



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: 1612410

Procurement Type: Central Purchase Order

Vendor ID: VS0000043918

Legal Name: Tecta America Carolinas LLC

Alias/DBA:

Total Bid: \$400,927.00

Response Date: 05/14/2025

Response Time: 9:29

Responded By User ID: Tecta2023

First Name: Leonard

Last Name: Farley

Email: lefarley@tectaamerica.com

Phone: 6612209606

SO Doc Code: CRFQ

SO Dept: 0803

SO Doc ID: DOT2500000049

Published Date: 4/24/25

Close Date: 5/14/25

Close Time: 13:30

Status: Closed

Solicitation Description: Elkview HQ Roof Replacement

Total of Header Attachments: 1

Total of All Attachments: 1



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: 1612410
Solicitation Description: Elkview HQ Roof Replacement
Proc Type: Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2025-05-14 13:30	SR 0803 ESR05142500000007014	1

VENDOR
VS0000043918
Tecta America Carolinas LLC

Solicitation Number: CRFQ 0803 DOT2500000049
Total Bid: 400927
Response Date: 2025-05-14
Response Time: 09:29:41
Comments:

FOR INFORMATION CONTACT THE BUYER
John W Estep
304-558-2566
john.w.estep@wv.gov

Vendor Signature X	FEIN#	DATE
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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	Elkview HQ Roof Replacement	1.00000	LS	400927.000000	400927.00

Comm Code	Manufacturer	Specification	Model #
72152601			

Commodity Line Comments:

Extended Description:

Elkview HQ Roof Replacement

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Tecta America Carolinas, LLC
of 13615 E. Independence Blvd., Indian Trail, NC 28079, as Principal, and Atlantic Specialty Insurance Company
of One State Street Plaza, Floor 31, New York, NY 10004, a corporation organized and existing under the laws of the State of NY
with its principal office in the City of New York, NY, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligee, in the penal sum of Five Percent of Proposal Price (\$ 5% of P.P.) 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
Elkview HQ Roof Replacement

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 21st day of April, 20 25.

Principal Seal

Tecta America Carolinas, LLC
(Name of Principal)
By [Signature]
(Must be President, Vice President, or
Duly Authorized Agent)
President
(Title)

Surety Seal



Atlantic Specialty Insurance Company
(Name of Surety)
[Signature]
Susan Lupski, 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

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Camille M. Maitland, Colette R. Chisholm, Dana Granice, Desiree Cardlin, George O. Brewster, Gerard S. Macholz, Karolynne Ramirez, Katherine Acosta, Kimberly Nunez, Lee Ferrucci, Michelle Wannamaker, Peter F. Jones, Robert T. Pearson, Susan Lupski, Thomas Bean, Vincent A. Walsh**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

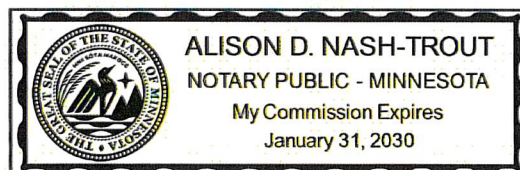
STATE OF MINNESOTA
HENNEPIN COUNTY



By

Sarah A. Kolar, Vice President and General Counsel

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 21st day of April, 2025

This Power of Attorney expires
January 31, 2030



Kara L.B. Barrow, Secretary

ACKNOWLEDGEMENT OF SURETY COMPANY

STATE OF NEW YORK

COUNTY OF NASSAU

On this April 21, 2025 before me personally came Susan Lupski to me known, who, being by me duly sworn, did depose and say; that he/she resides in Nassau County, State of New York, that he/she is the Attorney-In-Fact of the Atlantic Specialty Insurance Company the corporation described in which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by the Board of Directors of said corporation; and that he/she signed his/her name thereto by like order; and the affiant did further depose and say that the Superintendent of Insurance of the State of New York, has, pursuant to Section 1111 of the Insurance Law of the State of New York, issued to Atlantic Specialty Insurance Company (Surety) his/her certificate of qualification evidencing the qualification of said Company and its sufficiency under any law of the State of New York as surety and guarantor, and the propriety of accepting and approving it as such; and that such Certificate has not been revoked.



