EBAr70417, EXHIBIT A - UPDATED PRICING PAGES - CENTRAL DISTRICT District office, Charleston: 600 Capitol St, Charleston, WV 25301

Don't skip this!!	0.00
	Don't skip this!!

			Building / Shelte	r Maintenance or Repair per	sectio	n 3.1.2				
Building / Shelter Maintenance or Repair	HOU	RLY RATE	×	ESTIMATED YEARLY QUANTITY					=	YEARLY COST
STANDARD RATE	\$	83.75	х	300					=	\$ 25,125.0
OVERTIME RATE	\$	120.90	х	40					=	\$ 4,836.0
EMERGENCY RATE	\$	120.90	х	10					=	\$ 1,209.0
TRAVEL RATE	Но	urly Rate	X	Avg. Agency to tower round trip	х	Est. Annual trips	х	Number of Travelers		
Estimated round trip cost for two employees to travel from Vendor's office to Agency's office	\$	-	х		х	20	х	2	=	\$ -
				TOTAL BUILDING	YEAR	LY COST			-	\$ 31,170.0
	Ď.	10,	Subcor	ntracted Tasks per section 3.1	1.3					
ESTIMATED YEARLY SUBCONTRACTOR COST		x	MULTIPLIER						-	YEARLY COST
\$20,000.00		х	1.15	TOTAL SUBCONTRACT	OR Y	EARLY COST				\$ 23,000.0
			Parts	/ Materials per section 3.1.4						
ESTIMATED YEARLY PARTS COST		×	MULTIPLIER						-	YEARLY COST
\$50,000.00		х	1.15	TAL PARTS / MATER	ALS	YEARLY CO			=	\$ 57,500.0
	1		Equip	ment Rental per section 3.1.	5					NO THE
ESTIMATED YEARLY EQUIPMENT RENTAL COST		x	MULTIPLIER	AT COST						YEARLY COST
\$10,000.00		х	1.15	TOTAL EQUIPMENT	YEA	RLY COST			=	\$ 11,500.00

\$10,000.00	Х	1.15	TOTAL EQUIPMENT YEARLY COST	<u> </u>	= \$	11,500.00
			TOTAL RID COST**			

* REQUIRED FIELDS ARE HIGHLIGHTED IN LIGHT ORANGE.

**TOTAL BID COST IS CALCULATED BY ADDING THE TOTAL YEARLY COST FOR EACH SECTION

03/15/22 09:23:25 WV Purchasing Division

EBAr70417, EXHIBIT A - UPDATED PRICING PAGES - NORTHERN DISTRICT District office, Morgantown: 191 Scott Ave, Morgantown, WV 26508

Round trip travel time from Vendor's office to Agency's District office. If this time is less than 2.5 hours, enter zero.	Don't skip this!!	83.75
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I I tale and the second			Building / Shelter	Maintenance or Repair per	sectio	n 3.1.2		- 200	or the		
Building / Shelter Maintenance or Repair	HOURLY RATE X ESTIMATED YEARLY QUANTITY					=		YEARLY COST			
STANDARD RATE	\$	123.75	х	300					=	\$	37,125.00
OVERTIME RATE	\$	160.75	х	40					=	\$	6,430.00
EMERGENCY RATE	\$	160.75	х	10					=	\$	1,607.50
TRAVEL RATE	Но	urly Rate	х	Avg. Agency to tower round trip	х	Est. Annual trips	Х	Number of Travelers			
Estimated round trip cost for two employees to travel from Vendor's office to Agency's office	\$	83.75	х	1.00	х	20	х	2	=	\$	3,350.00
				TOTAL BUILDING	YEAR	LY COST			=	\$	48,512.5
			Subcon	tracted Tasks per section 3.1	.3				M		
ESTIMATED YEARLY SUBCONTRACTOR COST		x	MULTIPLIER								YEARLY COST
\$20,000.00		х	1.15	TOTAL SUBCONTRACT	OR Y	EARLY COST			-	\$	23,000.00
			Parts	/ Materials per section 3.1.4			.10	المعالفات			
ESTIMATED YEARLY PARTS COST		x	MULTIPLIER								YEARLY COST
\$50,000.00		х	1.15	TOTAL PARTS / MAT	ERIA	LS YEARLY	COS	т	-	\$	57,500.00
			Equip	ment Rental per section 3.1.	5			2711 <u> </u>	u		
ESTIMATED YEARLY EQUIPMENT RENTAL COST		x	MULTIPLIER	AT COST						LI.	YEARLY COST
\$10,000.00		х	1.15	TOTAL EQUIPMENT	YEAI	RLY COST			=	\$	11,500.00

TOTAL BID COST**	\$ 140,512.50



EBAr70417, EXHIBIT A - UPDATED PRICING PAGES - SOUTHERN DISTRICT District office, Beckley: 124 Industrial Park Rd, Beaver, WV 25813

Round trip travel time from Vendor's office to Agency's District office. If this time is less than 2.5 hours, enter zero.

		- 1	Building / Shelte	r Maintenance or Repair per	sectio	n 3.1.2					
Building / Shelter Maintenance or Repair	нои	IRLY RATE	×	ESTIMATED YEARLY QUANTITY					=		YEARLY COST
STANDARD RATE	\$	83.75	х	300					=	\$	25,125.00
OVERTIME RATE	\$	120.90	х	40					-	\$	4,836.00
EMERGENCY RATE	\$	120.90	×	10					=	\$	1,209.00
TRAVEL RATE	Ho	urly Rate	х	Avg. Agency to tower round trip	х	Est. Annual trips	х	Number of Travelers			
Estimated round trip cost for two employees to travel from Vendor's office to Agency's office	\$		х		х	10	х	2	=	\$	-:
				TOTAL BUILDING	YEAR	LY COST			=	\$	31,170.00
			Subcor	ntracted Tasks per section 3.1	3		IJ.		-	and.	
ESTIMATED YEARLY SUBCONTRACTOR COST		×	MULTIPLIER						=		YEARLY COST
\$20,000.00		х	1.15	TOTAL SUBCONTRACT	OR Y	EARLY COST			=	\$	23,000.00
	II.		Parts	/ Materials per section 3.1.4							EUR III
ESTIMATED YEARLY PARTS COST		×	MULTIPLIER						+	7	YEARLY COST
\$50,000.00		Х	1.15	TAL PARTS / MATER	ALS	YEARLY CO			=	\$	57,500.00
	ile,		Equip	ment Rental per section 3.1.	5			United St	٠,		
ESTIMATED YEARLY EQUIPMENT RENTAL COST		x	MULTIPLIER	AT COST							YEARLY COST
\$10,000.00		×	1.15	TOTAL EQUIPMENT	YEA	RLY COST			-	\$	11,500.00

