

EN

DOR

TITLE

Vice President

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

### Solicitation

T

NUMBER

DNR213078

•	•	F	A	GE		Ť
					_	

ADDRESS CORRESPONDENCE TO ATTENTION OF:

GUY NISBET

304-558-8802

\*709045810 304-755-8135 TRI-STATE ROOFING & SHEET METAL CO. PO BOX 1231 CHARLESTON, WV 25324

DIVISION OF NATURAL RESOURCES JOBSITE SEE SPECIFICATIONS

ADDRESS CHANGES TO BE NOTED ABOVE

DATE PRINTED 02/28/2013 BID OPENING DATE: 04/09/2013 OPENING TIME 1:,30PM LINE QUANTITY ITEM NUMBER UNIT PRICE AMOUNT. NO. REQUEST OF QUOTATION (RFQ) THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA DIVISION OF NATURAL RESOURCES, PARKS AND RECREATION SECTION, IS SOLIDITING BIDS TO REPLACE THE ROOF AT THE CHIEF LOGAN STATE PARK, MUSEUM LOCATED AT CHIEF LOGAN STATE PARK PER THE ATTACHED SPECIFICATIONS. REQUEST FOR QUOTATION MAY BE OBTAINED BY CONTACTING: SENIOR BUYER GUY NISBET, WV. PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV. 25305 TELEPHONE: 3|04.55|8.230|6 PLANS AND SPECIFICATIONS MAY BE OBTAINED BY CONTACTING: SHERRI GOFF 324 4TH. AVENUE SOUTH CHARLESTON, WV. 25303 TELEPHONE: 304.558.2764 EXT. 51820 PLANS AND SPECIFICATIONS MAY BE OBTAINED FOR FREE. 04/09/13 09:08:41 AM 'West Virginia Purchasing Division 0001 910-66 LS \$131,197.00 ROOF REPLACEMENT SIGNATURE TELEPHONE DATE (304) 755-8135 4-9-2013

FEIN 55-0591156



VENDOR

SIGNATURE

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

Solicitation

SHIP

T

NUMBER
DNR213078

PAGE 2

ADDRESS CORRESPONDENCE TO ATTENTION OF

GUY NISBET 304-558-8802

DIVISION OF NATURAL RESOURCES JOBSITE SEE SPECIFICATIONS

\*709045810 304-755-8135 TRI-STATE ROOFING & SHEET METAL CO. PO BOX 1231 CHARLESTON, WV 25324

DATE PRINTED 02/28/2013 BID OPENING DATE 04/09/2013 BID OPENING TIME 1:30PMCAT QUANTITY LINE UOP ITEM NUMBER UNIT PRICE AMOUNT NO 0002 EA 540-35 1 \$640.00 ADDITIONAL ROOF SHEATHING AS NEEDED \$131,837.00 THIS IS THE END OF REQ DNR213078 \*\*\*\*\* TOTAL:

WHEN RESPONDING TO SOLICITATION. INSERT NAME AND ADDRESS IN SPACE ABOVE I ABELED 'VENDOR'

TELEPHONE

(304) 755-8135

DATE

4-9-2013



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

Solicitation

SH

P

NUMBER DNR213078 PAGE

ADDRESS CORRESPONDENCE TO ATTENTION OF:

GUY NISBET 304-558-8802

VENDOR

\*709045810 304-755-8135 TRI STATE ROOFING & SHEET META PO BOX 1231

CHARLESTON WV 25324 DIVISION OF NATURAL RESOURCES JOBSITE SEE SPECIFICATIONS

DATE PRINTED 03/27/2013 BID OPENING DATE: 04/09/2013 BID OPENING TIME 1:30PM CAT. LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT ADDENDUM NO.1 ADDENDUM FOR THE CHIEF LOGAN MUSEUM ROOF REPLACEMENT ISSUED TO DISTRIBUTE THE ATTACHED DOCUMENTATION TO THE VENDOR COMMUNITY, AND TO UPDATE THE HIPAA LANGUAGE IN ITEM #38 OF THE TERMS AND CONDITIONS SECTION. HIPAA BUSINESS ASSOCIATE ADDENDUM: THE WEST VIRGINIA STATE GOVERNMENT HIPAA BUSINESS ASSOCIATE ADDENDUM (BAA), APPROVED BY THE ATTORNEY GENERAL, IS AVAILABLE DNLINE AT: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/HIPAA.HTML AND IS HEREBY MADE PART OF THE AGREEMENT PROVIDED THAT THE AGENCY MEETS THE DEFINITION OF A COVERED ENTITY (45 CFR 160.L03) AND WILL BE DISCLOSING PROTECTED  ${f HEALTH}$  INFOR ${f MATION}$  (45 ${f CFR}$  160.103) TO ${f THE}$  VENDOR. ADDITIONALLY, THE HIPAA PRIVACY, SECURLTY, ENFORCEMENT AND BREACH NOTIFICATION FINAL OMNIBUS RULE WAS PUBLISHED ON JANUARY 25, 2013. IT MAY BE VIEWED ONLINE HTTP://WWW.GPO.GOV/FDSYS/PKG/FR-2013-01-25/PDF/ 2013-01073.PDF ANY ORGANIZATION, THAT QUALIFIES AS THE AGENCY'S BUSINESS ASSOCIATE, IS EXPECTED TO BE IN COMPLIANCE WITH THIS FINAL RULE. FOR THOSE BUSINESS ASSOCIATES ENTERING INTO CONTRACTS WITH A HIPAA COVERED STATE AGENCY BETWEEN JANUARY 25, 2013 AND THE RELEASE OF THE 2013 WV STATE AGENCY BUSINESS ASSOCIATE AGREEMENT, OR SEPTEMBER 23, 201B (WHICHEVER IS EARLIER), BE ADVISED THAT YOU WILL BE REQUIRED TO COMPLY WITH THE 2013 WV STATE AGENCY BUSINESS ASSOCIATE AGREEMENT. FOR THOSE BUSINESS ASSOCIATES WITH CONTRACTS WITH A HIPAA COVERED STATE AGENCY EXECUTED PRIOR TO JANUARY 25, 2013, BE ADVISED THAT UPON RENEWAL OR MODIFICATION, YOU WILL BE COMPLY WITH THE 2013 WV STATE AGENCY REOUIRED TO BUSINESS ASSOCIATE AGREEMENT NO LATER SEPTEMBER 22, 2014. SIGNATURE DATE 4-9-2013 (304) 755-8135 TITLE ADDRESS CHANGES TO BE NOTED ABOVE 55-0591156 Vice President



