



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

State of West Virginia
Master Agreement

Order Date: 03-12-2025

CORRECT ORDER NUMBER MUST
APPEAR ON ALL PACKAGES, INVOICES,
AND SHIPPING PAPERS. QUESTIONS
CONCERNING THIS ORDER SHOULD BE
DIRECTED TO THE DEPARTMENT
CONTACT.

Order Number:	CMA 0439 0439 EBA2300000008 2	Procurement Folder:	1143837
Document Name:	EBAr71766 HVAC MAINT AND REPAIR OPEN END CONTRACT-Morgantov	Reason for Modification:	Change Order 01 To Renew Contract
Document Description:	EBAr71766 HVAC MAINT AND REPAIR OPEN END CONTRACT-Morgantown		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2024-01-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-12-31

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000162691 A DURER INC 425 INDUSTRIAL AVE MORGANTOWN WV 26505 US Vendor Contact Phone: 3045816767 Extension: Discount Details: <table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></tbody></table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Cecil Dale Malcomb Requestor Phone: (304) 254-7858 Requestor Email: dmalcomb@wvpublic.org 2025 FILE LOCATION
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
CHIEF FINANCIAL OFFICER EDUCATIONAL BROADCASTING 124 INDUSTRIAL PARK RD BEAVER WV 25813 US	PURCHASING ADMINISTRATOR EDUCATIONAL BROADCASTING 600 CAPITOL ST CHARLESTON WV 25301-1223 US

CR 3-14-25
Purchasing Division's File Copy

Total Order Amount: Open End

PURCHASING DIVISION AUTHORIZATION

DATE: *Tuesday 3/14/2025*
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE: *John L. Gray*
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: *3-17-25*
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 1 is issued to renew the original contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal 1/1/25 through 12/31/25.

Renewal Years Remaining: 2

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	72101511				0.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: HVAC MAINTENANCE AND REPAIR SERVICES

Extended Description:

As per Exhibit C - Pricing Page



Dale Malcomb
Purchasing Coordinator
Phone: (304) 254-7858
Email: dmalcomb@wvpublic.org

February 24th, 2025

Parker Grimes
A Durer Inc.
425 Industrial Ave
Morgantown, WV 26505
OASIS Vendor ID: 000000162691
Phone: (304) 581-6767
Email: pgrimes@adiwv.com

Subject: First renewal of CMA 0439 0439 EBA2300000008, HVAC maintenance and repair, Morgantown

Dear Mr. Grimes:

The State of West Virginia is offering to renew subject contract under the same terms, conditions, and pricing. The renewal dates are January 1st, 2025, through December 31st, 2025. If your company agrees to this renewal, please sign below, and return the original to my attention as soon as possible. We will also need a copy of your current contractor's license and an updated certificate of insurance for both general and automobile liability insurances.

Please call if you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read 'C. Dale Malcomb', written over a horizontal line.

C. Dale Malcomb

We agree to renew the contract for the period as stated above under the same terms and conditions in the original purchase order and any change orders thereto.

A handwritten signature in blue ink, appearing to read 'Chris Myers', written over a horizontal line.

Name

A handwritten signature in blue ink, written over a horizontal line.

Signature

A handwritten signature in blue ink, appearing to read 'General Manager', written over a horizontal line.

Title

A handwritten date '3/5/25' in blue ink, written over a horizontal line.

Date



CONTRACTOR LICENSE

AUTHORIZED BY THE
**West Virginia Contractor
Licensing Board**

NUMBER: WV043370

CLASSIFICATION:

HVAC
PLUMBING
SPECIALTY

A DURER INC
73 LONG STREET
WESTOVER, WV 26501

DATE ISSUED

FEBRUARY 22, 2025

EXPIRATION DATE

FEBRUARY 22, 2026

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.

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/24/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 48 Donley Street Suite 502 Morgantown WV 26501 304 381 3426		CONTACT NAME: Denise A Deem PHONE (A/C, No, Ext): - FAX (A/C, No): E-MAIL ADDRESS: denise.Deem@usi.com															
INSURED A Durer Inc 73 Long Street Westover, WV 26501		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER B : Starr Indemnity and Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Zurich American Insurance Company	16535	INSURER B : Starr Indemnity and Liability Company	38318	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :																	
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 SUBR INSR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GLO239479205	03/01/2025	03/01/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BAP239479305	03/01/2025	03/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		1000586286251	03/01/2025	03/01/2026	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		WC239479105	03/01/2025	03/01/2026	PER STATUTE 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)

Verification of Coverage

CERTIFICATE HOLDER

CANCELLATION

Sample
Z

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

Dale Malcomb
Purchasing Coordinator
Phone: (304) 254-7858
Cell: (304) 222-9252
Email: DMalcomb@WVPublic.Org

February 24th, 2025

Re: Late processing of the first renewal for CMA 0439 0439 EBA2300000008, HVAC maintenance and repair, Morgantown.

