONE DAVIS SQUARE, STE 400 |                      |  |  |
| CHARLESTON            | WV25301              | CHARLESTON                | WV 25301             |  |  |
| US                    |                      | US                        |                      |  |  |

| Line | Comm Ln Desc  | Qty       | Unit lasue | Unit Price | Total Price |
|------|---|-----------|------------|------------|-------------|
| 3    | Reasonable Suspicion Drug Testing -<br>On-Site Screen | 185.00000 | TEST       | 6000       | 11.1000     |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 85121810  |              |               |         |  |
|           |              |               |         |  |

# Reasonable Suspicion Drug Testing - On-Site Screen Section 1.2 A

| ANYON E TO  |                                       | SHIPTO                |   |  |  |
|---|---------------------------------------|-----------------------|---|--|--|
| BUYER - 304-957-0209                                      |                                       | BUYER - 304-957-0209  |   |  |  |
| HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT |                                       |                       | HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT |  |  |
| ONE DAVIS SQUARE, STI                                     | E 400                                 | ONE DAVIS SQUARE, STE | 400   |  |  |
| CHARLESTON  | WV25301                               | CHARLESTON            | WV 25301  |  |  |
| US  | · · · · · · · · · · · · · · · · · · · | us                    |   |  |  |

| Line Comm Ln Desc              | Qty                | Unit Issue | Unit Price | Total Price |
|--------------------------------|--------------------|------------|------------|-------------|
| 4 Reasonable Suspicion Drug Te | esting - 185.00000 | TEST       |            | 60          |
| Laboratory Screen              | 170                |            | 92.00      | 17,0207     |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 85121810  |              |               |         |  |
|           |              |               |         |  |

#### **Extended Description:**

# Reasonable Suspicion Drug Testing - Laboratory Screen Section 1.2 B

| IRVO)CE TO   |         | 8HIP TO   |       |  |
|--|---------|---|-------|--|
| BUYER - 304-957-0209<br>HEALTH AND HUMAN RESOURCES<br>OFFICE OF HUMAN RESOURCES MGMT |         | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGM |       |  |
| ONE DAVIS SQUARE, ST   | E 400   | ONE DAVIS SQUARE, STE 400   |       |  |
| CHARLESTON   | WV25301 | CHARLESTON WV   | 25301 |  |
| US   |         | us  |       |  |

| Line | Comm Ln Desc                 | Qty       | Unit Issue | Unit Price | Total Price |
|------|------------------------------|-----------|------------|------------|-------------|
| 5    | Reasonable Suspicion Alcohol | 185.00000 | TEST       | 1/20       | 711,00      |
| L    | Testing                      |           |            | 7.00       | 140-        |

| Comm Code            | Manufacturer | Specification  | Model # |  |
|----------------------|--------------|--|---------|--|
| 85121810             |              | The state of the s |         |  |
|                      |              |  |         |  |
| Extended Description | n :          |  |         | , the same and the |

| MYCICE TO                  |             | [ 8 計 70                |                            |  |  |
|----------------------------|-------------|-------------------------|----------------------------|--|--|
| BUYER - 304-957-0209       |             | BUYER - 304-957-0209    |                            |  |  |
| HEALTH AND HUMAN RESOURCES |             | HEALTH AND HUMAN RESO   | HEALTH AND HUMAN RESOURCES |  |  |
| OFFICE OF HUMAN RES        | OURCES MGMT | OFFICE OF HUMAN RESOU   | RCES MGMT                  |  |  |
| ONE DAVIS SQUARE, ST       | E 400       | ONE DAVIS SQUARE, STE 4 | 00                         |  |  |
| CHARLESTON                 | WV25301     | CHARLESTON              | WV 25301                   |  |  |
| us                         |             | us                      |                            |  |  |

| Line | Comm Ln Desc                                | Qty     | Unit Issue | Unit Price | Total Price |
|------|---|---------|------------|------------|-------------|
| 6    | Post-Accident Drug Testing - On-Site Screen | 2.00000 | TEST       | 1000       | 120,00      |

| Comm Code | Manufacturer | Specification | Model # | <del></del> |
|-----------|--------------|---------------|---------|-------------|
| 85121810  |              | ·             |         |             |
|           |              |               |         |             |