Notary Public

Karen Bravo
Notary Public - State of New York
No. 01BR0022282
Qualified in Nassau County
Commission Expires 03/14/2028



Atlantic Specialty Insurance Company

Period Ended 12/31/2024

Dollars displayed in thousands

Admitted Assets

Investments:

Bonds	\$ 2,694,094
Preferred Stocks	-
Common Stocks	987,702
Mortgage Loans	-
Real Estate	-
Contract Loans	-
Derivatives	-
Cash, Cash Equivalents & Short Term Investments	383,175
Other Investments	36,178
Total Cash & Investments	4,301,149

Premiums and Considerations Due	350,792
Reinsurance Recoverable	60,063
Receivable from Parent, Subsidiary or Affiliates	11,764
All Other Admitted Assets	94,008

Total Admitted Assets 4,817,776

Liabilities and Surplus

Liabilities

Loss Reserves	\$ 1,264,802
Loss Adjustment Expense Reserves	423,323
Total Loss & LAE Reserves	1,688,125

Unearned Premium Reserve	811,551
Total Reinsurance Liabilities	64,571
Commissions, Other Expenses, and Taxes due	75,922
Derivatives	-
Payable to Parent, Subs or Affiliates	-
All Other Liabilities	1,121,125

Total Liabilities 3,761,294


Capital and Surplus

Common Capital Stock	9,001
Preferred Capital Stock	-
Surplus Notes	-
Unassigned Surplus	476,697
Other Including Gross Contributed	570,784
Capital & Surplus	1,056,482

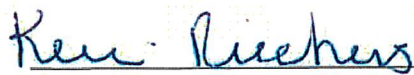
Total Liabilities and C&S 4,817,776

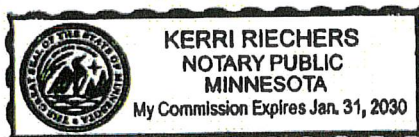
State of Minnesota
County of Hennepin

I, Kara Barrow, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company, on the 31st day of December, 2024, according to the best of my information, knowledge and belief.


Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 10th day of March, 2025.


Notary Public



REQUEST FOR QUOTATION
Complete roofing system Elkview HQ
904 Frame Rd, Elkview, WV 25071

EXHIBIT A – PRICING PAGE

Installation of Roof at:
904 Frame Rd.
Elkview, WV 25071

DATE: 5/14/2025

VENDOR NAME: Tecta America Carolinas LLC

AUTHORIZED SIGNATURE: 

The aforementioned, hereinafter referred to Vendor, being familiar with and understanding the bidding documents and also having examined the site and being familiar with all local conditions affecting the project hereby proposes to furnish all labor, equipment, and supplies, and transportation and to perform all work in accordance with the bidding documents within the time set forth for the sum of.

BASE BID:

For the lump sum of: \$ \$400,927.00
(show amount in numbers)

Four hundred thousand nine hundred twenty-seven Dollars

(show amount in words)

(In the event of a difference between the written amount and the number amount, the written amount shall govern).

CONTRACT AWARD:

The contract shall be awarded to the vendor that provides the lowest overall lump sum cost.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ DOT2500000049

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:

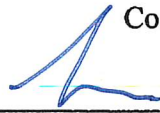
(Check the box next to each addendum received)

<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 checked="" type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input checked="" type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input checked="" 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.

Tecta America Carolinas LLC

Company



Authorized Signature

5/14/2025

Date

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



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

I, Leonard Farley, after being first duly sworn, depose and state as follows:

1. I am an employee of Tecta America Carolinas LLC; and,
 (Company Name)
2. I do hereby attest that Tecta America Carolinas LLC
 (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: Leonard Farley

Signature: 

Title: Sales Representative

Company Name: Tecta America Carolinas LLC

Date: 5/14/2025

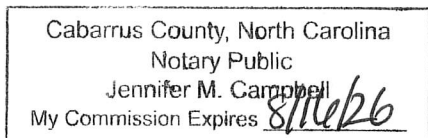
STATE OF WEST VIRGINIA,


COUNTY OF Raleigh, TO-WIT:

Taken, subscribed and sworn to before me this 14 day of May, 2025.

By Commission expires 8/16/26

(Seal)




 (Notary Public)

West Virginia Ethics Commission



Disclosure of Interested Parties to Contracts

Pursuant to *W. Va. Code* § 6D-1-2, a state agency may not allow a vendor to perform work on a contract, or a series of related contracts, that has/have an actual or estimated value of \$1 million or more until the business entity submits to the state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

"Business entity" means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation, but does not include publicly traded companies listed on a national or international stock exchange.

"Interested party" or *"Interested parties"* means:

- (1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
- (2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
- (3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

"State agency" means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of *W. Va. Code* § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the state agency prior to beginning work under a contract and to complete another form within 30 days of contract completion or termination.

This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: ethics@wv.gov; website: www.ethics.wv.gov.

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Tecta America Carolinas LLC Address: 612 Stanaford Rd,
Beckley, WV 25801

Name of Authorized Agent: _____ Address: 612 Stanaford Rd, Beckley, WV 25801

Contract Number: CRFQ 0803 DOT2500000049 Contract Description: Elkview DOH Garage Roof Replacement

Governmental agency awarding contract: WV DOH

☐ Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (*attach additional pages if necessary*):

1. Subcontractors or other entities performing work or service under the Contract

☒ Check here if none, otherwise list entity/individual names below.

