



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  
Construction

Proc Folder: 1688187

Doc Description: Paving

Reason for Modification:

Proc Type: Central Purchase Order

| Date Issued | Solicitation Closes | Solicitation No         | Version |
|-------------|---------------------|-------------------------|---------|
| 2025-05-02  | 2025-05-19 13:30    | CRFQ 0618 BVH2500000005 | 1       |

**BID RECEIVING LOCATION**

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON WV 25305

US

**VENDOR**

Vendor Customer Code: 000000203089

Vendor Name : West Virginia Paving, Inc.

Address : 2950

Street : Charles Avenue

City : Dunbar

State : WV

Country : US

Zip : 25064

Principal Contact : Steven S. Boggs

Vendor Contact Phone: (681) 317-3038

Extension:

**FOR INFORMATION CONTACT THE BUYER**

Joseph E Hager III

(304) 558-2306

joseph.e.hageriii@wv.gov

Vendor

Signature X

*Steven S. Boggs*

FEIN# 55-0570769

DATE May 15, 2025

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

**ADDITIONAL INFORMATION**

THE West Virginia Purchasing Division is soliciting bids on behalf of West Virginia Veterans Home in Barboursville, WV for the paving of the facility used driveway and parking areas with limited specific paving of sidewalks per the attached specifications and terms and conditions.

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

WEST VIRGINIA VETERANS  
HOME  
512 WATER ST

WEST VIRGINIA VETERANS  
HOME  
512 WATER ST

BARBOURSVILLE WV  
US

BARBOURSVILLE WV  
US

| Line | Comm Ln Desc              | Qty | Unit Issue | Unit Price    | Total Price   |
|------|---------------------------|-----|------------|---------------|---------------|
| 1    | Furniture and furnishings | 1   | LS         | \$ 152,225.00 | \$ 152,225.00 |

**Comm Code****Manufacturer****Specification****Model #**

72141103

**Extended Description:**

Paving at WVVH of roadway and parking areas.

**SCHEDULE OF EVENTS**LineEventEvent Date

REQUEST FOR QUOTATION  
[Street And Parking Paving]

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**11.3.** The vendor shall notify the Agency immediately of any lost, stolen, or missing key.

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

**11.5.** The vendor shall inform all staff of the 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:** Steven S. Boggs  
**Telephone Number:** (681) 317-3038  
**Fax Number:** (304) 768-9351  
**Email Address:** sboggs@wvpaving.com

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

**Bidder's Name:** WV Paving, Inc.

☒ 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<br>W. Va. Code § 21-11-1 et. seq. |
|--------------------|---|
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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.

(Printed Name and Title) STEVEN BOGGS

(Address) 2950 CHARLES AVE., DUNBAR, WV 25064

(Phone Number) / (Fax Number) (681) 317-3038

(email address) sboggs@wvpaving.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.

WEST VIRGINIA PAVING, INC.

(Company)

Steven S. Boggs

(Signature of Authorized Representative)

STEVEN S. BOGGS, ESTIMATOR mAY 19, 2025

(Printed Name and Title of Authorized Representative) (Date)

(681) 317-3038 - MOBILE (304) 768-9351 - FAX

(Phone Number) (Fax Number)

sboggs@wvpaving.com

(Email Address)

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)*

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input checked="" 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 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.

**WV Paving, Inc.**

Company

*Steven S. Boggs*

Authorized Signature

**May 19, 2025**

Date

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

**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.

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- ☒ Addendum No. 1
- ☒ Addendum No. 2
- ☐ Addendum No. 3
- ☐ Addendum No. 4
- ☐ Addendum No. 5

- ☐ Addendum No. 6
- ☐ Addendum No. 7
- ☐ Addendum No. 8
- ☐ Addendum No. 9
- ☐ 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 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.

**WV Paving, Inc.**

\_\_\_\_\_  
Company

*Steven S. Boggs*

\_\_\_\_\_  
Authorized Signature

**May 19, 2025**

\_\_\_\_\_  
Date

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







This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company  
The Ohio Casualty Insurance Company  
West American Insurance Company

Certificate No: **8205148-014140**

## POWER OF ATTORNEY

**KNOWN ALL PERSONS BY THESE PRESENTS:** That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Benjamin Bragg, Chet Rodabaugh, John Hambel, Matthew Campbell, Robert Brookover, Roger Hite, Victoria W. McGrew

all of the city of Dunbar state of WV each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all bid bonds on behalf of West Virginia Paving, Inc.

and the execution of such bid bonds, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 1st day of April, 2021.