Post-Accident Drug Testing - On-Site Screen Section 1.3.A

| INVOICE TO   | SHP TO   |  |  |  |
|--|--|--|--|--|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 |  |  |  |
| CHARLESTON WV25301   | CHARLESTON WV 25301  |  |  |  |

| Line | Comm Ln Desc                                      | Qty     | Unit Issue | Unit Price | Total Price |
|------|---|---------|------------|------------|-------------|
| 7    | Post-Accident Drug Testing -<br>Laboratory Screen | 2.00000 | TEST       | 92.00      | 18400       |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |
|           |              |               |         |

#### Extended Description:

Post-Accident Drug Testing - Laboratory Screen Section 1.3 B

| INVOICE TO                 |             | SHIP TO                        |    |
|----------------------------|-------------|--------------------------------|----|
| BUYER - 304-957-0209       |             | BUYER - 304-957-0209           |    |
| HEALTH AND HUMAN RESOURCES |             | HEALTH AND HUMAN RESOURCES     |    |
| OFFICE OF HUMAN RES        | OURCES MGMT | OFFICE OF HUMAN RESOURCES MGMT |    |
| ONE DAVIS SQUARE, ST       | E 400       | ONE DAVIS SQUARE, STE 400      |    |
| CHARLESTON                 | WV25301     | CHARLESTON WV 2530             | 01 |
| US                         |             | us                             |    |

| Line | Comm Ln Desc                  | Qty     | Unit issue | Unit Price | Total Price |
|------|-------------------------------|---------|------------|------------|-------------|
| 8    | Post-Accident Alcohol Testing | 2.00000 | ŢEST       | 1/ 10      | -1 AC)      |
|      |                               |         | <u> </u>   | 4.00       | 8.00        |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |
|           |              |               |         |

Post-Accident Alcohol Testing Section 1.3 C

| INVOICE TO   | SHIP TO   |              |
|--|---|--------------|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 | BUYER - 304-957-0209<br>HEALTH AND HUMAN F<br>OFFICE OF HUMAN RE<br>ONE DAVIS SQUARE, S | SOURCES MGMT |
| CHARLESTON WV25  |   | WV 25301     |

| Line | Comm Ln Desc                | Qty      | Unit Issue | Unit Price | Total Price |
|------|-----------------------------|----------|------------|------------|-------------|
| 9    | Return to Work Drug Testing | 25.00000 | TEST       | 09 00      | 00          |
|      | -Laboratory Screen          |          |            | 90.        | 2300,       |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 85121810  |              |               |         |  |
|           |              |               |         |  |

#### **Extended Description:**

Return to Work Drug Testing - Laboratory Screen Section 1.4 A

| NVOIGE TO   |             | SHIP TO   |             |
|---|-------------|---|-------------|
| BUYER - 304-957-0209<br>HEALTH AND HUMAN RES<br>OFFICE OF HUMAN RES<br>ONE DAVIS SQUARE, ST | OURCES MGMT | BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCE OF HUMAN RESOURCE, STI | OURCES MGMT |
| CHARLESTON  | WV25301     | CHARLESTON  | WV 25301    |
| US  |             | US  |             |

| Line Comm Ln Desc Qty Unit Issue                | e Unit Price Total Price |
|---|--------------------------|
| 10 Return to Work Alcohol Testing 25.00000 TEST |                          |
|   | 4.00 10000               |

| Comm Code | Manufacturer | Specification | Model# |  |
|-----------|--------------|---------------|--------|--|
| 85121810  |              |               |        |  |
|           |              |               |        |  |

Return to Work Alcohol Testing Section 1.4 B

| INVOICE TO   |         | SHIP TO   |            |
|--|---------|---|------------|
| BUYER - 304-957-0209<br>HEALTH AND HUMAN RE<br>OFFICE OF HUMAN RES |         | BUYER - 304-957-0209<br>HEALTH AND HUMAN RESOURCES<br>OFFICE OF HUMAN RESOURCES MGN | <b>л</b> т |
| ONE DAVIS SQUARE, ST   | E 400   | ONE DAVIS SQUARE, STE 400   |            |
| CHARLESTON   | WV25301 | CHARLESTON W  | V 25301    |
| us   |         | us  |            |

| Line | Comm Ln Desc                | Qty      | Unit Issue | Unit Price | Total Price |
|------|-----------------------------|----------|------------|------------|-------------|
| 11   | Collection Expert Testimony | 10.00000 | HOUR       | nO         | 10,00       |
| -    |                             |          |            | 10-        | 1000        |

| Comm Code | Manufacturer | Specification | Model # | 24.200.2 |
|-----------|--------------|---------------|---------|----------|
| 85121810  |              |               |         |          |
|           | <u> </u>     |               |         |          |

