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

Request for Quotation

RFONUMBER PSH11004 PAGE 1

ADDRE	SS CORRESPONDENCE TO ATTENTION OF: SEE
ROBERTA	WAGNER
304-558-	- 0067

SH-PTO

HEALTH AND HUMAN RESOURCES JACKIE WITHROW HOSPITAL 105 SOUTH EISENHOWER DRIVE

BECKLEY, WV 25801

304-256-6600

TYPE NAME/ADDRESS HERE

SUMMIT ELECTRIC CORP. P.O. BOX 254 HURRICANE, WV 25526-0254

RFQ COPY

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304-562-7091 09/09/20 ADDRESS CHANGES TO BE NO	
President 55-0619313 ADDRESS CHANGES TO BE INC.	

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GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

- 1. Awards will be made in the best interest of the State of West Virginia.
- 2. The State may accept or reject in part, or in whole, any bid.
- 3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
- 4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
- Payment may only be made after the delivery and acceptance of goods or services.
- 6. Interest may be paid for late payment in accordance with the West Virginia Code.
- 7. Vendor preference will be granted upon written request in accordance with the West Virginia Code,
- 8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
- 9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 10. The laws of the State of West Virginia and the Legislative Rules of the Purchasing Division shall govern the purchasing process.
- 11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
- 12. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
- 13. HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
- 14. CONFIDENTIALITY: The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf.
- 15. LICENSING: Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
- 16. ANTITRUST: In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

- 1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
- 2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as EQUAL to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
- 3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
- 4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
- 5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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

Request for

PSH11004

ADDRESS CORRESPONDENCE TO A TENTION OF ROBERTA WAGNER 304-558-0067

5 H 1 p T

HEALTH AND HUMAN RESOURCES JACKIE WITHROW HOSPITAL 105 SOUTH EISENHOWER DRIVE

BECKLEY, WV 25801

304-256-6600

RFQ COPY TYPE NAME/ADDRESS HERE HODERA SUMMIT ELECTRIC CORP. P.O. BOX 254 HURRICANE, WV 25526-0254

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ROBERTA WAGNER 104-558-0067

HEALTH AND HUMAN RESOURCES JACKIE WITHROW HOSPITAL 105 SOUTH EISENHOWER DRIVE

BECKLEY, WV 25801

304-256-6600

HURRICANE, WV 25526-0254 FREIGHT TERMS SHIP VIA FOB. DATE PRINTED TERMS OF SALE <u>08/04/2010</u> BID OPENING DATE: OPENING TIME 01:30PM 08/26/2010 CAT. UNIT PRICE AMOUNT UOP ITEM NUMBER LINE QUANTITY 962-24-00-000 0005 JВ 0 \$ 0 1 FREIGHT/SHIPPING CHARGES \$ 93,000.00 PSH11004 ***** TOTAL: THIS IS THE END OF RFQ SEE REVERSE SIDE FOR TERMS AND CONDITIONS TELERHONE - 562-7091 DATE 9/09/2010 SIGNATURI TITLE ADDRESS CHANGES TO BE NOTED ABOVE 55-0619313 President



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

Request for REGAUMBER Quotation

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ROBERTA WAGNER 304-558-0067

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BECKLEY, WV 25801

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

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ROBERTA WAGNER B04-558-0067

6H-R-F0

HEALTH AND HUMAN RESOURCES JACKIE WITHROW HOSPITAL 105 SOUTH EISENHOWER DRIVE

BECKLEY, WV 25801

304-256-6600

ADDRESS CHANGES TO BE NOTED ABOVE

SUMMIT ELECTRIC CORP. P.O. BOX 254 HURRICANE, WV 25526-0254

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TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
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PAGE 9

ROBERTA WAGNER
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DATE PRIN	ren	I STER	MS OF SAL	É SOS SO	SHPVIA	FO.B	FREIGHTTERMS
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resident 55-0619313 ADDRESS CHANGES TO BE NOTED ABOVE WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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ROBERTA WAGNER 304-558-0067

Ö

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BECKLEY, WV 25801

304-256-6600

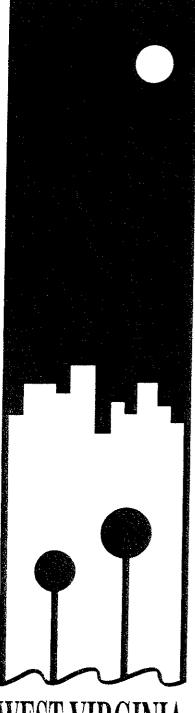
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RFQ COPY

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WEST VIRGINIA CONTRACTOR LICENSING BOARD

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV002132

Classification:

ELECTRICAL

SUMMIT ELECTRIC CORP DBA SUMMIT ELECTRIC CORP PO BOX 254 HURRICANE, WV 25526-0254

Date Issued

Expiration Date

AUGUST 22, 2010

AUGUST 22, 2011

Authorized Company Signature

Chair, West Virginia Contractor Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where 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 cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.