Liberty Mutual Insurance Company  
The Ohio Casualty Insurance Company  
West American Insurance Company

By: David M. Carey  
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss  
County of MONTGOMERY

On this 1st day of April, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal  
Teresa Pastella, Notary Public  
Montgomery County  
My commission expires March 28, 2025  
Commission number 1126044  
Member, Pennsylvania Association of Notaries

By: Teresa Pastella  
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

### ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

### ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

**Certificate of Designation** - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 13th day of May, 2025.



By: Renee C. Llewellyn  
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.



# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV001429

**CLASSIFICATION:**

GENERAL ENGINEERING  
SPECIALTY  
ASPHALT  
HIGHWAY STRIPING

WEST VIRGINIA PAVING INC  
DBA WEST VIRGINIA PAVING INC  
PO BOX 544  
DUNBAR, WV 25064-0544

DATE ISSUED

EXPIRATION DATE

AUGUST 15, 2024 AUGUST 15, 2025

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.



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

I, Lori Hall, after being first duly sworn, depose and state as follows:

1. I am an employee of West Virginia Paving, Inc.; and,  
(Company Name)
2. I do hereby attest that West Virginia Paving, 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 above statements are sworn to under the penalty of perjury.

Printed Name: Lori Hall  
Signature: *Lori Hall*  
Title: Human Resources  
Company Name: West Virginia Paving, Inc.  
Date: MAY 15, 2025

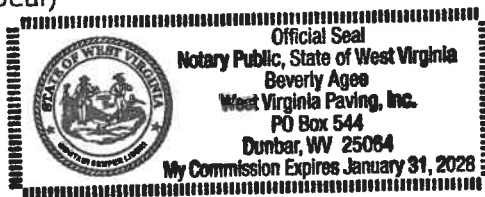
STATE OF WEST VIRGINIA,

COUNTY OF KANAWHA, TO-WIT:

Taken, subscribed and sworn to before me this 15th day of May, 2025.

By Commission expires JANUARY 31, 2028.

(Seal)



*Beverly Agee*  
(Notary Public)

WEST VIRGINIA PAVING, INC. & SUBSIDIARIES  
DRUG – FREE WORKPLACE POLICY

SUBSTANCE ABUSE POLICY

**PURPOSE:** The purpose of this policy is to provide employees with the company's position regarding alcohol and drug usage situations. It is the intention of West Virginia Paving, Inc., and its subsidiaries to provide a safe work environment, and to improve an employee's health and job performance when affected by substance abuse.

**POLICY:**

1. Use of Alcohol and Drugs

- a. Employees shall not possess, sell or use controlled substance, or illegal drugs, while on the job, on company property or in company vehicles or machinery.
- b. Employees shall not work or report to work under the influence of alcohol, controlled substances or illegal drugs.
- c. Employees shall not operate Company owned vehicles or machinery while under the influence of alcohol, controlled substances or illegal drugs.
- d. If an employee is taking a medication prescribed by a physician and is having a reaction to such medication which could affect his/her performance on the job he/she should report this to his/her supervisor.
- e. Anyone involved in the trafficking of illegal drugs or controlled substances whether on or off the premises will be subject to disciplinary action. Trafficking includes the actual sale or distribution of drugs or controlled substances, or possessing a quantity of drugs that is more than would be expected for personal use. Trafficking also includes having in possession illegal drugs or controlled substances that are packaged in a way which indicates an intent to distribute.

2. Dependency Treatment

- a. Employees are urged to request assistance with any drug or alcohol problem before disciplinary action becomes necessary. If an employee seeks assistance with such a problem from his/her supervisor, that employee will be offered every opportunity to receive treatment or counseling. Any costs of such treatment not covered by company health insurance or that of a union health insurance policy will be the responsibility of the employee.

- b. All requests for assistance will be confidential. However the company cannot prevent disclosures by outside sources of an employee's dependency or treatment.

### 3. Testing Procedures

Drug and/or alcohol test will be conducted according to pertinent U.S. D.O.T. rules and regulations (as set out in 49 CFR Part 40, 382, 391, and 395). Tests are required as follows:

- a. Pre-employment company physical, including alcohol and/or controlled substance screening, may be required if deemed necessary by the company management.
- b. If a regulatory agency or company requires alcohol and/or controlled substance screening prior to the admission of company employees on their property or work site.
- c. When there is reasonable suspicion that an employee is using or possessing illegal drugs, controlled substances or alcohol at work or is working under the influence of said substances, that employee will be required to consent to a drug/alcohol test immediately. Reasonable suspicion may be based upon, but not limited to, substantiated reports that the employee uses, or is under the influence of alcohol or drugs during work, the odor of alcoholic beverages or marijuana on an employee, or unusual behavior such as slurred speech or lack of coordination.
- d. Every employee shall submit to random alcohol and controlled substance screening.