#### Extended Description:

Collection Expert Testimony Section 4.1.1.17.1

| INVOICE TO   |         | SHIP TO  |          |  |
|--|---------|--|----------|--|
| BUYER - 304-957-0209<br>HEALTH AND HUMAN RESOURCES |         | BUYER - 304-957-0209<br>HEALTH AND HUMAN RESOURCES |          |  |
| OFFICE OF HUMAN RESOL<br>ONE DAVIS SQUARE, STE     |         | OFFICE OF HUMAN RESC                               |          |  |
| CHARLESTON   | WV25301 | CHARLESTON   | WV 25301 |  |
| US   |         | us   |          |  |

| Line | Comm Ln Desc                | Qty      | Unit Issue | Unit Price | Total Price |
|------|-----------------------------|----------|------------|------------|-------------|
| 12   | Laboratory Expert Testimony | 10.00000 | HOUR       | 10.00      | 11400       |
|      |                             |          |            | 10.00      | 100-        |

| Comm Code | <b>Manufacturer</b> | Specification | Model # |
|-----------|---------------------|---------------|---------|
| 85121810  |                     |               |         |
|           |                     |               |         |
|           |                     |               |         |

**Extended Description:** 

Laboratory Expert Testimony Section 4.1.1.17.2

| NACICE TO                |  | SHIP TO               |            |  |
|--------------------------|--|-----------------------|------------|--|
| BUYER - 304-957-0209     | No. of Contract of | BUYER - 304-957-0209  |            |  |
| HEALTH AND HUMAN RESOUR  |  | HEALTH AND HUMAN RESO |            |  |
| ONE DAVIS SQUARE, STE 40 | )  | ONE DAVIS SQUARE, STE | <b>400</b> |  |
| CHARLESTON               | WV25301  | CHARLESTON            | WV 25301   |  |
| US                       |  | us                    |            |  |
| Line Comm In Done        |  |                       |            |  |

| Line | Comm Ln Desc         | Qty      | Unit Issue | Unit Price | Total Price |
|------|----------------------|----------|------------|------------|-------------|
| 13   | MRO Expert Testimony | 10.00000 | HOUR       |            | ~£          |
|      |                      |          |            | 35.00      | 350.00      |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 85121810  |              |               |         |  |
|           |              |               |         |  |

MRO Expert Testimony Section 4.1.1.17.3

| INVOICE TO  | SHIP TO  |                            |
|---|--|----------------------------|
| BUYER - 304-957-0209<br>HEALTH AND HUMAN RESOURCES<br>OFFICE OF HUMAN RESOURCES MGMT<br>ONE DAVIS SQUARE, STE 400 | BUYER - 304-957-0209<br>HEALTH AND HUMAN FOR OFFICE OF HUMAN RE<br>ONE DAVIS SQUARE, S | RESOURCES<br>ESOURCES MGMT |
| CHARLESTON WV25   | 01 CHARLESTON  | WV 25301                   |
| us  | Us   |                            |

| Line | Comm Ln Desc                   | Qty      | Unit Issue | Unit Price | Total Price |
|------|--------------------------------|----------|------------|------------|-------------|
| 14   | Collection Expert Testimony at | 10.00000 | HOUR       | 1,00       | 00,         |
|      | Deposition                     |          |            | 100        | 100         |

| Comm Code Manufacturer | Specification | Model # |  |
|------------------------|---------------|---------|--|
| 85121810               |               |         |  |
|                        |               |         |  |