TOTAL BID COST**	
TOTAL BID COST**	\$ 123,170.00



Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: AGSTEN CONST	RUCTIUN CU. INC.
Check this box if no subcontractors will pe project.	erform more than \$25,000.00 of work to complete the
Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.
AJVATER CO.	WY 001397
PRIZM Painting	WV 038686
MBC CONSTRUCTION	WY 040 774
PAYNE TILE COMPANY	WY 004975
Central GLASS	WV 000107
GIVEN GLASS	WV 052885
ALL QUALITY OURSTRUCTION & FEACING	WY 033713
MTP CAS SERVICES FORCENG	WV 057 153

Attach additional pages if necessary

(Name, Title) DAYLD & BALDHIN AGENT - PRUMAN (Printed Name and Title) 1700 WY 34 HURYLEAR WY 25526 (Address) 304-343-5400 304-343-0063 (Phone Number) (Fax Number) (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 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. By signing below. I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 54-3-62, which automatically volds certain contract clauses that violate State law. AGENT — program GA (Authorized Signature) (Representative Name, Title) DAVID R. BALDHIN AGENT — program GA (Authorized Signature) (Representative Name, Title)	DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the
(Name, Title) DAYLD R BALDHIN AGENT - Pros MGR (Printed Name and Title) 1700 WV 34 Horrican WV 25526 (Address) 304-343-5400 304-343-0063 (Phone Number)/ (Fax Number) (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 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. By signing below. I further certify that I understand this Contract is subject to the provisions of West Virginia Code & 5A-3-62. which automatically voids certain contract clauses that violate State law. AGENT — proy MGR (Authorized Signature) (Representative Name, Title) DAVID R BALD WIN AGENT — proy MGR (Printed Name and Title of Authorized Representative) 15 MACL 2022 (Date) 304-343-5400 304-343-0063	Contract Administrator and the initial point of contact for matters relating to this Contract.
(Name, Title) DAYLD R. BALDHIN AGENT - Pros MGR (Printed Name and Title) 1700 WV 34 Horrican WV 25526 (Address) 304-343-5400 304-343-0063 (Phone Number)/ (Fax Number) (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 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. By signing below. I further certify that I understand this Contract is subject to the provisions of West Virginia Code & 5A-3-62. which automatically voids certain contract clauses that violate State law. AGENT — proy MGR (Company) AGENT — proy MGR (Printed Name and Title of Authorized Representative) 15 MACL 2022 (Date) 304-343-5400 304-343-0063	WI 1 BILL AGENT - proj mga
(Printed Name and Title) 1700 WV 34 Horricane WV 25526 (Address) 304-343-5400 304-343-0063 (Phone Number) / (Fax Number) 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 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. By signing below. I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law. AGENT — prop MGA (Authorized Signature) (Representative Name, Title) David R Balo Win Agent — prop MGA (Authorized Signature) (Representative Name, Title)	(Name, Title)
(Printed Name and Title) 1700 WV 34 Horricane WV 25526 (Address) 304-343-5400 304-343-0063 (Phone Number) / (Fax Number) 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 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. By signing below. I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law. AGENT — prop MGA (Authorized Signature) (Representative Name, Title) David R Balo Win Agent — prop MGA (Authorized Signature) (Representative Name, Title)	DAVID R. BALDWIN AGENT - Pros MGR
(Address) 304 - 343 - 5400 (Phone Number) / (Fax Number) (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 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. By signing below. I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5.4-3-62, which automatically voids certain contract clauses that violate State law. AGENT — proj mga (Authorized Signature) (Representative Name, Title) Davio R. Bald with Agent — proj mga (Authorized Signature) (Representative Name, Title) Davio R. Bald with Agent — proj mga (Authorized Signature) (Representative Name, Title)	(Printed Name and Title)
(Address) 304 - 343 - 5400 (Phone Number) / (Fax Number) (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 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. By signing below. I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5.4-3-62, which automatically voids certain contract clauses that violate State law. AGENT — proj mga (Authorized Signature) (Representative Name, Title) Davio R. Bald with Agent — proj mga (Authorized Signature) (Representative Name, Title) Davio R. Bald with Agent — proj mga (Authorized Signature) (Representative Name, Title)	1700 WY34, Hurricane, WY 25526
(Phone Number) / (Fax Number) Daldwin	(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. By signing below. I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law. AGENT — proj mga (Company) AGENT — proj mga (Printed Name and Title of Authorized Representative) 15 MARCA 2022 (Printed Name and Title of Authorized Representative)	(Phone Number) / (Fax Number)
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. By signing below. I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law. AGENT — proj mga (Company) AGENT — proj mga (Printed Name and Title of Authorized Representative) 15 MARCA 2022 (Printed Name and Title of Authorized Representative)	
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Provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law. AGSFEN CONSTRUCTION Company INC. (Company) (Authorized Signature) (Representative Name, Title) DAVID R. BALDWIN AGENT — DIOS MGR. (Printed Name and Title of Authorized Representative) [5 MARCA 2022 (Date) 304-343-5400 304-343-0063	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.
(Company) (A) AGENT - proj m GI (Authorized Signature) (Representative Name, Title) DAVID R. BALD WIN AGENT - proj m GI (Printed Name and Title of Authorized Representative) 15 MAICA 2022 (Date) 304-343-5400 304-343-0063	By signing below. I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.
(Company) (A) AGENT - proj m GI (Authorized Signature) (Representative Name, Title) DAVID R. BALD WIN AGENT - proj m GI (Printed Name and Title of Authorized Representative) 15 MAICA 2022 (Date) 304-343-5400 304-343-0063	AGSTEN CONSTRUCTION COMPANY INC.
(Authorized Signature) (Representative Name, Title) DAVID R. BALD WIN AGENT — PLOS MGR. (Printed Name and Title of Authorized Representative) 15 MARCA 2022 (Date) 304-343-5400 304-343-0063	
(Authorized Signature) (Representative Name, Title) DAVID R. BALD WIN AGENT — PLOS MGR. (Printed Name and Title of Authorized Representative) 15 MARCA 2022 (Date) 304-343-5400 304-343-0063	WI A BU AGENT - proj mga
15 MARCH 2022 (Date) 304-343-5400 304-343-0063	(Authorized Signature) (Representative Name, Title)
15 MARCH 2022 (Date) 304-343-5400 304-343-0063	
15 MARCH 2022 (Date) 304-343-5400 304-343-0063	DAVID R. BALDWIN AGENT - DIOS MGIL
(Date) 304-34 3 -5400 304-343-00 63	(Printed Name and Title of Authorized Representative)
304-343-5400 304-343-00 63	(Date) 2022
(* : / L M/E 1 MARIO M/	(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.:

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:	
(Check the box next to each addendum received)	
✓ Addendum No. 1 ☐ Addendum No. 6 ☐ Addendum No. 2 ☐ Addendum No. 7 ☐ Addendum No. 3 ☐ Addendum No. 8 ☐ Addendum No. 4 ☐ Addendum No. 9 ☐ Addendum No. 5 ☐ Addendum No. 10	
I understand that failure to confirm the receipt of addenda may be cause for I further understand that any verbal representation made or assumed to be m discussion held between Vendor's representatives and any state personnel is the information issued in writing and added to the specifications by an officient binding.	nade during any oral s not binding. Only
Company A BU	— 2
Authorized Signature	_,
15 MAN 2022 Date	—
NOTE: This addendum acknowledgement should be submitted with the bid	to evnedite

document processing.

REQUEST FOR QUOTATION EBAr70417 Multi-office General Maintenance and Repair

other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: DAVIO R BALOVIN

Telephone Number: 304-343-5400 Fax Number: 304-343-0063

Email Address: chaldwide gosten construction - com

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.				
	AGSTEN CONSTRUCTION COMPANY, INC.					
	2 Business name/disregarded entity name, if different from above					
page 3.	Check appropriate box for federal tax classification of the person whose name following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
e. ns or	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	☐ Partnership ☐	Trust/estate	Exempt payee code (if any)		
충흥	Limited liability company. Enter the tax classification (C=C corporation, S=	S corporation, P=Partnership)	·			
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded fro another LLC that is not disregarded from the owner for U.S. federal tax puris disregarded from the owner should check the appropriate box for the tax.	om the owner unless the owner our poses. Otherwise, a single-me	of the LLC is	Exemption from FATCA reporting code (if any)		
8	Other (see instructions) ►			(Applies to accounts maintained outside the U.S.)		
Š	5 Address (number, street, and apt. or suite no.) See instructions.	Requ	ester's name a	nd address (optional)		
See	1700 STATE ROUTE 34					
	6 City, state, and ZIP code					
]	HURRICANE, WV 25526					
	7 List account number(s) here (optional)					
Par	Taxpayer Identification Number (TIN)					
	your TIN in the appropriate box. The TIN provided must match the nam	e given on line 1 to avoid	Social sec	urity number		
	p withholding. For individuals, this is generally your social security num					
	nt alien, sole proprietor, or disregarded entity, see the instructions for F s, it is your employer identification number (EIN). If you do not have a n					
TIN, la		umber, see now to get a	or			
Note:	If the account is in more than one name, see the instructions for line 1.	Also see What Name and	-	dentification number		
	er To Give the Requester for guidelines on whose number to enter.					
Part	II Certification					
Under	penalties of perjury, I certify that:			1		
1. The	number shown on this form is my correct taxpayer identification numb	er (or I am waiting for a num	ber to be issi	ued to me); and		
	not subject to backup withholding because: (a) I am exempt from bac					
	rice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and	to report all interest or divid	dends, or (c) 1	the IRS has notified me that I am		
3. I am	a U.S. citizen or other U.S. person (defined below); and					
4. The	FATCA code(s) entered on this form (if any) indicating that I am exemp	t from FATCA reporting is co	orrect.			
	cation instructions. You must cross out item 2 above if you have been no					
acquisi	ve failed to report all interest and dividends on your tax return. For real estition or abandonment of secured property, cancellation of debt, contribution han interest and dividends, you are not required to sign the certification, but	ns to an individual retirement	arrangement	(IRA), and generally, payments		
Sign	Signature of A A A					
Here	Signature of U.S. person ►	Date ►	151	MAR 2022		
Ger	neral Instructions	 Form 1099-DIV (dividend funds) 	ls, including t	hose from stocks or mutual		
Section noted.	n references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)				
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted transactions by brokers) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)						
	ney were published, go to www.irs.gov/FormW9.	 Form 1099-S (proceeds) 	from real esta	ate transactions)		
Purp	oose of Form	 Form 1099-K (merchant) 	card and thire	d party network transactions)		
	ividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	 Form 1098 (home mortgates) 1098-T (tuition) 	age interest),	1098-E (student loan interest),		
	cation number (TIN) which may be your social security number	 Form 1099-C (canceled conceled) 	debt)			
	individual taxpayer identification number (ITIN), adoption er identification number (ATIN), or employer identification number	 Form 1099-A (acquisition 	or abandonn	nent of secured property)		
(EIN), t	o report on an information return the amount paid to you, or other it reportable on an information return. Examples of information	Use Form W-9 only if yo alien), to provide your corr		person (including a resident		
	a include, but are not limited to, the following. 1 1099-INT (interest earned or paid)			requester with a TIN, you might What is backup withholding,		

later.

WEST VIRGINIA STATE TAX DEPARTMENT BUSINESS REGISTRATION CERTIFICATE

ISSUED TO:
AGSTEN CONSTRUCTION COMPANY INC
1700 STATE ROUTE 34
HURRICANE, WV 25526-7089

BUSINESS REGISTRATION ACCOUNT NUMBER:

1044-2887

This certificate is issued on:

02/15/2019

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

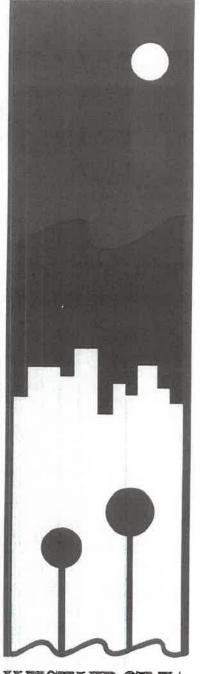
The person or organization identified on this certificate is registered to conduct business in the State of West Virginia at the location above.

This certificate is not transferrable and must be displayed at the location for which issued. This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

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

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

atL006 v.19 L0076869056



CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV031022

Classification:

GENERAL BUILDING

AGSTEN CONSTRUCTION COMPANY INC DBA AGSTEN CONSTRUCTION COMPANY INC 1700 STATE ROUTE 34 HURRICANE, WV 25526-7089

Date Issued

Expiration Date

MAY 18, 2021

MAY 18, 2022

Chair, West Virginia Contractor

Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work is being performed. This license number must appear in all advertisements, on all bid submissions and on all fully executed and binding contracts. This license cannot be assigned or transferred by licensec. Issued under provisions of West Virginia Code, Chapter 21, Article 11.