2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)

☐ Check here if none, otherwise list entity/individual names below.

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

☐ Check here if none, otherwise list entity/individual names below.

Signature: 

Date Signed: 5/14/2025

Notary Verification

State of West Virginia, County of Raleigh:

I, Leonard Farley Jr., the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 14 day of May, 2025.



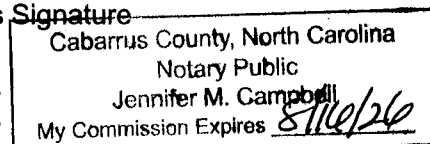
Notary Public's Signature

To be completed by State Agency:

Date Received by State Agency: _____

Date submitted to Ethics Commission: _____

Governmental agency submitting Disclosure: _____



Revised April 1, 2022

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.

Leonard Farley - Sales Representative

(Name, Title)

Leonard Farley - Sales Representative

(Printed Name and Title)

612 Stanaford Rd, Beckley, WV 25801

(Address)

Phone: 681-684-2718 Fax: 704-882-2150

(Phone Number) / (Fax Number)

lefarley@tectaamerica.com

(Email address)

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 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..

Tecta America Carolinas LLC

(Company)



(Tim Collins) President

(Authorized Signature) (Representative Name, Title)

Tim Collins, President

5/14/2025

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

5/14/2025

(Date)

704-882-1200 704-882-2150

(Phone Number) (Fax Number)

tcollins@tectaamerica.com

(Email Address)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/15/2025

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).

PRODUCER HUB International Midwest Limited 1411 Opus Place, Suite 450 Downers Grove IL 60515	CONTACT NAME: CSU Construction	FAX (A/C, No):	
	PHONE (A/C, No, Ext): 630-468-5600	E-MAIL ADDRESS: CSUConstruction@hubinternational.com	
INSURED Tecta America Carolinas LLC 13615 E. Independence Blvd. Indian Trail, NC 28079 TECTAME-01	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Liberty Mutual Fire Insurance Company		23035
	INSURER B: LM Insurance Corporation		33600
	INSURER C: Navigators Insurance Company		42307
	INSURER D: Starr Indemnity and Liability		38318
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 93734717

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU Cov Incl GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			EB2-641-435487-43	3/31/2025	3/31/2026	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS2-641-435487-44	3/31/2025	3/31/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			LA25EXCZ04Q52IV 1000586973251	3/31/2025 3/31/2025	3/31/2026 3/31/2026	EACH OCCURRENCE \$ 13,000,000 AGGREGATE \$ 13,000,000 \$
B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N		N/A	WA5-64D-435487-395 (AOS) WC5-641-435487-415 (WI & MN)	3/31/2025 3/31/2025	3/31/2026 3/31/2026	<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

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

CERTIFICATE HOLDER

CANCELLATION

CERTIFICATE HOLDER ** Sample **	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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CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV039408

CLASSIFICATION:

SPECIALTY
ROOFING
SHEET METAL

TECTA AMERICA CAROLINAS LLC
DBA TECTA AMERICA CAROLINAS LLC
13615 E INDEPENDENCE BLVD
INDIAN TRAIL, NC 28079

DATE ISSUED

AUGUST 17, 2024

EXPIRATION DATE

AUGUST 17, 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
State Tax Department
P. O. Box 2666
Charleston, WV 25324-2666



Joe Manchin III, Governor

Craig A. Griffith, Tax Commissioner

TECTA AMERICA CAROLINAS LLC
13615 E INDEPENDENCE BLVD
INDIAN TRAIL NC 28079-8699

Letter ID: L0389586976
Issued: 04/2/2020

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RE: Business Registration Certificate

The West Virginia State Tax Department would like to thank you for registering your business. Enclosed is your Business Registration Certificate. This certificate shall be permanent until cessation of business or until suspended, revoked or cancelled. Changes in name, ownership or location are considered a cessation of business; a new Business Registration Certificate and applicable fees are required. Please review the certificate for accuracy.

This certificate must be prominently displayed at the location for which issued. Engaging in business without conspicuously posting a West Virginia Business Registration Certificate in the place of business is a crime and may subject you to fines per W.Va. Code § 11-9.

When contacting the State Tax Department, refer to the appropriate account number listed on the back of this page. The taxes listed may not be all the taxes for which you are responsible. Account numbers for taxes are printed on the tax returns mailed by the State Tax Department. Failure to timely file tax returns may result in penalties for late filing.

Should the nature of your business activity or business ownership change, your liability for these and other taxes will change accordingly.

To learn more about these taxes and the services offered by the West Virginia State Tax Department, visit our web site at www.wvtax.gov.