### Extended Description:

Collection Expert Testimony at Deposition Section 4.1.1.17.4

| NYORETT  |         | ВНІР ТО  |          |
|--|---------|--|----------|
| BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT ONE DAVIS SQUARE, STE 400 |         | BUYER - 304-957-0209 HEALTH AND HUMAN RESOUR OFFICE OF HUMAN RESOUR ONE DAVIS SQUARE, STE 40 | CES MGMT |
| CHARLESTON   | WV25301 | CHARLESTON   | WV 25301 |
| U\$  |         | us   |          |

| Line | Comm Ln Desc                                 | Qty      | Unit Issue | Unit Price | Total Price |
|------|--|----------|------------|------------|-------------|
| 15   | Laboratory Expert Testimony at<br>Deposition | 10.00000 | HOUR       |            | (6)         |
|      | Deposition                                   |          |            | 35,00      | 350         |

| Comm Code | Manufacturer | Specification | # leboM |  |
|-----------|--------------|---------------|---------|--|
| 85121810  | "            |               |         |  |
|           |              |               |         |  |

#### Laboratory Expert Testimony at Deposition Section 4.1.1.17.5

| NVOICE TO                 |         | SHIP TO                   |   |  |  |  |
|---------------------------|---------|---------------------------|---|--|--|--|
| BUYER - 304-957-0209      |         | BUYER - 304-957-0209      |   |  |  |  |
| HEALTH AND HUMAN RES      |         |                           | HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT |  |  |  |
| ONE DAVIS SQUARE, STE 400 |         | ONE DAVIS SQUARE, STE 400 | ONE DAVIS SQUARE, STE 400                                 |  |  |  |
| CHARLESTON                | WV25301 | CHARLESTON                | WV 25301  |  |  |  |
| us                        |         | UŞ                        |   |  |  |  |

| Line | Comm Ln Desc                       | Qty      | Unit Issue | Unit Price | Total Price |
|------|------------------------------------|----------|------------|------------|-------------|
| 16   | MRO Expert Testimony at Deposition | 10.00000 | HOUR       | , ,        | 300         |
| L    |                                    | 10       |            | 55,00      | 350         |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 85121810  |              |               |         |  |
| 1         |              |               |         |  |

#### **Extended Description:**

#### MRO Expert Testimony at Deposition Section 4.1.1.17.6

| INVOICE TO                                       |         | SHIP 70               |   |  |  |  |
|--|---------|-----------------------|---|--|--|--|
| BUYER - 304-957-0209                             | ,       | BUYER - 304-957-0209  |   |  |  |  |
| HEALTH AND HUMAN RESOL<br>OFFICE OF HUMAN RESOUR |         |                       | HEALTH AND HUMAN RESOURCES OFFICE OF HUMAN RESOURCES MGMT |  |  |  |
| ONE DAVIS SQUARE, STE 400                        |         | ONE DAVIS SQUARE, STE | 400   |  |  |  |
| CHARLESTON                                       | WV25301 | CHARLESTON            | WV 25301  |  |  |  |
| US   |         | US                    |   |  |  |  |

| Line | Comm Ln Desc                     | Qty     | Unit Issue | Unit Price | Total Price |
|------|----------------------------------|---------|------------|------------|-------------|
| 17   | Blind Performance Tests (One per | 4.00000 | TEST       | - 0°       | \ OO)       |
|      | Quarter)                         |         |            | 50-        | 200         |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 85121810  |              |               |         |  |
|           |              |               |         |  |

#### **Extended Description:**

Blind Performance Tests (One per Quarter) Section 4.1.2.8

#### SCHEDULE OF EVENTS

Line Event Date
1 TECHNICAL QUESTIONS DUE BY 130PM 2018-11-29

|               | Document Phase | Document Description           | Page 9 |
|---------------|----------------|--------------------------------|--------|
| HHR1900000001 | Draft          | OPEN END CONTRACT FOR DRUG AND | of 9   |
|               |                | ALCOHOL TESTING                |        |

#### ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

December 6, 2018

Health and Human Resources Office of Human Resources Management ONE DAVIS SQ STE 400 CHARLESTON WV 25301-1729