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, 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 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:

My Commission Expires April 13, 2022 6 Holly Circle, Winfield, WV 25213

Vendor's Name: Agsten Construction Company Inc.	
Authorized Signature:	Date: 15 MAN 2022
State of West Virginia	
County of Putnam , to-wit:	
Taken, subscribed, and sworn to before me this 15th day of MARCH	, 20 <u>22</u>
My Commission expires APail (3 , 2022	
AFFIX SEAL HERIOTARY PUBLIC OFFICIAL SEAL CASEY E MILLER NOTARY PUBLIC	Coy & Mille

Purchasing Affidavit (Revised 01/19/2018)



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

STAT	E OF WEST VIRGINIA,	
cou	ITY OF Putnam, TO-WIT:	
I, <u>D</u> a	vid R. Baldwin, after being first duly sworn, depose and state as follow	vs:
1.	I am an employee of Agsten Construction Company, Inc. ; and, (Company Name)	
2.	I do hereby attest that Agsten Construction Company, Inc. (Company Name)	
	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 a	pove statements are sworn to under the penalty of perjury.	
	Printed Name: David R. Baldwin	
	Signature: W/ 1 BM	
	Title: Agent - Proj Mgr	
	Company Name: Agsten Construction Company, I	nc.
	Date: 15 MAR 2012	
Taker By Co	nmission expires	
	CASEY E MILLER State of West Virginia My Commission Expires April 13, 2022 6 Holly Circle, Winfield, WV 25213	

Client#: 1114657

AGSTECON1

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/04/2022

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).

USI Ins Svcs C/L Charleston 1 Hillcrest Drive East	CONTACT Megan Withrow PHONE [A/C, No, Ext]: 304-347-0630 E-MAIL ADDRESS: megan.withrow@usi.com	347-0605
Charleston, WV 25311	INSURER(S) AFFORDING COVERAGE	NAIC#
304 347-0611	INSURER A : Westfield Insurance Company	24112
INSURED	INSURER B : BrickStreet Mutual Insurance Company	12372
Agsten Construction Co., Inc. 1700 State Route 34	INSURER C: Nautilus Insurance Company	17370
	INSURER D:	
Hurricane, WV 25526	INSURER E :	
	INSURER F:	

CERTIFICATE 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 INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER X COMMERCIAL GENERAL LIABILITY Α CMM3907572 0.4/26/2021 04/26/2022 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR s500,000 X PD Ded:500 s 5.000 MED EXP (Any one person)

PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER \$2,000,000 GENERAL AGGREGATE PRO-JECT \$2,000,000 POLICY. PRODUCTS - COMP/OP AGG OTHER-04/26/2021 04/26/2022 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$1,000,000 A CMM3907572 BODILY INJURY (Per person) X ANY AUTO SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) X HIRED AUTOS ONLY \$ X UMBRELLA LIAB X OCCUR CMM3907572 04/26/2021 04/26/2022 EACH OCCURRENCE \$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$5,000,000 DED X RETENTION \$0 WORKERS COMPENSATION WCB1019272 04/26/2021 04/26/2022 X PER STATUTE В AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WV Broad Form \$1,000,000 E.L. EACH ACCIDENT N N/A E.L. DISEASE - EA EMPLOYEE \$1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Educational Broadcasting Authority - Building/Site corrective maintenance and repair services at offices in Beckley, Charleston, and Morgantown WV.

CPP203073312

CERTIFICATE HOLDER	CANCELLATION
State of West Virginia 2019 Washington St. East Charleston, WV 25305	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
	James P. Crouse

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12/01/2021 12/01/2022 \$1,000,000

Prof/Polluton

WEST VIRGINIA PURCHASING DIVISION BID OPENING

SOLICITATION#: CRFQ EBA22*04

DATE: 3/15/2022

FOLDER#: 1002802	:/	ZI.	DE	D#+	100	2002

DEPT#: 0439

	Vendor	Amount Comment or Line Number				
P	AGSTEN Const	\$123,170.00	Dist. office for Charleston			
		5				
		1				
(OPENING STAFF: STAFF CERTIFYING REC	EIPT OF ELIGIBLE BIDS RECEIV	/ED ON TIME BUT NOT PUBLICLY READ:			
9	SIGNATURE May ay		CTS:			
	SIGNATURE By I Will		ACA:			
5	SIGNATURE	·				

EBAr70417, EXHIBIT A - UPDATED PRICING PAGES - CENTRAL DISTRICT District office, Charleston: 600 Capitol St, Charleston, WV 25301

Round trip travel time from Vendor's office to Agency's District office. If this time is less than 2.5 hours, enter zero.	Don't skip this!!	0.00
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			Building / Shelte	r Maintenance or Repair per	section	13.1.2				_	
Building / Shelter Maintenance or Repair	HOU	RLY RATE	×	ESTIMATED YEARLY QUANTITY					#		YEARLY COST
STANDARD RATE	\$	83.75	x	300					=	\$	25,125.00
OVERTIME RATE	\$	120.90	X	40					=	\$	4,836.00
EMERGENCY RATE	\$	120.90	х	10					=	\$	1,209.00
TRAVEL RATE	Hot	urly Rate	х	Avg. Agency to tower round trip	х	Est. Annual trips	х	Number of Travelers			
Estimated round trip cost for two employees to travel from Vendor's office to Agency's office	\$		x		×	20	х	2	=	\$	-
				TOTAL BUILDING	YEAR	LY COST			=	\$	31,170.00
		10 3	Subcor	ntracted Tasks per section 3.1	.3	1.0 pg					
ESTIMATED YEARLY SUBCONTRACTOR COST		X	MULTIPLIER						=		YEARLY COST
\$20,000.00		х	1.15	TOTAL SUBCONTRACT	OR Y	EARLY COST			=	\$	23,000.00
			Parts	/ Materials per section 3.1.4					b E		
ESTIMATED YEARLY PARTS COST		x	MULTIPLIER						=		YEARLY COST
\$50,000.00		Х	1.15	TAL PARTS / MATERI	ALS	YEARLY CO			=	\$	57,500.00
	NEQ.		Equip	ment Rental per section 3.1.	5				-17	-14	
ESTIMATED YEARLY EQUIPMENT RENTAL COST		x	MULTIPLIER	AT COST							YEARLY COST
\$10,000.00		Х	1.15	TOTAL EQUIPMENT	YEAR	RLY COST			=	\$	11,500.00

PV-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
	TOTAL BID COST**	\$ 123,170.00

* REQUIRED FIELDS ARE HIGHLIGHTED IN LIGHT ORANGE.

