

MODERA

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

# Request for

REQ NUMBER GSD116443

KRISTA FERRELL 304-558-2596

THE SUMMIT ELECTRIC GROUP, INC. P. O. BOX 254 HURRICANE, WV 25526

DEPARTMENT OF ADMINISTRATION GENERAL SERVICES DIVISION b BUILDING 1

1900 KANAWHA BOULEVARD, EAST CHARLESTON, WV

25305 304~558-3517

ADDRESS CORRESPONDENCE TO ATTENTION OF

DATE PRINTED TERMS OF SALE SHIP VIA FOR FREIGHTTERMS 02/17/2011 BID OPENING DATE: 03/24/2011 BID OPENING TIME 01:30PM CAT NO LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT: 0001 Ls. 936-25 1 \$27,500.00 \$27,500.00 定B80 SUB-PAN定LS: TWO (2) UPS & CIRCUIT INSTALLATION REQUEST FOR QUOTATION (RFQ) CONSTRUCTION THE WEST VIRGINIA STATE PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA DIVISION OF GENERAL SERVICES, IS SOLICITING BIDS TO PROVIDE THE AGENCY WITH ALL ABOR AND MATERIALS FOR THE INSTALLATION OF (2) wnterriptible power supply (ups) systems located in THE OFFICE OF HOMELAND SECUIRITY (EB80 LOCATED IN BUILDING 1) INCLUDING ALL NECESSARY ELECTRICAL ΦPGRADES REQΨIRED! ADDITIONALLY, THE INSTALLATION of an additional electrical circuit for a small hvac UNIT WILL BE INCLUDED IN THIS PROJECT. SPECIFICATIONS ÀTTACHED. A MANDATORY PRE-BID WILL BE HELD ON THURSDAY, MARCH 3, 2011 AT 10:00 AM. | VENDORS SHALL MEET IN ROOM MB60 LOCATED IN THE BASEMENT OF BUILDING 1 (MAIN CAPITOL). INTERESTED PARTIES ARE REQUIRED TO ATTEND THIS MEETING. FAILURE TO ATTEND THE MANDATORY PRE-BID SHALL RESULT in disqualification of the bid. NO ONE PERSON MAY REPRESENT MORE THAN ONE BIDDER. AN ATTENDANCE SHEET WILL BE MADE AVAILABLE FOR ALL 2011 MAR 24 FH 12: 45 POTENTIAL BIDDERS TO COMPLETE. THIS WILL SERVE AS THE OFFICIAL DOCUMENT VERIFYING ATTENDANCE AT THE MANDATORY WW. Harmonia FAILURE TO PROVIDE YOUR COMPANY AND SEE REVERSE SIDE FOR TERMS AND CONDITIONS **TELEPHONE** March 24, 2011 27-4037324 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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ADDRESS CORRESPONDENCE TO ATTENTION OF

KRISTA FERRELL 304-558-2596

VENDOR

304-562-7091 \*709051551 SUMMIT ELECTRIC CORPORATION PO BOX 254

HURRICANE WV 25526

DEPARTMENT OF ADMINISTRATION GENERAL SERVICES DIVISION BUILDING 1 T 1900 KANAWHA BOULEVARD, EAST CHARLESTON, WV 25305 304-558-3517

