



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

## Header 1

[List View](#)

## General Information Contact Default Values Discount Document Information Clarification Request

Procurement Folder: 1420879

SO Doc Code: CRFQ

Procurement Type: Central Purchase Order

SO Dept: 0603

Vendor ID: VS0000014170

SO Doc ID: ADJ2400000016

Legal Name: MEADOWS ENTERPRISES LLC

Published Date: 5/6/24

Alias/DBA: MANOAH J MEADOWS

Close Date: 5/9/24

Total Bid: \$52,700.00

Close Time: 13:30

Response Date: 05/09/2024

Status: Closed

Response Time: 11:49

Solicitation Description: Camp Dawson Pavilion Foundation Construction

Responded By User ID: mjms

Total of Header Attachments: 1

Total of All Attachments: 1

First Name: Manoah

Last Name: Meadows

Email: mmeadows2110@gmail.co

Phone: 3048906064



Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Solicitation Response

**Proc Folder:** 1420879  
**Solicitation Description:** Camp Dawson Pavilion Foundation Construction  
**Proc Type:** Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2024-05-09 13:30	SR 0603 ESR05092400000006967	1

**VENDOR**  
VS0000014170  
MEADOWS ENTERPRISES LLC

**Solicitation Number:** CRFQ 0603 ADJ2400000016  
**Total Bid:** 52700  
**Response Date:** 2024-05-09  
**Response Time:** 11:49:00  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
David H Pauline  
304-558-0067  
david.h.pauline@wv.gov

<b>Vendor</b>		
<b>Signature X</b>	<b>FEIN#</b>	<b>DATE</b>

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	BASE BID- Camp Dawson Pavilion Foundation Construction				52700.00

Comm Code	Manufacturer	Specification	Model #
72000000			

**Commodity Line Comments:** SEALED BID: Camp Dawson Pavilion Foundation Construction  
 BUYER: David H Pauline  
 SOLICITATION NO.: CRFQ 0603 ADJ2400000016  
 BID OPENING DATE: 2024-05-09  
 BID OPENING TIME: 13:30

**Extended Description:**  
 See the Attached Exhibit "A" Pricing Page/Bid Form  
 Contract Item #1- BASE BID- Labor & materials per the construction documents



Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Centralized Request for Quote

Proc Folder: 1420879

Doc Description: Camp Dawson Pavilion Foundation Construction

Reason for Modification:

Addendum No. 1

Proc Type: Central Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2024-05-06	2024-05-09 13:30	CRFQ 0603 ADJ2400000016	2

**BID RECEIVING LOCATION**

BID CLERK  
DEPARTMENT OF ADMINISTRATION  
PURCHASING DIVISION  
2019 WASHINGTON ST E  
CHARLESTON WV 25305  
US

**VENDOR**

Vendor Customer Code: VS \* 14170

Vendor Name : Meadows Enterprises, LLC

Address : PO Box 905

Street : 599 Breeden Rd

City : Cool Ridge

State : WV

Country : USA

Zip : 25825

Principal Contact : Manoah Meadows

Vendor Contact Phone: (304) 890-6064

Extension:

**FOR INFORMATION CONTACT THE BUYER**

David H Pauline  
304-558-0067  
david.h.pauline@wv.gov

Vendor

Signature X

FEIN# 46-0807273

DATE 5/9/24

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

**ADDITIONAL INFORMATION**

Addendum No. 1

To provide the pre-bid sign-in sheets, see attached.  
To respond to Vendor Technical Questions, see attached.  
Bid opening remains May 9, 2024, at 1:30 pm., est.

No other changes.