**TOTAL BID COST IS CALCULATED BY ADDING THE TOTAL YEARLY COST FOR EACH SECTION

03/15/22 09:23:25 W Furchasing Division

EBAr70417, EXHIBIT A - UPDATED PRICING PAGES - NORTHERN DISTRICT District office, Morgantown: 191 Scott Ave, Morgantown, WV 26508

Round trip travel time from Vendor's office to Agency's District office. If this time is less than 2.5 hours, enter zero.	Don't skip this!!	83.75
---	-------------------	-------

			Building / Shelter	Maintenance or Repair per	sectio	n 3.1.2					
Building / Shelter Maintenance or Repair	ноц	IRLY RATE	×	ESTIMATED YEARLY QUANTITY					=		YEARLY COST
STANDARD RATE	\$	123.75	х	300					=	\$	37,125.00
OVERTIME RATE	\$	160.75	х	40					=	\$	6,430.00
EMERGENCY RATE	\$	160.75	х	10					=	\$	1,607.50
TRAVEL RATE	Но	urly Rate	х	Avg. Agency to tower round trip	х	Est. Annual trips	х	Number of Travelers			
Estimated round trip cost for two employees to travel from Vendor's office to Agency's office	\$	83.75	х	1.00	×	20	х	2	=	\$	3,350.00
				TOTAL BUILDING	YEAR	LY COST			=	\$	48,512.50
			Subcon	tracted Tasks per section 3.1	1.3					7.1	
ESTIMATED YEARLY SUBCONTRACTOR COST		×	MULTIPLIER						-		YEARLY COST
\$20,000.00		х	1.15	TOTAL SUBCONTRACT	OR Y	EARLY COST			=	\$	23,000.00
	Trac		Parts	/ Materials per section 3.1.4				E-163			
ESTIMATED YEARLY PARTS COST		x	MULTIPLIER								YEARLY COST
\$50,000.00		х	1.15	TOTAL PARTS / MAT	ERIA	LS YEARLY	COS	т	-	\$	57,500.00
			Equip	ment Rental per section 3.1.	5						
ESTIMATED YEARLY EQUIPMENT RENTAL COST		X	MULTIPLIER	AT COST						20	YEARLY COST
\$10,000.00		х	1.15	TOTAL EQUIPMENT	YEAR	RLY COST			=	\$	11,500.00

TOTAL BID COST**	\$ 140,512.50
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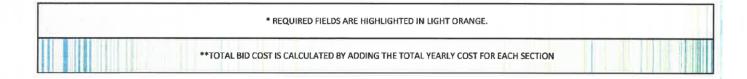
EBAr70417, EXHIBIT A - UPDATED PRICING PAGES - SOUTHERN DISTRICT District office, Beckley: 124 Industrial Park Rd, Beaver, WV 25813

Round trip travel time from Vendor's office to Agency's District office. If this time is less than 2.5 hours, enter zero.

			Building / Shelter	Maintenance or Repair per	sectio	n 3.1.2						
Building / Shelter Maintenance or Repair	ноц	IRLY RATE	×	ESTIMATED YEARLY QUANTITY							YEAR	LY COST
STANDARD RATE	\$	83.75	х	300					=	\$		25,125.00
OVERTIME RATE	\$	120.90	х	40					=	\$		4,836.00
EMERGENCY RATE	\$	120.90	х	10					=	\$		1,209.00
FRAVEL RATE	Но	urly Rate	х	Avg. Agency to tower round trip	х	Est. Annual trips	х	Number of Travelers				
Estimated round trip cost for two employees to travel from Vendor's office to Agency's office	\$		х		х	10	х	2	=	\$		-
	TOTAL BUILDING YEARLY COST				Ħ	\$	Til	31,170.0				
			Subcon	tracted Tasks per section 3.1	.3					-5-		
ESTIMATED YEARLY SUBCONTRACTOR COST		×	MULTIPLIER								YEAR	LY COST
\$20,000.00		х	1.15	TOTAL SUBCONTRACT	OR Y	EARLY COST			=	\$	П	23,000.00
			Parts	/ Materials per section 3.1.4	_= 11		5 7 1		201			
ESTIMATED YEARLY PARTS COST		x	MULTIPLIER						=		YEAR	LY COST

		Equipm	ent Rental per section 3.1.5	
ESTIMATED YEARLY EQUIPMENT RENTAL COST	×	MULTIPLIER	AT COST	YEARLY COST
\$10,000.00	х	1.15	TOTAL EQUIPMENT YEARLY COST	= \$ 11,500.00

TOTAL BID COST** \$ 123,170.00



Subcontractor List Submission (Construction Contracts Only)

AJVATER CO. PRIZM POINTING MBC CONSTRUCTION PAYNE TILE COMPANY CENTRAL GLASS GIVEN GLASS ALL QUALITY DURSTRUCTION & FEARING MTD CAS SURVICES FENCING	W V W V W V	001397 038686 040774 004975 000107 052885 033113
MBC CONSTRUCTION PAYNE TILE COMPANY CENTRAL GLASS GIVEN GLASS ALL QUALITY DURSTRUCTION & FEACING	WV WV WV	040 774 00 49 75 000 107 052 885 0337 13
ATNE TILE COMPANY CENTRAL GLASS SIVEN GLASS ALL QUALITY OURSTRUCTION & FENCING	wv wv	004975 000107 052885 033713
CENTRAL GLASS DIVENS GLASS PLL QUALITY DURSTRUCTION & FEACING	~v ~v	000 107 052 885
SIVEN GLASS ALL QUALITY DURSTRUCTION & FEACING	WV	052885
ALL QUALITY OURSTRUCTION & FEACING		0 537 13
	5 WV	
TH CAS SURVICES FONCING	WV	057 153
		Maria Cara Cara Cara Cara Cara Cara Cara
	_	
	_	
	_	
	-	
	_	

Attach additional pages if necessary

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.
Ol 1 Bl AGENT - proj man
(Name, Title)
DAYID R. BALOWIN AGENT - Prus MGR
(Printed Name and Title)
1700 WV39, HURVICANE, WV 25526
(Address)
304-343-5400 304-343-0063
(Phone Number) / (Fax Number)
(email address)
(email address)
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.
By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.
AP. STIGHT CONST PARTIES COM ARMY INC
(Company)
(Authorized Signature) (Representative Name, Title)
(Printed Name and Title of Authorized Representative)
(Date)
304-343-5400 304-343-00 63
(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.:

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.

