



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: 1284719

Procurement Type: Central Purchase Order

Vendor ID: 000000205512

Legal Name: PAR ROOFING CO INC

Alias/DBA:

Total Bid: \$442,250.00

Response Date: 10/26/2023

Response Time: 8:58

Responded By User ID: par543

First Name: Roger

Last Name: Johnson

Email: parroofing@yahoo.com

Phone: 304-525-9710

SO Doc Code: CRFQ

SO Dept: 0310

SO Doc ID: DNR2400000006

Published Date: 10/16/23

Close Date: 10/26/23

Close Time: 13:30

Status: Closed

Solicitation Description: Pipestem State Park Hudkins Conf Center New Roof System

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:** 1284719  
**Solicitation Description:** Pipestem State Park Hudkins Conf Center New Roof System  
**Proc Type:** Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2023-10-26 13:30	SR 0310 ESR10262300000002037	1

**VENDOR**  
 000000205512  
 PAR ROOFING CO INC

**Solicitation Number:** CRFQ 0310 DNR2400000006  
**Total Bid:** 442250      **Response Date:** 2023-10-26      **Response Time:** 08:58:53  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
 Joseph E Hager III  
 (304) 558-2306  
 joseph.e.hageriii@wv.gov

<b>Vendor Signature X</b>	<b>FEIN#</b>	<b>DATE</b>
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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	Building and Facility Construction and Maintenance Services				442250.00

Comm Code	Manufacturer	Specification	Model #
72000000			

**Commodity Line Comments:** The price entered above is the Base Bid only. Please see attachment for pricing breakdown including alternate pricing.

**Extended Description:**

New Roof System - Hudkins Conference Center, Pipestem State Park

REQUEST FOR QUOTATION  
Pipestem Resort State Park  
Hudkins Conference Center New Roof System  
CRFQ 0310 DNR240000006

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EXHIBIT A – Pricing Page – Revised 10/16/2023

Name of Bidder:

Par Roofing Inc.

Address of Bidder:

543 Washington Ave  
Huntington, WV 25701

Phone Number of Bidder:

304-525-9710

WV Contractors License No.

WV002970

We, the undersigned, having examined the site and being familiar with the local conditions affecting the cost of the work and also being familiar with the general conditions to bidders, drawings, and specifications, hereby propose to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding Documents.

**Base Bid**

The Base Bid shall consist of all the work described and specified in the Bidding Documents, Construction Plans, and Project Manual/Construction Specifications as Base Bid.

**Base Bid – Remove existing EPDM roofing material on Pipestem State Park Hudkins Conference Center sections A1 and A2; install new EPDM roofing system on sections A1 and A2.**

**Total Base Bid:**

Lump sum for all labor, materials, and equipment as defined in the Bidding Documents.

**Written in numbers.**

\$ 442,250<sup>00</sup>

**Total Base Bid:**

Lump sum for all labor, materials, and equipment as defined in the Bidding Documents.

**Written in words.**

Four Hundred Forty Two Thousand  
Two Hundred Fifty Dollars

REQUEST FOR QUOTATION  
Pipestem Resort State Park  
Hudkins Conference Center New Roof System  
CRFQ 0310 DNR2400000006 - - Revised 10/16/2023

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**Additive/Deductive Alternate Bids**

The following Additive Alternate Bid Items are not to be included in the Base Bid. If the Additive Alternates are selected by the Owner, the work described in the Additive Alternates shall be added to the Contract and the amount indicated for the Additive Alternates shall be added to the Base Bid. Amounts to be shown in both words and figures. In case of a discrepancy, the amount in words shall govern. The Alternate Bids shall consist of all the work described and specified in the Bidding Documents, Construction Plans, and Project Manual/Construction Specifications as Alternates No. 1 and No. 2, respectively.

**Alternate No. 1 - Remove existing fall protection barrier railing on section A1 and barrier wall on section A2; install new non-penetrating fall protection system on sections A1 and A2.**

**Total Alternate No. 1 Bid:**  
Lump sum for all labor, materials, and equipment as defined in the Bidding Documents.

**Written in numbers.**

\$ 18,500<sup>00</sup>

**Total Alternate No. 1 Bid:**  
Lump sum for all labor, materials, and equipment as defined in the Bidding Documents.

**Written in words.**

Eighteen Thousand Five Hundred Dollars

**Total Base Bid + Add Alternate No. 1**

**Total Base Bid + Add Alternate No. 1 Bid:**

Lump sum for all labor, materials, and equipment as defined in the Bidding Documents.

**Written in numbers.**

\$ 460,750<sup>00</sup>

**Total Base Bid + Add Alternate No. 1 Bid:**


Lump sum for all labor, materials, and equipment as defined in the Bidding Documents.

**Written in words.**

Four Hundred Sixty Thousand Seven Hundred Fifty Dollars

The Bidder understands that the successful Bidder will be determined based upon the lowest Base Bid or the lowest combination of the Base Bid and the Additive Alternates as selected. Additive Alternates will be selected in the order presented.