#### **Account Information:**

Policy Holder Details: JOE BOGGS & ASSOCIATES INC



**Business Service Center** 

**Business Hours:** Monday - Friday (7AM - 7PM Central Standard Time)

Phone: (866) 467-8730 Fax: (888) 443-6112

Email: agency.services@thehartford.com
Website: https://business.thehartford.com

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team

ACORD

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/06/2018

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 SUBROGATIONIS 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  | 10.00         |          | -   |   | ONTACT                     | -                          |                                       |          | <del></del>   |
|---|---------------|----------|---|---|----------------------------|----------------------------|---------------------------------------|----------|---------------|
| MCGRIFF INSURANCE SERVICES IN   | IC/PH         | S        |   | I N   | IAME:                      | <del>_</del>               |                                       |          | · · · · ·     |
| 20267416  |               |          |   |   |                            |                            |                                       |          |               |
| THE HARTFORD BUSINESS SER   | RVICE         | CE       | NTER  |   |                            |                            |                                       |          |               |
| 3600 WISEMAN BLVD   |               |          |   | <sub>D</sub>  | PHONE FAY                  |                            |                                       |          |               |
| SAN ANTONIO, TX 78265   |               |          |   |   | VC, No, Ext): (866         | ) 467-8730                 | FAX<br>(A/C, No): (888                | ) 443-   | 6112          |
|   |               |          |   |   | -MAIL                      |                            |                                       |          |               |
|   |               |          |   | A   | DDRESS:                    | JRER(S) AFFORDIN           | G COVERAGE                            |          | NAIC#         |
| INSURED   |               |          |   | IN  |                            |                            | ance Company                          | -        | 1000          |
| JOE BOGGS & ASSOCIATES INC  |               |          |   | IN  | ISURER B :                 | Octivite Insul             | ance Company                          | <u> </u> |               |
| PO BOX 771  |               |          |   |   |                            |                            |                                       |          |               |
| <b>CHARLESTON WV 25323-0771</b>   |               |          |   | IN  | SURER C :                  |                            |                                       |          |               |
| OLIMINESTON VVV 20020-0//T  |               | IN       | SURER D :                                       |   |                            | $\overline{}$              |                                       |          |               |
|   |               |          |   | IN-   | SURER E :                  |                            | · · · · · · · · · · · · · · · · · · · | -+       |               |
|   |               |          | IN  | SURER F:  |                            |                            |                                       |          |               |
|   | _             |          |   |   |                            |                            |                                       |          |               |
| COVERAGES CE  | RTIFIC        | ATE      | NUMBER:   |   |                            | REVISI                     | ON NUMBER:                            |          | <u></u>       |
| THIS IS TO CERTIFY THAT THE POLICIES  | OFIN          | ISUR/    | ANCE LISTED BELOW                               | HAV   | E BEEN ISSUED              | TO THE INSURE              | D NAMED ABOVE FO                      | R THE    | POLICY PERIOD |
| INDICATED.NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MATTERMS. FXCI USIONS AND CONDITIONS OF | I PER         | IAIN     | THE INSURANCE A                                 | 4   | INITED BY THE              | BOLICIES DESC              | DIDED HEDRMI IN A                     | PECT     | TO WHICH THIS |
| INCH CONTRACTOR OF THE CONTRACTOR OF  | 30011         | FULIC    | <u>VIEO. LIMITO ONOVAN IVI</u>                  | IAY H   | IAAF REEN KEDOC            | ED BY PAID CLA             | IMS.                                  | ,0050    | I TO ALL THE  |
| LTR TYPE OF INSURANCE   | ADDL          | MAD      |   |   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | L                                     | IMITS    |               |
| COMMERCIAL GENERAL LIABILITY  |               |          |   |   | 1                          | (William 20) [ [ ] ]       | EACH OCCURRENCE                       |          | \$2,000,00    |
| CLAIMS-MADE X OCCUR   |               |          |   |   | 1                          |                            | DAMAGE TO RENTED                      |          | \$1,000,00    |
| X General Liability   |               |          |   | 03/09/2018  | 03/09/2019                 | PREMISES (Ea occurrence    | 1                                     |          |               |
| A   | 20 SBA NU2681 | 21       | MED EXP (Any one persor<br>PERSONAL & ADV INJUR |   |                            |                            | \$10,000                              |          |               |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |               | <b>)</b> | GENERAL AGGREGATE                               |   |                            | 1                          | \$2,000,000<br>\$4,000,000            |          |               |