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

STAT	FE OF WEST VIRGINIA
cour	NTY OF PUTNAM TO-WIT:
I State	as follows:
1.	I am an employee of; and,
	(Company Name)
2.	I do hereby attest thatSummit Electric Corp., Inc.
	(Company Name)
	maintains a valid written drug free workplace policy and that such policy is in compliance with West Virginia Code §21-1D-5.
The al	bove statements are sworn to under the penalty of perjury.
	Summit Electric Corp., Inc.
	(Company Name)
	By: President Lambert
	Date: September 9, 2010
Taken,	subscribed and sworn to before me this 9th day of September 2010
By Cor	nmission expires October 25, 2010
(Seal)	Lathy L. Nicks
	(Notary Public)
COMP	AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO LY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF ID.



RFQ No.	PSH1	1	0	0	4

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 instrumentallity 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.

Vendor's Name: Summit Electric Corp., Inc. Authorized Signature: Summit Electric Corp., Inc. Date: September 9, 2010 State of West Virginia County of Putnam, to-wit: Taken, subscribed, and sworn to before me this 9 day of September, 20/0. My Commission expires October 25, 20/0.

AFFIX SEAL HERE

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
KATHY L. HICKS
P. O. BOX 255
CULLODEN, WV 25510
My Commission Expires October 25, 2010

WITNESS THE FOLLOWING SIGNATURE

NOTARY PUBLIC _

Purchasing Affidavit (Revised 12/15/09)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/24/10

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).

PRODUCER	NAME:				
Peoples Insurance Agency, LLC	PHONE FAX				
dba Putnam Insurance Agency	(A/C, No, Ext): (A/C, No):				
101 Fifth Ave, PO Box 2388	ADDRESS:				
Huntington WV 25724-2388	PRODUCER CUSTOMER ID #: SUMMI-1				
Phone: 304-522-6555 Fax: 304-522-6563	INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURED	INSURER A: Motorist Insurance Group	14621			
Summit Electric Corporation P.O. Box 254 Hurricane WV 25526	INSURER 8: Brick Street Insurance				
Hurricane WV 25526	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.

EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR TYPE OF INSURANCE INSR WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS LTR TYPE OF INSURANCE INSR WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY)								
TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
GENERAL LIABILITY						EACH OCCURRENCE	s 1,000,000	
X COMMERCIAL GENERAL LIABILITY			33266348-41	07/01/10	07/01/11	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000	
X BLKT Addt'l Insd					i	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- JECT LOC							\$	
AUTOMOBILE LIABILITY			22266240 44			COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
			33266348-41	07/01/10	07/01/11	BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
 						PROPERTY DAMAGE (Per accident)	\$	
							\$	
X Comp \$500 Ded							\$	
UMBRELLA LIAB X OCCUR			33266348-41	07/01/10	07/01/11	EACH OCCURRENCE	\$3,000,000	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$3,000,000	
DEDUCTIBLE							\$	
X RETENTION \$ NONE							\$	
AND EMPLOYEDED LADULTY			WC10214637-02	07/01/10	07/01/11	X WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA					E.L. EACH ACCIDENT	\$500,000	
(Mandatory in NH)		NH)				E.L. DISEASE - EA EMPLOYEE	\$500,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000	
LEASED/RENTED			33266348-41	07/01/10	07/01/11	LEASED	\$100,000	
INSTALLATION			33266348-41	07/01/10	07/01/11	Installat	\$400,000	
	TYPE OF INSURANCE GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BLKT Addt'l Insd GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS X COMP \$500 Ded UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$ NONE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below LEASED/RENTED	TYPE OF INSURANCE GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BLKT Addt'l Insd GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS X COMP \$500 Ded UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$ NONE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below LEASED/RENTED	TYPE OF INSURANCE GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BLKT Addt'l Insd GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS NON-OWNED AUTOS X Comp \$500 Ded UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$ NONE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below LEASED/RENTED	TYPE OF INSURANCE INSURANC	TYPE OF INSURANCE ADDLI SUBR NSR W/D POLICY NUMBER (MM/DD/YYY) GENERAL LIABILITY 33266348-41 07/01/10 CLAIMS-MADE X OCCUR X BLKT Addt'1 Insd	TYPE OF INSURANCE ADDUSUBR POLICY NUMBER POLICY EXP. (MM/DD/YYYY) GENERAL LIABILITY 33266348-41 07/01/10 07/01/11 CLAIMS-MADE X OCCUR X BLKT Addt 1 Insd GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO: LOC AUTOMOBILE LIABILITY 33266348-41 07/01/10 07/01/11 X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS CLAIMS-MADE DEDUCTIBLE X RETENTION NONE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE N/A N/A Sescribe under NOT/01/10 07/01/11 1/25, describe under N/A N/A CLAIMS-MADE DESCRIPTION OF OPERATIONS below 1/4 N/A 1/4	TYPE OF INSURANCE INST WO INST	