DATE PRINTED TERMS OF SALE	SHIP VIA	F.O.B:	FREIGHT TERMS
02/17/2011   BID OPENING DATE: 02/04/2011	·		
BID OPENING DATE: 03/24/2011	BID OPENIN	G TIME 01:30	PM
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AND A LIST OF ALL PARTI	ES THAT HAVE PROCURED	DRAWINGS	
AND SPECIFICATIONS FOR	THE PROJECT. THE ADD	ENDUM	
AND LIST SHALL BE FORWA	RDED TO THE BUYER IN	THE STATE	
PURCHASING DIVISIÓN. 7	HE ARCHITECT/ENGINEER	SHALL ALSO	
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WHICH THE CONTRACT IS 1			
	BBCEB:		
(2) THE BUYER SHALL SE	ND THE ADDENDUM TO AL	т.	
INTERESTED PARTIES AND,			
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1	NDUM SHOULD BE RECEIV	1	
BUYER WITHIN FOURTEEN	14) DAYS PRIOR TO THE	BID	
OPENING DATE.			
(3) ALL ADDENDA SHOULI	BE FORMALLY ACKNOWLE	DGED BY ALL	
BIDDERS AND SUBMITTED	TO THE STATE PUR	CHASING	
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THAT APPLY TO THE C	RIGINAL BIDDING DOCU	MENT	
SHALL ALSO APPLY TO AN	ADDENDUM DOCUMENT. T	HE ONLY	
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MY PROPOSAL, PLANS AND/	OR SPECIFICATION, ETC	• •	ļ
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SIGNATURE T. = UL W R	TELEPHONE 304-562-3	7091 Mar	th au anu
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\*709051551

PO BOX 254

HURRICANE WV

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KRISTA FERRELL 304-558-2596

304-562-7091 SUMMIT ELECTRIC CORPORATION

DEPARTMENT OF ADMINISTRATION GENERAL SERVICES DIVISION BUILDING 1 1900 KANAWHA BOULEVARD, EAST

CHARLESTON, WV 25305 304-558-3517

DATE PRINTED TERMS OF SALE SHIP VIA F.O.B. FREIGHT TERMS 02/17/2013 BID OPENING DATE: 03/24 BID OPENING TIME 01:30PM /2011 CAT: LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT ADDENDUM NOS. NO. 1 NO. 2 NO.3NO. 4 NO. 5 I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF THE BIDS. WENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY CRAL 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. .SIGNATURE The Summit Electric Group, Inc. March 24, 2011 REV. 11/96 CONTRACTORS LICENSE WEST VIRGINIA STATE CODE 21-11-2 REQUIRES THAT ALL PERSONS DESIRING TO PERFORM CONTRACTING WORK IN THIS SEE REVERSE SIDE FOR TERMS AND CONDITIONS TELEPHONE FEIN ADDRESS CHANGES TO BE NOTED ABOVE 27-4037324



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

### Request for Quotation

GSD116443

PAGE

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KRISTA FERRELL 804-558-2596

\*709051551 304-562-7091 SUMMIT ELECTRIC CORPORATION

PO BOX 254

HURRICANE WV 25526

DEPARTMENT OF ADMINISTRATION
GENERAL SERVICES DIVISION
BUILDING 1
1900 KANAWHA BOULEVARD, EAST

CHARLESTON, WV

25305

304-558-3517

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V. President	FEIN 27-403	7324	ADDRESS CHANGES	TO BE NOTED ABOVE	



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RFQ COPY

TYPE NAME/ADDRESS HERE

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
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DATE PRINTED TERMS OF SALE SHIP VIA FREIGHT TERMS 02/17/2011 BID OPENING DATE: RID OPENING TIME 01:30PM LINE QUANTITY COP TEMNUMBER UNITPRICE AMOUNT PLEASE PRINT OR TYPE NAME OF PERSON TO CONTACT CONCERNING THIS QUOTE: THIS IS THE END OF REQ GSD116443 \*\*\*\*\* \$27,500.00 TOTAL: SEE REVERSE SIDE FOR TERMS AND CONDITIONS March 24, 2011 ADDRESS CHANGES TO BE NOTED ABOVE <u>D7 - 4037324</u>

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



NENDOR

RFQ COPY

TYPE NAME/ADDRESS HERE

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Department of Administration
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State of West Virginia West Virginia State Capitol Building One

#### General Services Division Business Section Bldg#1 EB80

### Vendor Bid Form

To install two 16 KVA UPS Systems and an electrical circuit for a small portable HVAC unit in the Basement of the East Wing of the Capitol Building for the Office of Homeland Security.