**INVOICE TO****SHIP TO**

ADJUTANT GENERALS  
OFFICE  
1707 COONSKIN DR

CAMP DAWSON ARMY  
TRAINING SITE  
240 ARMY RD

CHARLESTON WV  
US

KINGWOOD WV  
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	BASE BID- Camp Dawson Pavilion Foundation Construction				\$52,700.00

Comm Code	Manufacturer	Specification	Model #
72000000			

**Extended Description:**

See the Attached Exhibit "A" Pricing Page/Bid Form

Contract Item #1- BASE BID- Labor &amp; materials per the construction documents

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	Mandatory Pre-bid Meeting at 10:30 am., est.	2024-05-01
2	Vendor Technical Questions Due By Noon est.	2024-05-03

	Document Phase	Document Description	Page 3
ADJ2400000016	Final	Camp Dawson Pavilion Foundation Construction	

# **ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

## **RFQ# ADJ24\*16**

ALL LABOR, MATERIALS, EQUIPMENT, AND SUPPLIES NECESSARY TO PROVIDE FOR  
CONSTRUCTION OF TWO CONCRETE FOUNDATIONS FOR PAVILION(S) AT THE CAMP DAWSON  
ARMY TRAINING SITE FACILITY  
240 ARMY ROAD, KINGWOOD, WV

### **BID FORM**

The undersigned, hereafter called the Bidder, being familiar with and understanding the bidding documents;  
and being familiar with the site and all local conditions affecting the Project, hereby proposes to furnish labor,  
material, equipment, supplies, and transportation to perform the work as described in the bidding documents

BIDDERS COMPANY NAME: Meadows Enterprises LLC

VENDOR ADDRESS: PO Box 905  
Cool Ridge, WV 25825

TELEPHONE: (304) 890-6064

FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: mmeadows2110@gmail.com

**CONTRACT TOTAL COST: BASE BID-CONTRACT ITEM NO.1- Construction of two (2) concrete foundations for Pavilion(s) per the attached specifications.**

Fifty two thousand, seven hundred and <sup>no</sup>/100

(\$ 52,700.00 ) \*\*\* (Contract bid to be written in words and numbers.)

SIGNATURE: [Signature] DATE: 5/9/24

NAME: Manoah Meadows  
(Please Print)

TITLE: owner

REQUEST FOR QUOTATION – CRFQ ADJ24\*16  
Camp Dawson Pavilion Foundation Construction

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**11. FACILITIES ACCESS:** Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:

**11.1.** Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.

**11.2.** Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.

**11.3.** Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.

**11.4.** Anyone performing under this Contract will be subject to Agency's security protocol and procedures.

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

**12. MISCELLANEOUS:**

**12.1. Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

**Contract Manager:** Manoah Meadows

**Telephone Number:** (304) 890-6064

**Fax Number:** \_\_\_\_\_

**Email Address:** mmeadows2005@gmail.com

- a. Liquidated Damages:** Contractor shall pay liquidated damages in the amount of \$1,500.00 per day of delay, plus a one-time fixed cost of \$1,250.00 for Staff Judge Advocate review for work not completed after contract completion date. This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy.

**Subcontractor List Submission (Construction Contracts Only)**

Bidder's Name: Meadows Enterprises, LLC

☒ Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project.

Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.

Attach additional pages if necessary

Revised 8/24/2023

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**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) Manoah Meadows, owner  
(Address) PO Box 905 Cool Ridge, WV 25825  
(Phone Number) / (Fax Number) (304) 890-6064  
(email address) mmeadows2110@gmail.com

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Meadows Enterprises, LLC  
(Company)

Manoah Meadows  
(Signature of Authorized Representative)

Manoah Meadows, owner 5/9/24  
(Printed Name and Title of Authorized Representative) (Date)

(304) 890-6064  
(Phone Number) (Fax Number)

mmeadows2110@gmail.com  
(Email Address)

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ ADJ2400000016**

**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)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Meadows Enterprises, LLC  
Company