Any time an employee is required to take a drug and/or alcohol test, he/she will be required to sign an authorization form permitting the physician or lab to conduct the test and release the results to the employer. Refusal to sign the authorization form or to submit immediately to a requested test will be considered insubordination and could result in the discharge of said employee.

All drug test samples will be collected by a licensed facility or doctor's office chosen by the company. Test samples will be collected using the split sample method. All alcohol tests will be administered by a Breath Alcohol Technician (BAT). Test results will be treated confidentially and will be distributed within company management on a need-to-know basis.

Any positive test result will result in suspension and further disciplinary action. The company management will discuss the problem with the employee and may offer a plan to reinstate the employee which will require further testing.

### 4. Disciplinary Action

Disciplinary action is defined as action by the Safety Committee and approved by the employee's immediate supervisor which may include but is not limited to: 1) dismissal 2) suspension without pay until provisions of Section 5 of this policy are met and results evaluated.

Disciplinary action is appropriate in the following instances:

- a. The employee violates the Company policy on substance abuse as described in Section 1 of this policy.
- b. Any employee that has returned to work and is subject to retesting provision of this policy shall be disciplined if he/she fails a random drug/alcohol test within one year of a previous positive test result.
- c. Refusal to sign the authorization form associated with a drug/alcohol test or refusal to take a requested drug/alcohol test immediately is considered insubordination and shall subject the employee to disciplinary action.

Any employee whose employment is subject to a union agreement shall have recourse to the appropriate grievance procedure in the event he/she disagrees with the application of this policy.

Employees may appeal action taken by the company under this policy directly to the Safety Committee and Division Manager.

This plan will be distributed and made available to all employees, both salaried and hourly.

## 5. POLICY FOR PERSONNEL VIOLATING THE COMPANY SUBSTANCE ABUSE POLICY.

Company Rule. Any employee violating Section 1 of the Company's substance abuse policy is subject to disciplinary action including immediate discharge. After suspension or discharge, the individual may be eligible for reinstatement if the individual:

- a. Receives the assistance of a substance abuse professional (SAP);
- b. Satisfactorily follows and completes the recommendations for treatment of the SAP;
- c. Agrees with the SAP, the drug treatment agency or individual conducting the drug treatment program to release to the Safety Committee pertinent information concerning the individual's consultation, treatment, recommendations, and participation in any drug treatment program.
- d. Agrees to follow up drug and/or alcohol screening for one year in the event the individual is reinstated.

The rehabilitation of an employee suspended or discharged as a result of a positive test must be to the satisfaction of the Safety Committee before the individual can be considered for reinstatement by the company.

If an employee is suspended as a result of a violation of the substance abuse policy and does not seek the assistance of a SAP within 30 days of his/her suspension, he/she will be terminated.

Nothing in this policy shall be construed to mean that West Virginia Paving, Inc., and/or its subsidiaries is anything other than an at-will employer.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/25/2025

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><br>Liberty Mutual Insurance Co. National Insurance East<br>500 N 3rd St, Suite 300<br>Wausau, WI 54403<br><br>www.LibertyMutual.com | <b>CONTACT</b><br>NAME: Valerie Reece<br>PHONE (A/C, No, Ext): 513-867-3822 FAX (A/C, No):<br>E-MAIL ADDRESS: Oldcastle.certs@LibertyMutual.com                             |
| <b>INSURED</b><br>West Virginia Paving, Inc. (163-DUN)<br>2950 Charles Avenue<br>Dunbar WV 25064  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Liberty Mutual Fire Insurance Company NAIC # 23035<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |

**COVERAGES**

CERTIFICATE NUMBER: 84518396

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSD WVP                  | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-------------------------------------|---|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Primary/Non-Contributory<br><input checked="" type="checkbox"/> Separation of Insured<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | <input checked="" type="checkbox"/> | TB2-C81-004095-114<br><br>XCU Coverage Included   | 9/1/2024                | 9/1/2025                | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$50,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$10,000,000<br>PRODUCTS - COMP/OP AGG \$10,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  | <input checked="" type="checkbox"/> | AS2-C81-004095-124<br><br>AS2-C81-054502-524<br>Physical Damage only:<br>Comprehensive Ded \$10,000<br>Collision Ded \$10,000 | 9/1/2024                | 9/1/2025                | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   | <input checked="" type="checkbox"/> | TL2-681-054523-924<br>(General Liability)<br>Various - See Attached   | 9/1/2024                | 9/1/2025                | EACH OCCURRENCE \$2,000,000<br>AGGREGATE \$2,000,000<br>Products/Completed Ops \$2,000,000<br>PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N <input type="checkbox"/> N/A   | N/A                                 |   |                         |                         |   |
| A        | Excess Liability - Auto Liability   | <input checked="" type="checkbox"/> | TL2-681-054653-444 (Auto)   | 9/1/2024                | 9/1/2025                | Each Occurrence \$1,000,000   |