<u>Bid:</u> All labor, materials, and associated costs to install the two systems in the EB80 office of the East Wing.

Your bid for the work as descr	ibed herein is: \$ 27,500.00
Contractor signature and date	Tivelyeve
Contractor License Number	WV047675
Contractor Address	P.O. Box 254
-	Hurricane, WV 25526
Contractor Contact Name	Tim Reed
Contractor Phone Number	394-562-7091
Contractor Fax Number	304-562-7±37
Contractor Email Address	timreed@suddenlinkmail.com

#### **BID BOND**

	KNOV	V ALL MEN BY THESE P	RESENTS, Tha	t we, the undersi	igned, The Summit Electric Group, Inc
					, as Principal, and <u>The Ohio Casualty Ins.</u>
Co.	_ of_	Fairfield ,	Ohio	, a corpor	ration organized and existing under the laws of the State of
Ohio		with its principal office	in the City of _	Fairfield	1, as Surety, are held and firmly bound unto the State
of West					Bid (\$ 5% of Bid ) for the payment of which,
	_	<del>-</del>			eirs, administrators, executors, successors and assigns.
	The C	ondition of the above obli	gation is such th	at whereas the F	Principal has submitted to the Purchasing Section of the
Departm	ent of	Administration a certain b	id or proposal, a	ttached hereto a	and made a part hereof, to enter into a contract in writing for
-					Installation
	-				
				•	
	NOW	THEREFORE,			
	(a) If	said bid shall be rejected	, or		
	(b) If	said bid shall be accepte	d and the Princip	oal shall enter in	to a contract in accordance with the bid or proposal attached
hereto a	ind sha ent crea	ill turnish any other bonds ated by the acceptance of	and insurance i f said bid, then ti	equired by the b his obligation sha	oid or proposal, and shall in all other respects perform the all be null and void, otherwise this obligation shall remain in full
force an	d effec	<ol> <li>It is expressly understo</li> </ol>	ood and agreed t	hat the liability o	of the Surety for any and all claims hereunder shall, in no event,
exceed	the per	nal amount of this obligation	on as herein stat	ted.	
	aired c	or affected by any extension	ved, hereby stipu on of the time wi	lates and agrees thin which the O	s that the obligations of said Surety and its bond shall be in no bligee may accept such bid, and said Surety does hereby
waive n	olice of	any such extension.			
	IN WI	TNESS WHEREOF, Princ	cipal and Surety	have hereunto s	set their hands and seals, and such of them as are corporations
have ca	used th	neir corporate seals to be	affixed hereunto	and these prese	ents to be signed by their proper officers, this
		March			
	_ •				
Principa	l Corpo	orate Seal			The Summit Electric Group, Inc
					(Name of Principal)
					By Timety WR
					(Must be President or Vice President)
					•
		,			Vice-President (Title)
					, ,
Surety (	Corpora	ate Seal			The Ohio Casualty Insurance Company
					(Name of Surety)
					Mune Massey
		•		C	larence C. Massey, Attorney-in-Fact

IMPORTANT - Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised corporate seals must be affixed, a power of attorney must be attached.

#### POWER OF ATTORNEY

#### THE OHIO CASUALTY INSURANCE COMPANY WEST AMERICAN INSURANCE COMPANY

Obligee:

Bond Number:

POA Number: 39-970

Know All Men by These Presents: THE OHIO CASUALTY INSURANCE COMPANY, an Ohio Corporation, and WEST AMERICAN INSURANCE COMPANY, an Indiana Corporation pursuant to the authority granted by Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company do hereby nominate, constitute and appoint: Clarence C. Massey or Thomas H. Bottoms, Jr. of Huntington, West Virginia its true and lawful agent (s) and attorney (s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all BONDS, UNDERTAKINGS, and RECOGNIZANCES, not exceeding in any single instance TEN MILLION (\$10,000,000.00) DOLLARS, excluding, however, any bond(s) or undertaking(s) guaranteeing the payment of notes and interest thereon.