[Signature]  
Authorized Signature

5/9/24  
Date

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/07/2024

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

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Hilb Group of West Virginia LLC 3601 MacCorkle Ave, Ste 50  Charleston WV 25304		<b>CONTACT NAME:</b> Rhonda Hughes <b>PHONE (A/C, No, Ext):</b> (304) 926-7400 <b>FAX (A/C, No):</b> (304) 926-7433 <b>E-MAIL ADDRESS:</b> rhonda.hughes@hilbgroup.com													
<b>INSURED</b> MEADOWS ENTERPRISES LLC PO BOX 905  COOL RIDGE WV 25825		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><tr><td><b>INSURER A:</b> State Auto Property &amp; Casualty Insurance Co</td><td><b>NAIC #</b> 25127</td></tr><tr><td><b>INSURER B:</b> State Automobile Mutual Insurance Co</td><td>25135</td></tr><tr><td><b>INSURER C:</b> BrickStreet Mutual Insurance Co</td><td>12372</td></tr><tr><td><b>INSURER D:</b></td><td></td></tr><tr><td><b>INSURER E:</b></td><td></td></tr><tr><td><b>INSURER F:</b></td><td></td></tr></table>		<b>INSURER A:</b> State Auto Property & Casualty Insurance Co	<b>NAIC #</b> 25127	<b>INSURER B:</b> State Automobile Mutual Insurance Co	25135	<b>INSURER C:</b> BrickStreet Mutual Insurance Co	12372	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER E:</b>															
<b>INSURER F:</b>															

## COVERAGES

**CERTIFICATE NUMBER:** 24-25 Master

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PBP2889273	01/05/2024	01/05/2025	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMPI/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMPI/OP AGG	\$ 2,000,000		\$
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	\$																				
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			10124791CA	03/30/2024	03/30/2025	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	EACH OCCURRENCE	\$ 2,000,000																			
	AGGREGATE	\$ 2,000,000																			
		\$																			
C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N Y N/A			WCB1019998	08/16/2023	08/16/2024	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																			
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)

Job: Camp Dawson Pavilion Foundation Construction

## CERTIFICATE HOLDER

West Virginia Army National Guard 1707 Coonskin Drive  Charleston WV 25311
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## CANCELLATION

<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
<b>AUTHORIZED REPRESENTATIVE</b> 

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

I, Manoah Meadows, after being first duly sworn, depose and state as follows:

1. I am an employee of \_\_\_\_\_; and,  
 (Company Name)
2. I do hereby attest that Meadows Enterprises  
 (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 above statements are sworn to under the penalty of perjury.

Printed Name: Manoah Meadows  
 Signature: [Signature]  
 Title: Owner  
 Company Name: Meadows Enterprises  
 Date: 5/9/2024

STATE OF WEST VIRGINIA,

COUNTY OF  Raleigh , TO-WIT:

Taken, subscribed and sworn to before me this 9th day of May, 2024.

By Commission expires 1/24/2024

(Seal)



Hazel R. Burroughs  
 (Notary Public)



# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV043311

CLASSIFICATION:  
GENERAL BUILDING

MEADOWS ENTERPRISES LLC  
DBA MEADOWS ENTERPRISES LLC  
PO BOX 905  
COOL RIDGE, WV 25825

DATE ISSUED

DECEMBER 15, 2023

EXPIRATION DATE

DECEMBER 15, 2024

Authorized Signature

Chair, West Virginia Contractor  
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting 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 is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Meadows Enterprises, LLC  
of Cool Ridge, West Virginia, as Principal, and United States Fire Insurance Company  
of Morristown, New Jersey, a corporation organized and existing under the laws of the State of Delaware  
with its principal office in the City of Morristown, NJ, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligee, in the penal sum of Five Percent (5%) of Total Amount Bid (\$                     ) for the payment of which,  
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the  
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for  
Camp Dawson Pavilion Foundation Construction  
CRFQ 0603 ADJ2400000016

**NOW THEREFORE,**

(a) If said bid shall be rejected, or  
(b) If said bid shall be accepted and the Principal shall 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  
event, exceed the penal amount of this obligation as herein stated.

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 notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and  
Surety, or by Principal individually if Principal is an individual, this 9th day of May, 2024.