(Check the box next to each addendum received)	
☐ Addendum No. 2 ☐ Addendum No. 3 ☐ Addendum No. 4 ☐	Addendum No. 6 Addendum No. 7 Addendum No. 8 Addendum No. 9 Addendum No. 10
I understand that failure to confirm the receipt of I further understand that any verbal representation discussion held between Vendor's representatives the information issued in writing and added to the binding.	n made or assumed to be made during any oral and any state personnel is not binding. Only
AGSTEN CONSTRUCTION CU. Company Authorized Signature	INC
15 MAR 2022 Date	
NOTE: This addendum acknowledgement should	be submitted with the bid to expedite

document processing.

REQUEST FOR QUOTATION EBAr70417 Multi-office General Maintenance and Repair

other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: DAVIO R BALDAIN

Telephone Number: 304-343-5400

Fax Number: 304 - 343 - 00 63

Email Address: Obaldwine ag sten construction - com

Form W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (as shown on your income tax return). Name is required on this line; do	o not leave this line blank.					
	AGSTEN CONSTRUCTION COMPANY, INC. 2 Business name/disregarded entity name, if different from above						
	and the distribution of the state of						
on page 3.	Check appropriate box for federal tax classification of the person whose name following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
s on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	☐ Partnership	☐ Trust/estate	Everent never and off and			
pe.		0		Exempt payee code (if any)			
Print or type. Specific Instructions	Limited liability company. Enter the tax classification (C=C corporation, S= Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax puis disregarded from the owner should check the appropriate box for the tax	n of the single-member owr om the owner unless the ow urposes. Otherwise, a single	ner. Do not check wher of the LLC is e-member LLC that	s code (if any)			
bec	Other (see instructions) ▶	T.		(Applies to accounts maintained outside the U.S.)			
∞	5 Address (number, street, and apt. or suite no.) See instructions.		Hequester's name a	and address (optional)			
See	1700 STATE ROUTE 34 6 City, state, and ZIP code						
	HURRICANE, WV 25526						
	7 List account number(s) here (optional)						
Par	Taxpayer Identification Number (TIN)						
	your TIN in the appropriate box. The TIN provided must match the nam p withholding. For individuals, this is generally your social security num			urity number			
reside	nt alien, sole proprietor, or disregarded entity, see the instructions for F	Part I, later. For other		- -			
	s, it is your employer identification number (EIN). If you do not have a n	number, see How to get					
TIN, la	If the account is in more than one name, see the instructions for line 1.	Also see What Name a	Or Employer	identification number			
	er To Give the Requester for guidelines on whose number to enter.	. Also see What Ivallie al	,u				
Part	II Certification			_			
	penalties of perjury, I certify that:						
2. I am Sen	number shown on this form is my correct taxpayer identification numb not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and	kup withholding, or (b) I	have not been no	otified by the Internal Revenue			
	a U.S. citizen or other U.S. person (defined below); and						
	FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reporting	is correct.				
	cation instructions. You must cross out item 2 above if you have been no			ect to backup withholding because			
acquis	ve failed to report all interest and dividends on your tax return. For real est ition or abandonment of secured property, cancellation of debt, contribution han interest and dividends, you are not required to sign the certification, but	ons to an individual retirer	nent arrangement	(IRA), and generally, payments			
Sign Here	Signature of U.S. person ►	Da	ate > 15	MAR 2022			
Ger	neral Instructions	 Form 1099-DIV (dividends) 	dends, including	those from stocks or mutual			
Sectio noted.	n references are to the Internal Revenue Code unless otherwise	 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) 					
related	developments. For the latest information about developments I to Form W-9 and its instructions, such as legislation enacted they were published, go to www.irs.gov/FormW9.	 Form 1099-B (stock transactions by broket 		ales and certain other			
		 Form 1099-S (proceeds from real estate transactions) 					
Purp	pose of Form	•		d party network transactions)			
inform	ividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	1098-T (tuition)		1098-E (student loan interest),			
	cation number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	• Form 1099-C (cance		ment of account of account à			
(EIN), t	rer identification number (ATIN), or employer identification number to report on an information return the amount paid to you, or other nt reportable on an information return. Examples of information		if you are a U.S.	nent of secured property) person (including a resident			
returns	s include, but are not limited to, the following. 1 1099-INT (interest earned or paid)	If you do not return	Form W-9 to the	requester with a TIN, you might What is backup withholding,			

later.

WEST VIRGINIA STATE TAX DEPARTMENT BUSINESS REGISTRATION CERTIFICATE

ISSUED TO:
AGSTEN CONSTRUCTION COMPANY INC
1700 STATE ROUTE 34
HURRICANE, WV 25526-7089

BUSINESS REGISTRATION ACCOUNT NUMBER:

1044-2887

This certificate is issued on:

02/15/2019

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

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

This certificate is not transferrable and must be displayed at the location for which issued. This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

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

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

atL006 v.19 L0076869056



WEST VIRGINIA CONTRACTOR LICENSING BOARD

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV031022

Classification:

GENERAL BUILDING

AGSTEN CONSTRUCTION COMPANY INC DBA AGSTEN CONSTRUCTION COMPANY INC 1700 STATE ROUTE 34 HURRICANE, WV 25526-7089

Date Issued

Expiration Date

MAY 18, 2021

MAY 18, 2022

Chair, West Virginia Contractor

Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work is being performed. This license number must appear in all advertisements, on all bid submissions and on all fully executed and binding contracts. This license cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.

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, 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 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: Agsten Construction Company Inc. Authorized Signature: State of West Virginia County of Putnam Taken, subscribed, and sworn to before me this 15 day of My Commission expires NOTARY PUBLIC NOTARY PUBLIC OFFICIAL SEAL CASEY E MILLER State of West Virginia

Commission Expires April 13, 2022 6 Holly Circle, Winfield, WV 25213 Purchasing Affidavit (Revised 01/19/2018)



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

STAT	E OF WEST VIRGINIA,
COUN	TY OF Putnam, TO-WIT:
_{I,} Da	vid R. Baldwin, after being first duly sworn, depose and state as follows:
1.	I am an employee of Agsten Construction Company, Inc. (Company Name); and,
2.	I do hereby attest that Agsten Construction Company, Inc. (Company Name)
	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 al	bove statements are sworn to under the penalty of perjury.
	Printed Name: David R. Baldwin
	Signature: WI 1811
	Title: Agent - Proj Mgr
	Company Name: Agsten Construction Company, Inc.
	Date: 15 MAR 2022
Taken	, subscribed and sworn to before me this 15 may of March, 2022.
Ву Со	mmission expires April 13, 2022
(Soal)	NOTARY PUBLIC OFFICIAL SEAL CASEY E MILLER State of West Virginia My Commission Expires April 13, 2022 6 Holly Circle, Winfield, Wy 25213

AGSTECON1

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

3/04/2022

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).