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Companies at their administrative offices in Fairfield, Ohio, in their own proper persons. The authority granted hereunder supersedes any previous authority heretofore granted the above named attorney(s)-in-fact.

In WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company and West American Insurance Company has hereunto subscribed his name and affixed the Corporate Seal of each Company this 27th day of April, 2007





Sam Lawrence

Sam Lawrence Assistant Secretary

STATE OF CHIO. COUNTY OF BUTLER

On this 27th day of April, 2007 before the subscriber, a Notary Public of the State of Ohio, in and for the County of Butler, duly commissioned and qualified, came Sam Lawrence, Assistant Secretary of The Ohio Casualty Insurance Company and West American Insurance Company, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn deposes and says that he is the officer of the Companies aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at the City of Hamilton, State of Ohio, the day and year first above written.



Charf S. Gregory Notary Public in and for County of Butler, State of Ohio My Commission expires August 6, 2007

This power of attorney is granted under and by authority of Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, extracts from which read:

Article III, Section 9. Appointment of Attorneys-in-Fact. The Chairman of the Board, the President, any Vice-President, the Secretary or any Assistant Secretary of the corporation shall be and is hereby vested with full power and authority to appoint attorneys-in-fact for the purpose of signing the name of the corporation as surety to, and to execute, attach the seal of the corporation to, acknowledge and deliver any and all bonds, recognizances, stipulations, undertakings or other instruments of suretyship and policies of insurance to be given in favor of any individual, firm, corporation, partnership, limited liability company or other entity, or the official representative thereof, or to any county or state, or any official board or boards of any county or state, or the United States of America or any agency thereof, or to any other political subdivision thereof

This instrument is signed and sealed as authorized by the following resolution adopted by the Boards of Directors of the Companies on October 21, 2004:

RESOLVED, That the signature of any officer of the Company authorized under Article III, Section 9 of its Code of Regulations and By-laws and the Company seal may be affixed by facsimile to any power of attorney or copy thereof issued on behalf of the Company to make, execute, seal and deliver for and on its behalf as surety any and all bonds, undertakings or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment. Such signatures and seal are hereby adopted by the Company as original signatures and seal and shall, with respect to any bond, undertaking or other written obligations in the nature thereof to which it is attached, be valid and binding upon the Company with the same force and effect as though manually affixed.

#### CERTIFICATE

1, the undersigned Assistant Secretary of The Ohio Casualty Insurance Company, American Fire and Casualty Company and West American Insurance Company, do hereby certify that the foregoing power of attorney, the referenced By-Laws of the Companies and the above resolution of their Boards of Directors are true and correct copies and are in full force and effect on this date.

IN WITNESS WHEREOF, I have hereunto set my hand and the seals of the Companies this 24th day of

2011





Mark E. Schmidt Assistant Secretary



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/23/11

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 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).

centifica	te noider in lieu of such efidorsen	ent(s).			
PRODUCER Peoples Insurance Agency, LLC dba Putnam Insurance Agency 101 Fifth Ave, PO Box 2388 Huntington, WV 25724-2388 Clarence C. Massey		304-522-6555 304-522-6563	CONTACT NAME: PHONE (A/C. No. Ext):	FAX (A/C, No):	
			E-MAIL ADDRESS:	( (Alo, No).	
			PRODUCER CUSTOMER ID #: THESU-1		
			INSURER(S) AFFORDING COVERAGE		NAIC#
The Summit Electric Group I PO Box 254 Hurricane, WV 25526-0254	Inc	INSURER A: Motorists Mutual Insurance Co.		14621	
		INSURER B:			
		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 S	UBR		POLICY EXP (MM/DD/YYYY)	LIMIT	s	
LIK	GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY		33283285	02/21/11	02/21/12	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
••	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO-						\$	
	AUTOMOBILE LIABILITY			02/21/11	02/21/12	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	ANY AUTO		33283285	02/21/11	QZIZTITZ	BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	X NON-OWNED AUTOS						\$	
	TO NOT COMPANY OF THE PARK OF						\$	
	X UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	3,000,000
	EXCESS LIAB CLAIMS-MADE			02/21/11	02/21/12	AGGREGATE	\$	3,000,000
Α	DEDUCTIBLE	1 1	33283285	02/21/11	02/21/12		\$	
	X RETENTION \$ NONE						\$	
	WORKERS COMPENSATION					WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Α	INSTALLATION		33283285	02/21/11	02/21/12	Installat		1,000,000
-	COVERAGE							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of insurance.