**Authorized Vendor Signature:** \_\_\_\_\_



**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ DNR24\*06**

**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.

PAR Roofing Inc.  
\_\_\_\_\_  
Company

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

10/26/23  
\_\_\_\_\_  
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.  
Revised 6/8/2012

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Par Roofing, Inc.  
of Huntington, West Virginia, as Principal, and The Ohio Casualty Insurance Co.  
of Keene, New Hampshire, a corporation organized and existing under the laws of the State of New Hampshire with its principal office in the City of Keene, as Surety, are held and firmly bound unto the State of West Virginia, as Obligee, in the penal sum of Five percent of amount bid (\$ 5% of 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 CRFQ 0310 DNR240000006 Pipestem State Park Hudkins Conf Center New Roof System

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 4th day of October, 2023.

Principal Seal

Par Roofing, Inc.

(Name of Principal)

By [Signature]

(Must be President, Vice President, or Duly Authorized Agent)

Project Mgr.  
(Title)

Surety Seal

The Ohio Casualty Insurance Company

(Name of Surety)

Amanda Colley  
Attorney-in-Fact  
Amanda Colley

**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.





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.

The Ohio Casualty Insurance Company

POWER OF ATTORNEY

Principal: Par Roofing, Inc.

Agency Name: Peoples Insurance Agency LLC

Bond Number: BID-0020321

Obligee: State of West Virginia, Dept. of Administration, Purchasing Division

Bid Bond Amount: ( 5% of Bid Amount ) Five Percent of Bid Amount

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Amanda Colley in the city and state of Huntington, 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 undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have 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 Company and the corporate seal of the Company has been affixed thereto this 28th day of March, 2021.



The Ohio Casualty Insurance Company

By: [Signature of David M. Carey]

David M. Carey, Assistant Secretary

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

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

STATE OF PENNSYLVANIA ss  
COUNTY OF MONTGOMERY

On this 28th day of March, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty 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 duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, 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: [Signature of Teresa Pastella]

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is 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 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.

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 or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond 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, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company 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 Company this 4th day of October, 2023.



By: [Signature of Renee C. Llewellyn]


Renee C. Llewellyn, Assistant Secretary

**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) Justin Wince Estimator / Project Mgr  
(Address) 543 Washington Ave Huntington, WV 25701  
(Phone Number) / (Fax Number) 304-525-9710 / 304-525-9760  
(email address) jwinceparroofing@yahoo.com

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through WV OASIS, 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.

Par Roofing Inc.  
(Company)  
  
(Signature of Authorized Representative)  
Justin Wince Estimator / Project Mgr. 10/12/23  
(Printed Name and Title of Authorized Representative) (Date)  
304-525-9710 / 304-525-9760  
(Phone Number) (Fax Number)  
jwinceparroofing@gmail.com  
(Email Address)

REQUEST FOR QUOTATION  
Pipestem State Park  
Hudkins Conference Center  
New Roof

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**15. MISCELLANEOUS:**

**15.1. 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: Justin Wince

Telephone Number: 304-544-9344

Fax Number: 304-525-9760

Email Address: jwinceparroofing@gmail.com

**15.2. Owner's Representative:** Owner's representative for notice purposes is

Name: \_\_Matt Yeager\_\_

Telephone Number: \_304-558-2764\_

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

Email Address: \_matt.j.yeager@wv.gov\_



# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV002970

CLASSIFICATION:

SPECIALTY  
CRANE  
ROOFING

PAR ROOFING INC  
DBA PAR ROOFING INC  
543 WASHINGTON AVE  
HUNTINGTON, WV 25701-1039

DATE ISSUED

SEPTEMBER 06, 2023

EXPIRATION DATE

SEPTEMBER 06, 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.

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

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

PRODUCER <b>USI Insurance Services, LLC</b> 418 8th Street Huntington, WV 25701 304 710-3700	CONTACT NAME: <b>Nicole Allen</b>	
	PHONE (A/C, No, Ext): <b>304-710-3668</b>	FAX (A/C, No): <b>610-362-8800</b>
INSURED <b>Par Roofing Co.Inc.</b> <b>R&amp;J Equipment and Seal Coating Inc.</b> 543 Washington Avenue Huntington, WV 25701		E-MAIL ADDRESS: <b>nicole.allen@usi.com</b>
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : <b>National Fire Insurance Co. of Hartford</b>		<b>20478</b>
INSURER B : <b>Continental Insurance Company</b>		<b>35289</b>
INSURER C : <b>BrickStreet Mutual Insurance Company</b>		<b>12372</b>
INSURER D :		
INSURER E :		
INSURER F :		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	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"/> BI/PD Ded:1,000  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	7014928392	05/01/2023	05/01/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Drive Oth Car <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	7014928408	05/01/2023	05/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			7014928411	05/01/2023	05/01/2024	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCB1004838	06/13/2023	06/13/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	<input checked="" type="checkbox"/> Installation Floater			7014928392	05/01/2023	05/01/2024	\$1,000,000 Limit \$1,000 Deductible

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

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Insurance	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  <i>Jama P. Cause</i>



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

I, Justin Wince, after being first duly sworn, depose and state as follows:

1. I am an employee of Par Roofing Inc.; and,  
(Company Name)
2. I do hereby attest that Par Roofing 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: Justin Wince

Signature: [Signature]

Title: Estimator / Project Mgr.

Company Name: Par Roofing Inc.

Date: 10/12/23

STATE OF WEST VIRGINIA,

COUNTY OF Cabell, TO-WIT:

Taken, subscribed and sworn to before me this 12 day of October, 2023.

By Commission expires July 22 2025

(Seal)

[Signature: Sunny Leigh Day]  
(Notary Public)