| POLICY PRO-<br>JECT X LOC   |               |          |   |   |                            |                            |                                       | 00       |               |
| OTHER:  |               |          |   |   |                            |                            | PRODUCTS - COMP/OP A                  | AGG      | \$4,000,000   |
| AUTOMOBILE LIABILITY  | $\vdash$      | _        |   |   |                            |                            | COMBINED SINGLE LIMIT                 | _        |               |
| <u></u>   |               |          |   |   |                            |                            | (Ea accident)                         |          |               |
| ANY AUTO ALL OWNED SCHEDULED  |               |          |   |   |                            |                            | BODILY INJURY (Per pers               | on)      |               |
| ALL OWNED SCHEDULED AUTOS AUTOS   | 1 1           |          |   |   |                            |                            | BODILY INJURY (Per accid              | dent)    |               |
| HIRED AUTOS NON-OWNED   |               | -        |   |   |                            |                            | PROPERTY DAMAGE                       |          | <del></del>   |
| AUTOS   |               |          |   |   |                            |                            | (Per accident)                        |          |               |
| UMBRELLA LIAB OCCUR   |               |          |   |   |                            |                            | EAGU GOOVERDENOS                      |          |               |
| EXCESS LIAB CLAIMS-MADE   |               |          |   |   | ! ;                        |                            | EACH OCCURRENCE                       | +        |               |
| DED RETENTION \$  | $\vdash$      |          |   |   |                            |                            | AGGREGATE                             |          |               |
|   |               |          | _   |   |                            |                            |                                       |          |               |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |               | 1        |   |   |                            |                            |                                       | TH-      |               |
| ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N  |               |          |   |   | j i                        |                            |                                       | R        | ·             |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A           |          |   |   |                            |                            | E.L. EACH ACCIDENT                    | -        |               |
| If yes, describe under  | <b>'</b> ⊦    |          |   |   | 1 1                        |                            | E.L. DISEASE -EA EMPLO                | YEE      |               |
| DESCRIPTION OF OPERATIONS below   |               |          |   |   |                            |                            | E.L. DISEASE - POLICY LII             | VIT      |               |
| A EMPLOYMENT PRACTICES  |               |          | 00 004 111000                                   | .   |                            |                            | Each Claim Limit                      |          | \$10,000      |
| ^  LIABILITY  |               |          | 20 SBA NU268                                    | 31  | 03/09/2018                 | 03/09/2019                 | Aggregate Limit                       | -        | \$10,000      |
| DESCRIPTION OF OREDATIONS (LOCATIONS (LOCATIONS)  | 50 (4.00      | - I      | 4 4 1 80 1 2 2 2 2 2                            |   |                            |                            |                                       |          | φ10,000       |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Those usual to the insured's Operations.              | ES (ACU       | יטר עאי  | 1, Additional Remarks Sche                      | edule,  | , may be attached if m     | ore space is require       | d)                                    |          |               |
|   |               | _        |   |   |                            |                            |                                       |          |               |
| ERTIFICATE HOLDER   | _             |          |   |   | CANCELLATIC                |                            |                                       |          |               |
| HEALTH AND HUMAN RESOURCES  |               |          |   | SH  | HOULD ANY OF T             | HE ABOVE DESC              | CRIBED POLICIES BE                    | CANCE    | LLED BEFORE   |
| OFFICE OF HUMAN RESOURCES MAN   | NAGE          | MEN      |   | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN          |                            |                            |                                       |          |               |
| ONE DAVIS SQ STE 400  |               |          |   | ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE |                            |                            |                                       |          |               |
| HARLESTON WV 25301-1729   |               |          |   | , ~~  | NEINES                     |                            |                                       |          |               |