To Whom It May Concern:

Our agency has a contract with A Durer Inc which recently expired December 31st, 2024. This first renewal slipped by us and didn't get processed. Once we realized this, we promptly processed the renewal paperwork. We have also added future renewal dates to the calendar for our purchasing department in an effort to prevent this happening in the future.

Please process this late renewal documentation, it would cause significant hardship for us to re-solicit this contract from scratch.

Sincerely,



C. Dale Malcomb



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West Virginia Secretary of State — Online Data Services

Business and Licensing

Online Data Services Help

Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

A. DURER, INC.

See attached

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	9/14/2007		9/14/2007	Domestic	Profit			

Organization Information			
Business Purpose	2382 - Construction - Special Trade Contractors - Building Equipment Contractors (electrical & other wiring, plumbing, heating & air-conditioning, other)		Capital Stock 5000.0000
Charter County	Monongalia	Control Number	96864
Charter State	WV	Excess Acres	
At Will Term		Member Managed	
At Will Term Years		Par Value	1.000000
Authorized Shares	5000	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	360 FRONTIER STREET MORGANTOWN, WV, 26505
Mailing Address	73 LONG STREET WESTOVER, WV, 26501
Notice of Process Address	KEVIN L. SALISBURY 360 FRONTIER STREET MORGANTOWN, WV, 26505
Principal Office Address	73 LONG STREET WESTOVER, WV, 26501
Type	Address

Officers	
Type	Name/Address
Incorporator	PHILLIP L. WESER 360 FRONTIER STREET MORGANTOWN, WV, 26505 USA
President	JAMES B. RIDGEWAY 360 FRONTIER STREET MORGANTOWN, WV, 26505
Secretary	MATTHEW D BOURNE 360 FRONTIER STREET MORGANTOWN, WV, 26505
Treasurer	KEVIN L. SALISBURY 360 FRONTIER STREET MORGANTOWN, WV, 26505
Type	Name/Address

Annual Reports	
Filed For	
2024	
2023	
2022	
2021	
2020	
2019	

2018
2017x
2017
2016
2015
2014
2013
2012
2011
2010
2009
Date filed

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For more information, please contact the Secretary of State's Office at 304-558-8000.

Wednesday, March 12, 2025 — 9:19 AM

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Vendor/Customer


Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
✓ Payment	73 LONG STREET	WESTOVER	WV	26501	
Payment	425 INDUSTRIAL AVE	MORGANTOWN	WV	26505	Janet Wilttschen
Ordering	425 INDUSTRIAL AVE	MORGANTOWN	WV	26505	Janet Wilttschen

First Prev Next Last

Save [Undo](#) Delete Insert [Copy](#) Paste 

Vendor/Customer : 000000162691

Active From : 12/13/2023 

ADURER INC

Active To : 

Address Type : Payment ▼

Default Record : 

Division/Department :

Mail Returned : 


Additional Address Info. :

Active Address : Yes

Prevent New Spending : 

Default Currency : USD - US Dollar ▼

▼ Address Information

Address ID : AD000001 

Country Phone Code : 1

Street 1 : 73 LONG STREET

Phone : 304-581-6767

Street 2 :

Phone Extension :

City : WESTOVER

County : 31 State/Province : WV 

County Name : MONONGALIA

Zip/Postal Code : 26501

Country : US 

DUNS : 011923145

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

▶ Prenote/EFT

▶ Remittance Advice

▶ Contact Information

▶ Contact Address Information

▶ Geographic Designation

▶ Change Management


[Top](#)[Modify Existing Record](#) [Add New Address](#)[Master Address](#)[Master Contacts](#)[Languages](#)[Vendor Transaction History](#)

Filter By

Keyword SearchFor more information on how to use our keyword search, visit our [help guide](#)

Simple Search

Search Editor

☐ Any Words ☒ All Words ☐ Exact Phrase 

e.g. 123456789, Smith Corp

"A. DURER, INC" Classification Excluded Individual Excluded Entity Federal Organizations Exclusion Type 

- ☒ Ineligible (Proceedings Pending)
- ☒ Ineligible (Proceedings Complete)
- ☒ Prohibition/Restriction
- ☒ Voluntary Exclusion

Exclusion Program Location Dates Reset Entity Information 

Entities

Disaster Response Registry

Responsibility / Qualification

Exclusions 

No matches found

We couldn't find a match for your search criteria.

Please try another search or go back to previous results.

[Go Back](#)

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Larry D. McDonnell</u> Date: <u>3/12/25</u> Solicitation No. <u>CMA EBA23* c/o 1</u>	Agency: 0439 West Virginia Educational Broadcasting Procurement Officer Submitting Requisition: Dale Malcomb Requisition No. EBAr71766r1 / CMA EBA23*08 PF No.: 1143837
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: _____