Enclosure

atL006 v.2

**WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE**

ISSUED TO:
**TECTA AMERICA CAROLINAS LLC
13615 E INDEPENDENCE BLVD
INDIAN TRAIL, NC 28079-8699**

BUSINESS REGISTRATION ACCOUNT NUMBER: **1010-3625**

This certificate is issued on: **04/2/2020**

*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.

SAMPLE WARRANTY

TectaAmerica

Carolinas

13615 E. Independence Boulevard
Indian Trail, NC 28079

COMMERCIAL ROOFING WARRANTY

Owner: [REDACTED]
[REDACTED]
[REDACTED]

Term: 20 Years
Type of Roof: SBS
No. of Squares: 109

Date of Completion: 04.14.2023

Date of Expiration: 04.14.2025

Project: [REDACTED]

TectaAmerica Carolinas (hereinafter "Contractor") hereby warrants, subject to the terms and conditions set forth herein, that for a period of 2 years from the date of completion, Contractor will, free of charge to the Owner, make repairs to leaks in the roofing and flashing installed by Contractor resulting from defects in workmanship applied by or through Contractor. Contractor shall, within the warranty period and during normal working hours, inspect and furnish the labor and materials to repair leaks covered under this Warranty at no cost to Owner.

This Warranty is made under and subject to the following terms and conditions:

1. In order for this Warranty to be effective, the Owner must first notify Contractor of any repairs required under this Warranty. Notice may be given orally, but in order to pursue any claim that Contractor has not honored this Warranty, notification of a leak must be given to Contractor in writing at the address shown above within five (5) days after a leak is experienced. Contractor shall make repairs as soon as practicable after notification.

2. This Warranty does not extend to conditions caused by, and Contractor shall not be responsible for, leaks caused by (1) abuse, misuse, vandalism, lack of maintenance, accident or negligence in maintaining the roof; (2) lightning, hail, windstorm, hurricane, earthquake, thermal shock or other acts of God; (3) other building components, including cracking, building movement, settlement, deflection of roof deck, dry rot, deterioration of walls, water entry through masonry or other building components, and defects in the materials used as a base under the roof; (4) faulty vents, equipment supports, and other penetrations of the roof work and edge conditions, unless such work was performed by Contractor; (5) service to or maintenance of any roof top equipment or traffic of any nature on the roof; (6) acts or omissions of other trades or contractors; (7) movement of metal work; (8) ponding of water; (9) discharge of oils, greases, solvents or chemicals; (10) damage caused by termites, insects, birds or animals; (11) penetration of the roofing from beneath by nails or other fasteners; or (12) blockage of roof drains or gutters. If, during the term of this warranty, the subject property is exposed to tornadoes or hurricanes, the warranty will be void and cancelled.

3. No work shall be done on said roof, including, but without limitation, openings made for flues, vents, drains, sign braces, railings, or other equipment fastened to or set on the roof, and no repairs or alterations shall be made to the roof or flashings, unless Contractor shall first be notified and be given the opportunity, at the expense of the Owner, to make the necessary roofing application thereto. Failure to observe this condition shall render this Warranty null and void with respect to any area of the roof affected thereby.

4. Nothing in this Warranty shall render Contractor liable in any respect for any damage to the Owner's building, or any components or contents thereof, mold, mildew or interruption of any business conducted in the building. Owner should inspect ceilings and overhangs periodically for signs of leakage.

CONTRACTOR, INC. SHALL NOT BE LIABLE FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES.

5. This Warranty is intended solely for the benefit of the Owner named above and is not transferable or assignable by the Owner without the express written consent of Contractor.

6. This Warranty shall not be effective unless Contractor receives full payment for installation, repairs, or service in connection with the roofing system covered by this Warranty. If Contractor is called upon to investigate a reported leak and the condition is determined not to be covered under this warranty, Owner will compensate Contractor for repairs, if any, and time expended by Contractor.

7. Contractor's obligation to make repairs to leaks resulting from a deficiency in workmanship during the term of this Warranty is its sole and exclusive obligation to Owner and Owner's exclusive remedy against Contractor. This warranty is not a maintenance contract. Upon expiration of the warranty, Contractor shall have no further obligation.

THIS WARRANTY IS GIVEN AND ACCEPTED IN LIEU OF ALL OTHER LIABILITY OR WARRANTIES ON THE PART OF TECTAAMERICA CAROLINAS EXPRESS OR IMPLIED, IN FACT OR IN LAW. ALL IMPLIED WARRANTIES AND SPECIFICALLY THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE ARE EXPRESSLY EXCLUDED AND DISCLAIMED.

8. Any claim alleging any breach of this Warranty or any other claim against Contractor shall be resolved through arbitration in accordance with the Construction Industry Arbitration Rules of the American Arbitration Association and must be initiated no later than two years after the claim originated, but in no event later than one year after the expiration date of this warranty.

TECTAAMERICA CAROLINAS

By: _____

C.R. Winecoff, President