CERT	IFICAT	E HO	LDER

State of West Virginia

Charleston, WV 25305

General Services Division

STATEW3

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.

1900 Kanawha Blvd East
Bldg One, Room MB60 AUTHORIZED REPRESENTATIVE

The Method





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/23/11

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 BEDDESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). CONTACT NAME: 304-522-6555 PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER FAX (A/C, No): Peoples Insurance Agency, LLC 304-522-6563 dba Putnam Insurance Agency 101 Fifth Ave, PO Box 2388 Huntington, WV 25724-2388 CUSTOMER ID #: THESU-1 Clarence C. Massey INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Brickstreet Insurance INSURED The Summit Electric Group Inc PO Box 254 INSURER B: Hurricane, WV 25526-0254 INSURER C: INSURER D : INSURER E : INSURER F : **REVISION NUMBER: CERTIFICATE NUMBER:** COVERAGES 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. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR INSR LIMITS TYPE OF INSURANCE POLICY NUMBER INSR WVD GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ COMMERCIAL GENERAL LIABILITY MED EXP (Any one person) \$ CLAIMS-MADE OCCUR PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ \$ PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: \$ POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS BODILY INJURY (Per accident) \$ SCHEDULED AUTOS PROPERTY DAMAGE \$ (Per accident) HIRED AUTOS \$ NON-OWNED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR \$ **EXCESS LIAB** AGGREGATE CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$ OTH X WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 12/30/10 12/30/11 WC10217911-01 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE N/A CER/MEMBER EXCLUDED? 1,000,000 INCLUDES BROAD FORM E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Evidence of West Virginia workers compensation insurance. CANCELLATION **CERTIFICATE HOLDER** STATEW3 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN State of West Virginia ACCORDANCE WITH THE POLICY PROVISIONS. **General Services Division** 1900 Kanawha Blvd East AUTHORIZED REPRESENTATIVE Bldg One, Room MB60 Charleston, WV 25305



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

STATE OF West Virginia
COUNTY OF Putnam, TO-WIT:
I,Timothy W. Reed, after being first duly sworn, depose and state as follows:
1. I am an employee of; and, (Company Name)
2. I do hereby attest that The Summit Electric Group, Inc. (Company Name)
maintains a valid written drug free workplace policy and that such policy is in compliance with <b>West Virginia Code</b> §21-1D-5.
The above statements are sworn to under the penalty of perjury.
The Summit Electric Group, Inc.  (Company Name)  By: / www.  Title: Vice President  Date:
Taken, subscribed and sworn to before me this24_ day of2011
By Commission expires October 25, 2020
OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC KATHY L. HICKS P. O. BOX 255 CULLODEN, WY 25510  OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC (Notary Public)
THIS APPROVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.
Rev March 200

RFQ No.	GSD116443
111 00 110.	

#### STATE OF WEST VIRGINIA **Purchasing Division**

### **PURCHASING AFFIDAVIT**

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

#### **DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (West Virginia Code §61-5-3), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

#### WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: The Summit Electric Group, Inc.	•
Authorized Signature: / Lay well State ofWest Virginia	Date: March 24, 2011
County of Putnam, to-wit:  Taken, subscribed, and sworn to before me this 24 day of	March, 20 <u>11</u> .
	RY PUBLIC Lacky L. Nicks

KATHY L. HICKS P.O. BOX 255 CULLODEN, WV 25510 My commission expires October 25, 2020