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

Evidence of insurance.

CERTIFICATE HOLDER

State of West Virginia Dept Health & Human Resources c/o Jackie Withrow Hospital

105 So Eisenhower Dr Beckley WV 25801

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

© 1988-2009 ACORD CORPORATION. All rights reserved.

BID BOND

	KNOV	V ALL MEN BY TH	HESE PRESENTS, The	at we, the undersigned,	Summit Electric Corporation
	of	**	. , Wes	t Virginia	, as Principal, and The Ohio Casualty Insurance
Compa	ny_of	Hamilton	,Ohio	, a corporation (organized and existing under the laws of the State of
01	hio	with its princip	al office in the City of _	Hamilton	, as Surety, are held and firmly bound unto the State
of West	t Virginia	a, as Obligee, in th	ie penal sum of <u>Fiv</u>	e Percent of Bi	d_(\$_5% of Amt_Bid) for the payment of which,
well and	d truly to	be made, we joir	itly and severally bind	ourselves, our heirs, ad	ministrators, executors, successors and assigns.
			•	,	al has submitted to the Purchasing Section of the
					de a part hereof, to enter into a contract in writing for
PSI	11 1004	- Jackie w	ithrow Hospita.	l Generator & Pa	ad
				· · · · · · · · · · · · · · · · · · ·	
	NOW:	THEREFORE,			
		said bid shall be r	eiected or		
	(b) If	said bid shall be a	accepted and the Princi		ntract in accordance with the bid or proposal attached
					roposal, and shall in all other respects perform the full and void, otherwise this obligation shall remain in full
force ar	nd effect	. It is expressly u	nderstood and agreed	that the liability of the S	urety for any and all claims hereunder shall, in no event,
exceed	the pen	al amount of this	obligation as herein sta	ted.	
	The Su	urety for the value	received hereby stipu	ilates and agrees that t	he obligations of said Surety and its bond shall be in no
	paired or	r affected by any e	extension of the time wi		may accept such bid, and said Surety does hereby
waive n	otice of	any such extension	n.		
	IN WIT	NESS WHEREO	F, Principal and Surety	have hereunto set their	hands and seals, and such of them as are corporations
have ca	used the	eir corporate seals	to be affixed hereunto	and these presents to	be signed by their proper officers, this
9th	_day of	Septem	ber , 20 <u>10</u> .		
Principa	al Corpo	rate Seal			Summit Electric Corporation
					(Name of Principal)
					By Certification Octo
					(Must be President or () Vice President)
					D. t
					(Title)
C	· · · · · · · · · · · · · · · · · · ·				The Ohio Casualty Insurance Company
Surety	Corporat	e Seal			(Name of Surety)
					(W. (M.
				Clarance	C. Massey, Attorney-in-Fact
•					, / {/
			j bonds must be licer		o transact surety insurance. Raised corporate seals