Sugar F. Castareda

#### Client#: 1309793

63JOEBOG

ACORD...

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/06/2018

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 any rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: McGriff Insurance Services, Inc. PHONE (A/C, No, Ext): 770 214-1991 E-MAIL ADDRESS: FAX (A/C, No): 888-751-2997 110 Dixie Street Carroliton, GA 30117 INSURER(S) AFFORDING COVERAGE NAIC# 770 214-1991 INSURER A : Homeland Ins Co of NY (Genesee) 34452 INSURED INSURER B: Joe Boggs & Associates Inc INSURER C: **PO Box 771** INSURER D : Charleston, WV 25323 INSURER E: INSURER F: **COVERAGES** CERTIFICATE NUMBER: **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. ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE CLAIMS-MADE OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG s OTHER: **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT ANY ALITO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Covered Operations/Services: Medical Review Services, Drug & Alcohol Testing Services, Training/Consulting on Drug & Alcohol Testing, Fingerprinting, Ordering Background & MVR Checks, DNA Testing, TB Testing and HIV Testing; Claims Made; Retro Date: 03/19/12; Deductible: \$0 Each Claim

MFL0048590318

| CERTIFICATE HOLDER  | CANCELLATION   |
|---|--|
| Health & Human Resources Office of Human Resource Mgmt. One Davis Square, Sulte 400 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Charleston, WV 25301  | AUTHORIZED REPRESENTATIVE  |
|   | Paula D. Sayton  |

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PROPERTY DAMAGE (Per accident)

**EACH OCCURRENCE** 

PER

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT \$

\$1,000,000 Each Claim \$3,000,000 Aggregate

AGGREGATE

03/19/2018 03/19/2019

s s

s

HIRED AUTOS ONLY

UMBRELLA LIAB

AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

RETENTION \$

**EXCESS LIAB** 

DED WORKERS COMPENSATION

(Mandatory in NH)

**Professional** 

A

OCCUR

CLAIMS-MADE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/07/2018

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.