PRODUCER	CONTACT Megan Withrow					
USI Ins Svcs C/L Charleston	PHONE (A/C, No, Ext): 304-347-0630 FAX (A/C, No): 304-3	47-0605				
1 Hillcrest Drive East	E-MAIL ADDRESS: megan.withrow@usi.com					
Charleston, WV 25311	INSURER(S) AFFORDING COVERAGE	NAIC#				
304 347-0611	INSURER A: Westfield Insurance Company					
INSURED	INSURER B : BrickStreet Mutual Insurance Company	12372				
Agsten Construction Co., Inc.	INSURER C : Nautilus Insurance Company	17370				
1700 State Route 34	INSURER D :					
Hurricane, WV 25526	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.

ISR TR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY		CMM3907572	04/26/2021		EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
	X PD Ded:500					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY		CMM3907572	04/26/2021	04/26/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO	AUTO				BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS	OWNED AUTOS ONLY HIRED XON-OWNED AUTOS ONLY AUTOS ONLY X AUTOS ONLY		BODILY INJURY (Per accident)		\$	
	▼ HIRED ▼ NON-OWNED					PROPERTY DAMAGE (Per accident)	\$
							\$
A	X UMBRELLA LIAB X OCCUR		CMM3907572	04/26/2021	04/26/2022	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
	DED X RETENTION \$0						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCB1019272	04/26/2021	04/26/2022	X PER OTH-	1
	ANY PROPRIETOR/PARTNER/EXECUTIVE	PRIETOR/PARTNER/EXECUTIVE WV Broad Form			E.L. EACH ACCIDENT	\$1,000,000	
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Prof/Polluton		CPP203073312	12/01/2021	12/01/2022	\$1,000,000	

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

Re: Educational Broadcasting Authority - Building/Site corrective maintenance and repair services at offices in Beckley, Charleston, and Morgantown WV.

CERTIFICATE HOLDER	CANCELLATION
State of West Virginia 2019 Washington St. East Charleston, WV 25305	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
at.	Comes & Croupe

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BID BOND

	KNOW ALL MEN BY THESE PRESENTS, That we, the	undersigned,	Agsten C	Construction	on Comp	any, Inc.
of	Hurricane , WV	, as	Principal,	and Ohio f	Farmers	Insurance Company
of	Westfield Center , OH , 8	corporation o	organized:	and existing	g under th	e laws of the State of
ОН	with its principal office in the City of Westfice	ald Center	, as Su	rety, are he	eld and fin	mly bound unto the State
of West	Virginia, as Obligee, in the penal sum of Five Percent of /	Amount Bid		(\$:	<u>5%</u>) '	for the payment of which,
well and	I truly to be made, we jointly and severally bind ourselves,	our heirs, adr	ministrator	s, executor	's, succes	sors and assigns.
	The Condition of the above obligation is such that who	ereas the Pri	incipal has	s submitted	to the P	urchasing Section of the
Departm	nent of Administration a certain bid or proposal, attached h	ereto and ma	ide a part i	hereof, to e	nter into a	contract in writing for
Multi-C	Office Maintenance - Southern					
	NOW THEREFORE,					
the agre	(a) If said bid shall be rejected, or (b) If said bid shall be accepted and the Principal hereto and shall furnish any other bonds and insurance sement created by the acceptance of said bid, then this obe and effect. It is expressly understood and agreed that exceed the penal amount of this obligation as herein stated	required by the ligation shall the liability of	he bid or pr be null and	roposal, and void, othe	d shall in a	all other respects perform obligation shall remain in
	The Surety, for the value received, hereby stipulates and paired or affected by any extension of the time within who tice of any such extension.					
	WITNESS, the following signatures and seals of Principa	l and Surety,	executed	and sealed	by a prop	er officer of Principal and
Surety, o	or by Principal Individually if Principal is an individual, this	15th_day	y of	March		2022,
Principa	ıl Seal		Agsten	Construct	tion Com	pany, Inc.
				(Name of F	cincipal)
			Ву	0	8//1	
					resident, N y Authoriz	Vice President, or ed Agent)
			2	0551D	ent	
					(Title)
	A SUSUA	A.	011. 5			
Surety S	Seal Separters	50	Onio Fa	armers ins	Name of S	
	1848]		V	, tallie of C	, and (1)
			By:	Ogmy S. Selbe	ny	S Selbe Attorney-in-Fact
			20			Amonto junit dot

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.

CERTIFIED COPY

Westfield Insurance Co. Westfield National Insurance Co. Ohio Farmers Insurance Co.

Westfield Center, Ohio

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint Tammy S. Selbe, SEVERALLY

of Charleston and State of WV its true and lawful Attorney-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of suretyship-

Principal: Agsten Construction Company, Inc.

Obligee: State of West Virginia

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for

and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact. may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and the Attorney-In-ract. May be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-In-Fact shall be as binding upon the Company as if signed by the President and seeled and attested by the Corporate Secretary."

"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting

held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto affixed this 17th day of DECEMBER A.D., 2019.