ACKNOWLEDGMENTS

Acknowledgment by Principal if individual or Partnership

1. STATE OF				
2. County of				to-wit:
			, a Notary	
4. county and state aforesaid, do hereby certify t			•	
whose name is signed to the foregoing writing	, has this day acknowled	ged the same before n	ne in my said county.	
5. Given under my hand this	day of			20
6. Notary Seal		7.		
		,	(Notary Public)	
8. My commission expires on the	day of			20
Acknowledgment by Principal if Corp	oration			
9. STATE OF West Virginia				
10. County of				
11. I,				
12. county and state aforesaid, do hereby certify				
13. who as,				
14. Summit Electric Corporation				
has this day, in my said county, before me, ac	cknowledged the said writ	ting to be the act and o	deed of the said corporation.	
15. Given under my hand this 9th				
16. Notary Seal		17	(4.1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
			(Notary Public)	
18. My commission expires on the	day of	***************************************		_ 20
Acknowledgment by Surety				
19. STATE OF West Virginia				
20. County of Cabell				to-wit:
21. I, Thomas H. Bottoms, Jr.			, a Notary	Public in and for the
22. county and state aforesaid, do hereby certify	that Clarence C. Mass	ey	•	
23. who as, Attorney-in-fact			signed the	foregoing writing for
24. The Ohio Casualty Insurance Company	/			a corporation,
has this day, in my said county, before me, a	acknowledged the said wr	riting to be the act and	deed of the said corporation.	·
25. GIVAHUMUBI MYMAHO IMIS III III OCH III III III	-	September		20 10
OFFICIAL SEAT NOTARY PUBLIC, STATE OF WEST VIRGINIA THOMAS H. BOTTOMS, JR. P. O. Box 2348 Huntington, WY 25724 28 207 - Commission Involves convictive May 3 2011		27.	MA	
THOMAS H. BOTTOMS, JR. P.O. Box 2348		100	(Notary Public)	
	day of	May		20 11
การกำลักการแบบเกรียกการสามารถสามารถเกรียกเหลื				
Sufficiency in Form and Manner of Execution Approved			Attorney General	
		Ву:	•	
This day of	20	·	(Deputy Attorney General)	

POA Number: 39-970

THE OHIO CASUALTY INSURANCE COMPANY WEST AMERICAN INSURANCE COMPANY

Obligee: State of West Virginia

Bond Number:

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

Chary S. Gregory

STATE OF OHIO, 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.



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 scaled 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

I, 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 9th day of September 2010





Mark E. Schmidt Assistant Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/26/10

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).

PRODUCER	CONTACT NAME:	
Peoples Insurance Agency, LLC	PHONE FAX	
dba Putnam Insurance Agency	(A/C, No, Ext): (A/C, No):	,
101 Fifth Ave, PO Box 2388	E-MAIL ADDRESS:	
Huntington WV 25724-2388	PRODUCER CUSTOMER ID #: SUMMI-1	
Phone: 304-522-6555 Fax: 304-522-6563	INSURER(S) AFFORDING COVERAGE NAIC	#
INSURED	INSURERA: Motorist Insurance Group 1462	1
Summit Electric Corporation P.O. Box 254 Hurricane WV 25526	INSURER B: Brick Street Insurance	
Hurricane WV 25526	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	TYPE OF INSURANCE INSURANCE INSURANCE POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						•
LIK	GENERAL LIABILITY		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		_
_		İ					EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
A	X COMMERCIAL GENERAL LIABILITY			33266348-41	07/01/10	07/01/11	PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
	X BLKT Addt'l Insd						PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
İ	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY			22266240 41			COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
A	X ANY AUTO			33266348-41	07/01/10	07/01/11	BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS							\$
	X Comp \$500 Ded							\$
A	UMBRELLA LIAB X OCCUR			33266348-41	07/01/10	07/01/11	EACH OCCURRENCE	\$3,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$3,000,000
	DEDUCTIBLE							\$
l	X RETENTION \$ NONE							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC10214637-02	07/01/10	07/01/11	X WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$500,000
							E.L. DISEASE - EA EMPLOYEE	\$500,000
						<u> </u>	E.L. DISEASE - POLICY LIMIT	\$ 500,000
Α	LEASED/RENTED			33266348-41	07/01/10	07/01/11	LEASED	\$100,000
A	INSTALLATION	l		33266348-41	07/01/10	07/01/11	Installat	\$400,000

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

CERTIFICATE HOLDER

State of West Virginia Dept Health & Human Resources c/o Jackie Withrow Hospital 105 So Eisenhower Dr Beckley WV 25801

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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