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|                                    | eruncate holder in lieu of such endo   | rsem        | ent(s          | s).  |  |                               | atement on                 | this certificate does not conf   | er rights to the |  |
|------------------------------------|--|-------------|----------------|--|--|-------------------------------|----------------------------|--|------------------|--|
| PRODUCER                           |  |             |                |  | CONTACT NAME: Ryan Fitzer  |                               |                            |  |                  |  |
| Garlow Insurance Agency, Inc.      |  |             |                |  | PHONE (A/C, No. Ext): (304)347-8972 FAX (A/C, No.): (304)347-8973  |                               |                            |  |                  |  |
| 12                                 | 17 Quarrier Street   |             |                |  | ADDR   | <sub>ESS:</sub> ryan@g        | arlowinsuran               | ce.com_  |                  |  |
| Charleston WAY 25301               |  |             |                |  |  | INSURER(S) AFFORDING COVERAGE |                            |  |                  |  |
| Charleston WW 25301 INSURED        |  |             |                |  | INSURER A: Brickstreet   |                               |                            |  |                  |  |
| Joe Boggs & Associates, Inc        |  |             |                |  | INSURER B:   |                               |                            |  |                  |  |
| PO Box 771<br>Charleston, WV 25323 |  |             |                |  | INSURER C:   |                               |                            |  |                  |  |
|                                    |  |             |                |  | INSURER D:   |                               |                            | <del> </del>   |                  |  |
|                                    |  |             |                |  | INSURER E:   |                               |                            |  | <del>-</del>     |  |
| COVERAGES CERTIFICATE NUMBER:      |  |             |                |  | REVISION NUMBER:   |                               |                            |  |                  |  |
| Ö                                  | HIS IS TO CERTIFY THAT THE POLICIE  NDICATED. NOTWITHSTANDING ANY I  ERTIFICATE MAY BE ISSUED OR MAY  XCLUSIONS AND CONDITIONS OF SUCI | PER         | TAIN,<br>ICIES | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVI | N OF AL  | Y CONTRAC                     | T OR OTHER                 | PED NAMED ABOVE FOR THE PED NA |                  |  |
| INSR<br>LTR                        | TYPE OF INSURANCE  | ADD<br>INSE | LISUBI         | POLICY NUMBER  | _  | POLICY EFF                    | POLÍCY EXP<br>(MM/DD/YYYY) | LIMITS   |                  |  |
|                                    | COMMERCIAL GENERAL LIABILITY   |             |                |  |  |                               |                            | EACH OCCURRENCE \$   |                  |  |
|                                    | CLAIMS-MADE OCCUR  |             |                |  |  |                               |                            | DAMAGE TO RENTED PREMISES (Ea occurrence) \$   |                  |  |
|                                    | <u> </u>   | -           | 1              |  |  |                               |                            | MED EXP (Any one person) \$  |                  |  |
|                                    |  | .           |                |  |  |                               |                            | PERSONAL & ADV INJURY \$   |                  |  |
|                                    | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC  |             |                |  |  | 1                             |                            | GENERAL AGGREGATE \$   |                  |  |
|                                    |  |             |                |  |  |                               |                            | PRODUCTS - COMP/OP AGG \$  |                  |  |
|                                    | AUTOMOBILE LIABILITY   | +           | +              |  |  | <u> </u>                      |                            | COMBINED SINGLE LIMIT  |                  |  |
|                                    | ANY AUTO   |             |                |  |  |                               |                            | COMBINED SINGLE LIMIT (Ea accident)  |                  |  |
|                                    | ALL OWNED SCHEDULED  | 1           | 1              |  |  |                               |                            | BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$  |                  |  |
|                                    | AUTOS AUTOS NON-OWNED AUTOS AUTOS  |             |                |  |  |                               |                            | PROPERTY DAMAGE  |                  |  |
|                                    |  | }           |                |  |  |                               |                            | (Per accident) \$  |                  |  |
|                                    | UMBRELLA LIAB OCCUR  |             |                |  |  |                               |                            | EACH OCCURRENCE \$   |                  |  |
|                                    | EXCESS LIAB CLAIMS-MADE  |             |                |  |  |                               |                            | AGGREGATE \$   |                  |  |
|                                    | DED RETENTION \$   |             | <u> </u>       |  |  |                               |                            | s  |                  |  |
|                                    | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N  |             |                | WCB1025910   |  |                               | 11/20/2019                 | X PER OTH-   |                  |  |
| Α                                  | OFFICER/MEMBER EXCLUDED?   | N/A         | N              |  |  | 11/20/2019                    |                            |  | 0,000            |  |
|                                    | (Mandatory in NH)  If yes, describe under  |             | '              | 11051020510  |  | 1112012010                    |                            | E.L. DISEASE - EA EMPLOYEE \$ 10   | 0,000            |  |
| -                                  | DÉSCRIPTION OF OPERATIONS below  |             |                |  |  |                               |                            | E.L. DISEASE - POLICY LIMIT   \$ 50  | 0,000            |  |
|                                    | WV Broad Form  |             |                |  |  |                               |                            |  |                  |  |
| [                                  |  |             |                |  |  |                               |                            |  |                  |  |
| DESC                               | RIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (A      | CORD           | 101, Additional Remarks Schedu   | ife, may be  | e attached if more            | e space is require         | ed)  | <del></del> i    |  |
|                                    |  |             |                |  |  |                               | ,                          | •  |                  |  |
|                                    |  |             |                |  |  |                               |                            |  |                  |  |
|                                    |  |             |                |  |  |                               |                            |  | İ                |  |
|                                    |  |             |                |  |  |                               |                            |  |                  |  |
|                                    |  |             |                |  |  |                               |                            |  |                  |  |
|                                    | TIFICATE HOLDED  |             |                |  |  | <u> </u>                      |                            |  | i                |  |
| CERTIFICATE HOLDER                 |  |             |                |  | CANCELLATION   |                               |                            |  |                  |  |
| Evidence of Coverage               |  |             |                |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                               |                            |  |                  |  |
|                                    |  |             |                |  | AUTHOR   | AUTHORIZED REPRESENTATIVE     |                            |  |                  |  |
|                                    |  |             |                |  |  | 1/4 /2                        |                            |  |                  |  |
| ax: Email:                         |  |             |                |  |  | 0.1000.000                    |                            |  |                  |  |
| CHall.                             |  |             |                |  | © 1988-2014 ACORD CORPORATION. All rights reserved.  |                               |                            |  |                  |  |

# 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

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

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:** 

Charleston, WV 25314 My Comm. Expires April 15, 2019

"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 definquent or due and required to be paid to the state or any of its political subdivisions, including

"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

"Related party" means a party, whether an individual, corporation, partnership, association, limited 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

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 vander 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

| WITNESS THE FOLLOWING SIGNATURE:  | aci Gl     |
|---|------------|
| Vendor's Name: JOEBOGGS + Associates INC  |            |
| Authorized Signature:   |            |
| State of W Date: 12/10/18   |            |
| County of Kanawha, to-wit:  |            |
| Taken, subscribed, and sworn to before me this loll day of December 2018                      |            |
| idy Commission expires 4-15 , 2019.   |            |
| OFFICIAL SEAL NOTARY PUBLIC Suiste Humannan   |            |
| STATE OF WEST VIRGINIA Krista G. Hinamon 1004 Bridge Rd.  Purchasing Affidavit (Revised 01/18 | <br>V2018) |