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

**CERTIFICATE HOLDER****CANCELLATION**

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

Carolyn Develle

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ACORD 25 (2016/03)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/24/2025

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><br>Mountain State Insurance Agency<br>1206 Kanawha Blvd. E.<br>Suite 100<br>Charleston WV 25301-2949 |  | <b>CONTACT NAME:</b> Jennifer Drake<br><b>PHONE (A/C, No, Ext):</b> (304) 720-2000<br><b>FAX (A/C, No):</b> (304) 720-2002<br><b>E-MAIL ADDRESS:</b> jdrake@mountainstateinsurance.com             |  |
| <b>INSURED</b><br>West Virginia Paving, Inc.<br>P.O. Box 544<br>Dunbar WV 25064                                      |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Brickstreet Mutual Insurance Co<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|  |  | <b>NAIC #</b><br>12372   |  |

**COVERAGES** **CERTIFICATE NUMBER:** 24 25 WV Paving **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   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER:<br><br><b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><br><b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><br>DED <input type="checkbox"/> RETENTION \$<br><br><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |           |          |               |                         |                         | <b>PER STATUTE</b> <input checked="" type="checkbox"/> <b>OTH-ER</b> <input checked="" type="checkbox"/><br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A        |   |           | N/A      | WCB1040217    | 09/01/2024              | 09/01/2025              |  |

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

## CERTIFICATE HOLDER

## CANCELLATION

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

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## Additional Named Insureds

### Other Named Insureds

|   |                          |
|---|--------------------------|
| Adams Trucking & Supply Inc             | Additional Named Insured |
| Appalachian Aggregates LLC              | Additional Named Insured |
| Bourbon Limestone Company               | Additional Named Insured |
| Boxley Aggregate of West Virginia, LLC  | Additional Named Insured |
| Central Concrete Supply LLC             | Additional Named Insured |
| Central Supply Company of West Virginia | Additional Named Insured |
| Concrete Supply LLC                     | Additional Named Insured |
| Generation Paving Inc                   | Additional Named Insured |
| Hinkle Contracting Company LLC          | Additional Named Insured |
| J H Rudolph & Co Inc                    | Additional Named Insured |
| Materials Transport Inc                 | Additional Named Insured |
| Mountain Aggregates Inc                 | Additional Named Insured |
| Mountain Enterprises Inc                | Additional Named Insured |
| Mountain Materials Inc                  | Additional Named Insured |
| Mulzer Crushed Stone Inc                | Additional Named Insured |
| Shamblin Stone Inc                      | Additional Named Insured |
| Southern West Virginia Asphalt Inc      | Additional Named Insured |
| Southern West Virginia Paving Inc       | Additional Named Insured |
| W-L Construction & Paving Inc           | Additional Named Insured |



West Virginia Paving, Inc.  
2950 Charles Avenue  
Dunbar , WV 25064

T +1 (304) 768 9733  
F +1 (304) 768 9384  
www.wv-paving.com

To: WV Veterans Home  
Attn: Joseph Hager III  
Date: May 19, 2025

**RE: Parking Lot Prep, Heel-In Milling & Paving at the WV Veterans Home in Barboursville, WV.**

|  |               |
|--|---------------|
| 1. Mobilization & Fee's.   | \$ 8,025.00   |
| 2. Heel-In Milling & Parking Lot Prep (approx. 6,550 sy).        | \$ 19,650.00  |
| 3. Application of Tack for Bonding of Layers (approx. 300 gal.). | \$ 1,050.00   |
| 4. 2" (average thickness) of WC 1 HMA (approx. 720 tons).        | \$ 117,000.00 |
| 5. Parking Lot Striping.   | \$ 2,550.00   |
| 6. Flaggers for Traffic Control.                                 | \$ 3,950.00   |

**Total: \$ 152,225.00**

**Special Note:** "Prices for products containing aggregate, cement, liquid asphalt, and/or steel are subject to equitable adjustment to account for any change in the prices of those materials, including any change in tariff rates, if the price changes are not covered by a specific index."

Note: No engineering layout, backfilling, shoulder stone or testing in this proposal.

Terms: Net 30 days. A service charge of 1.5 percent per Month, 18 percent per annum, will be added on any unpaid balance.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from specifications involving extra costs will become an extra charge above and over the estimate. All agreements are contingent upon strikes, accidents, or delays beyond our control. Owner to carry necessary Insurance. Our workers are fully covered by Workmen's Compensation Insurance.

This proposal may be withdrawn if not accepted within 30 days.

The above prices, specifications and conditions are satisfactory and are hereby accepted.

  
WV Paving, Inc.  
Steven S. Boggs, Estimator

  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date