Principal Seal

Meadows Enterprises, LLC

(Name of Principal)

By [Signature]  
(Must be President, Vice President, or  
Duly Authorized Agent)

Owner  
(Title)

Surety Seal

United States Fire Insurance Company

(Name of Surety)

[Signature] Anthony M. Spina  
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.**

**POWER OF ATTORNEY  
UNITED STATES FIRE INSURANCE COMPANY  
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY**

06385

**KNOW ALL MEN BY THESE PRESENTS:** That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

Robert G. Lull, Aaron V. Nowland, Anthony M. Spina, Arpi Mekhjian

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties: **Unlimited**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

- (a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;
- (b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

**IN WITNESS WHEREOF**, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 28th day of September, 2021.

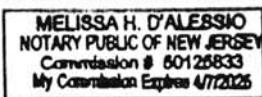
**UNITED STATES FIRE INSURANCE COMPANY**



Matthew E. Lubin, President

State of New Jersey }  
County of Morris }

On this 28th day of September, 2021, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.



Melissa H. D'Alessio (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the

9th day of May 2024

**UNITED STATES FIRE INSURANCE COMPANY**



Michael C. Fay, Senior Vice President

UNITED STATES FIRE INSURANCE COMPANY  
1209 ORANGE STREET, WILMINGTON, DELAWARE 19801

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS

AT DECEMBER 31, 2023

ASSETS	
Bonds (Amortized Value).....	1,726,028,698
Preferred Stocks (Market Value).....	144,307,613
Common Stocks (Market Value).....	2,369,575,849
Mortgage Loans (Market Value).....	1,043,090,964
Cash, Cash Equivalents, and Short Term Investments.....	173,632,698
Derivatives.....	14,049,444
Other Invested Assets.....	508,546,227
Investment Income Due and Accrued.....	31,165,524
Premiums and Considerations.....	531,854,761
Amounts Recoverable from Reinsurers.....	137,741,085
Funds Held by or Deposited with Reinsured Companies.....	153,726,393
Net Deferred Tax Asset.....	192,552,999
Electronic Data Processing Equipment.....	1,126,732
Receivables from Parent, Subsidiaries and Affiliates.....	59,012,393
Other Assets.....	132,253,074
<b>TOTAL ASSETS.....</b>	<b>\$ 7,218,664,454</b>

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses).....	2,664,609,947
Reinsurance Payable on Paid Losses and Loss Adjustment Expenses.....	75,510,927
Loss Adjustment Expenses.....	432,456,225
Commissions Payable, Contingent Commissions and Other Similar Charges.....	16,849,866
Other Expenses (Excluding Taxes, Licenses and Fees).....	110,490,333
Taxes, Licenses and Fees (Excluding Federal Income Taxes).....	35,485,242
Current Federal and Foreign Income Taxes.....	11,452,403
Unearned Premiums.....	1,120,526,178
Advance Premium.....	21,919,186
Ceded Reinsurance Premiums Payable.....	153,400,619
Funds Held by Company under Reinsurance Treaties.....	63,328,858
Amounts Withheld by Company for Account of Others.....	146,272,077
Provision for Reinsurance.....	1,706,282
Payable to Parent, Subsidiaries and Affiliates.....	25,899,852
Other Liabilities.....	56,882,388
<b>TOTAL LIABILITIES.....</b>	<b>\$ 4,936,790,383</b>
Common Capital Stock.....	18,780,000
Gross Paid In and Contributed Surplus.....	1,502,074,940
Unassigned Funds (Surplus).....	761,019,131
Surplus as Regards Policyholders.....	2,281,874,071
<b>TOTAL LIABILITIES, SURPLUS &amp; OTHER FUNDS.....</b>	<b>\$ 7,218,664,454</b>

I, Carmine Scaglione, Senior Vice President and Controller of UNITED STATES FIRE INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2023, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Delaware.



IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 19th day of March, 2024.  
UNITED STATES FIRE INSURANCE COMPANY