State of Ohio County of Medina



WESTFIELD INSURANCE COMPANY WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

Gary W. Stumper, National Surety Leader and Senior Executive

On this 17th day of DECEMBER A.D., 2019, before me personally came Gary W. Stumper to me known, who, being by me duly sworn, did depose and say, that he resides in Hartford, CT; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial Seal Affixed

State of Ohio County of Medina

SS.:



David A. Kotnik, Attorney at Law, Notary Public My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

I, Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 15th day of March A.D. 2022 A.D.,







Frank A. Carrino, Secretary

BID BOND

	KNOW ALL MEN BY THESE PRESENTS, That we, the	undersigned,	Agsten Construction	Company, Inc.
of	Hurricane , WV	, as	Principal, and Ohio Fa	rmers Insurance Company
of	Westfield Center , OH ,	a corporation	organized and existing u	inder the laws of the State of
OH	with its principal office in the City of West	ield Center	as Surety, are held	and firmly bound unto the State
of West	Virginia, as Obligee, in the penal sum of Five Percent of	Amount Bid	(\$ 5%	for the payment of which,
well and	truly to be made, we jointly and severally bind ourselves	, our heirs, ad	ministrators, executors,	successors and assigns.
	The Condition of the above obligation is such that w	hereas the Pr	incipal has submitted to	the Purchasing Section of the
Departn	nent of Administration a certain bid or proposal, attached	hereto and ma	ide a part hereof, to ent	er into a contract in writing for
Multi-C	Office Maintenance - Northern			
	NOW THEREFORE,			
	(a) If said bid shall be rejected, or			
attackar	(b) If said bid shall be accepted and the Princip d hereto and shall furnish any other bonds and insurance	al shall enter	into a contract in acco	rdance with the bid or proposal
	cement created by the acceptance of said bid, then this o			
	e and effect. It is expressly understood and agreed that		the Surety for any and	all claims hereunder shall, in no
event, c	exceed the penal amount of this obligation as herein state	u.		
	The Surety, for the value received, hereby stipulates ar paired or affected by any extension of the time within votice of any such extension.			
	WITNESS, the following signatures and seals of Princip	of and Surate	evented and easied h	a nanner officer of Principal and
Questa	or by Principal individually if Principal is an individual, this			2022
aniai à '	ot by Europen increased in Europea is en increasonal ass	1001 (08)	y QI	, LOZZ,
Principa	al Seal		Agsten Constructio	n Company, Inc.
1 HITEINE	ar to the last			me of Principal)
			Ву	#
			(Must be Are	sident, Vice President, or
			Duly /	Authorized Agent)
			PRES	DENT
				(Title)
	INSUR.	A.		_
Surety S	Seal Seal	3	Ohio Farmers Insur	
	S 1910	5	(148	ime of Surety)
		Sales Contract of the Contract	- ()	. 1 8 11
	The second secon		By: ammy	he sube
			Tammy S. Selbe	Attorney-in-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.

_-General Power of Attorney

CERTIFIED COPY

Westfield Insurance Co. Westfield National Insurance Co. Ohio Farmers Insurance Co.

Westfield Center, Ohio

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint Tammy S. Selbe, SEVERALLY

and State of WV its true and lawful Attorney-in-Fact, with full power and authority hereby conferred in its name, place and Charleston stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of suretyship-

Bid Bond Surety Bond No.:

Principal: Agsten Construction Company, Inc.

Obligee: State of West Virginia

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be it Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact, may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's flability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any

"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto affixed this 17th day of DECEMBER A.D., 2019.



State of Ohio County of Medina

WESTFIELD INSURANCE COMPANY WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

Gary W. Stumper, National Surety Leader and Senior Executive

On this 17th day of DECEMBER A.D., 2019, before me personally came Gary W. Stumper to me known, who, being by me duly sworn, did depose and say, that he resides in Hartford, CT; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial Seal Affixed

State of Ohio County of Medina

55.:

95 .



David A. Kotnik, Attorney at Law, Notary Public My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

I, Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 15th day of March A.D.,







Frank A. Carrino, Secretary

BID BOND

	WHOM ATT WEN BY THESE BUT		rsigned, Agsten Construction Company, Inc.
of	Hurricane	,	, as Principal, and Ohio Farmers Insurance Company
of	Westfield Center ,	OH, a corp	oration organized and existing under the laws of the State of
OH	with its principal office in	the City of Westfield C	Center, as Surety, are held and firmly bound unto the State
of Wes	at Virginia, as Obligee, in the penal s	um of Five Percent of Amou	unt Bid (\$ 5%) for the payment of which,
well an	nd truly to be made, we jointly and se	verally bind ourselves, our t	neirs, administrators, executors, successors and assigns.
			•
	The Condition of the above oblig	gation is such that whereas	s the Principal has submitted to the Purchasing Section of the
Depart			and made a part hereof, to enter into a contract in writing for
	Office Maintenance - Central		
	NOW THEREFORE,		
	(a) If said bid shall be rejecte	ed or	
	(b) If said bid shall be acce	epted and the Principal sha	Ill enter into a contract in accordance with the bid or proposal
attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform			
the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no			
	exceed the penal amount of this obli		and the second to the second reconstruct order, in the
	SS1 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by any extension of the time within which the Obligee may accept such bid, and said Surety does hereby			
waive r	notice of any such extension.	त्र चित्र कारण स्थानस्था त्रवाक्तत्रवात्र स्थानस्थात् स्था	the southern that appoint easily and only and anoth and titlens.
	ANITALIZA AL SARANZA ALA SARANZA	a and much remainstrates and	
			Surety, executed and sealed by a proper officer of Principal and
Surety,	or by Principal individually if Princip	al is an individual, this 15	th_day ofMarch, 2022
			Anaton Construction Construction
Principa	al Seal		Agsten Construction Company, Inc. (Name of Principal)
			By Alexander Breeding
			(Must be President, Vice President, or Duly Authorized Agent)
			PRESIONAT
			(Title)
		INSUR	(*****)
Surety Seal			Ohio Farmers Insurance Company
20,00		S CHANGE S	(Name of Surety)
		* 3	
		The state of the s	By: (hmmu & lolke
			Tammy S. Selbe Attorney-in-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.

General Power of Attorney

Westfield Insurance Co. Westfield National Insurance Co. Ohio Farmers Insurance Co. Westfield Center, Ohio

CERTIFIED COPY

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint Tammy S. Selbe, SEVERALLY

of Charleston and State of WV its true and lawful Attorney-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of suretyship-

Bid Bond Surety Bond No.:

Principal: Agsten Construction Company, Inc.

Obligee: State of West Virginia

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY; WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact, may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be It Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8,

held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto affixed this 17th day of DECEMBER A.D., 2019.

Corporate Seals Affixed

State of Ohio County of Medina

WESTFIELD INSURANCE COMPANY
WESTFIELD NATIONAL INSURANCE COMPANY
DHIO FARMERS INSURANCE COMPANY

Gary W. Stumper, National Surety Leader and Senior Executive

On this 17th day of DECEMBER A.D., 2019, before me personally came Gary W. Stumper to me known, who, being by me duly sworn, did depose and say, that he resides in Hartford, CT; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial Seal Affixed

State of Ohio County of Medina

\$5.:



David A. Kotnik, Attorney at Law, Notary Public My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

I, Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 15th day of March A.D., 2022







Frank A. Carrino, Secretary