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

Solicitation

To

NUMBER DNR213078 PAGE 2

GUY NISBET 304-558-8802

ADDRESS CORRESPONDENCE TO ATTENTION OF:

**NENDOR** 

\*709045810 304-755-8135 TRI STATE ROOFING & SHEET META PO BOX 1231

CHARLESTON WV 25324

DIVISION OF NATURAL RESOURCES JOBSITE SEE SPECIFICATIONS

DATE PRINTED 03/27/2013 BID OPENING DATE 04/09/2013 BID OPENING TIME 1:30PM CAT. LINE QUANTITY UOP ITEM NUMBER UNIT PRICE **AMOUNT** 0001 LS 910-66 \$131,197.00 ROOF REPLACEMENT 0002 540-35 EΑ 1 \$640.00 ADDITIONAL ROOF SHEATHING AS NEEDED THIS IS THE END OF RFQ DNR213078 \*\*\*\*\* TOTAL: \$131,837.00 SIGNATURE TELEPHONE (304) 755-8135 4-9-2013 TITL Vice President FEIN ADDRESS CHANGES TO BE NOTED ABOVE 55-0591156

### ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

1. CONTRACTOR'S LICENSE: West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor.

West Virginia Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. Failure to include a contractor's license number on the bid shall result in Vendor's bid being disqualified. Vendors should include a contractor's license number in the space provided below.

Contractor's Name:	Γri-State	Roofing	&	Sheet	Meta1	Co.
Contractor's License	No. WV0001	104				

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a purchase order/contract.

- 2. DRUG-FREE WORKPLACE: W. Va. Code § 21-1D-5 provides that any solicitation for a public improvement contract requires each Vendor that submits a bid for the work to submit at the same time an affidavit that the Vendor has a written plan for a drug-free workplace policy. To comply with this law, Vendor must either complete the enclosed drug-free workplace affidavit and submit the same with its bid or complete a similar affidavit that fulfills all of the requirements of the applicable code. Failure to submit the signed and notarized drug-free workplace affidavit, or a similar affidavit that fully complies with the requirements of the applicable code, with the bid shall result in disqualification of Vendor's bid.
- 3. AIA DOCUMENTS: All construction contracts that will be completed in conjunction with architectural services procured under Chapter 5G of the West Virginia Code will be governed by the AIA A101-2007 and A201-2007 or the A107-2007 documents, as amended by the Supplementary Conditions for the State of West Virginia, in addition to the terms and conditions contained herein.
- 4. SUBCONTRACTOR LIST SUBMISSION: In accordance with W. Va. Code § 5-22-1, The apparent low bidder on a contract for the construction, alteration, decoration, painting or improvement of a new or existing building or structure valued at more than \$500,000.00 shall submit a list of all subcontractors who will perform more than \$25,000.00 of work on the project including labor and materials. This provision shall not apply to any other construction projects, such as highway, mine reclamation, water or sewer projects.
  - c. Required Information. The subcontractor list shall contain the following information:

### Chief Logan State Park Museum Roof Replacement

### DIVISION OF NATURAL RESOURCES

### FORM OF PROPOSAL-1

Name of Bidder:	Tri-State Roofing & Sheet Metal Co.
Address of Bidder:	PO Box 1231 Charleston, WV 25324
Phone Number of Bidder:	(304) 755-8135
WV Contractors License No.	WV000104

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 proposes to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding documents in accordance with all terms and included and referenced.

### Base Bid

The Base Bid shall consist of replacing of existing Asphalt Shingles, underlayment, 100 square foot of damaged roof deck and replacing metal flashing/ caps, and other related work as detailed by the contract documents.

Base Bid: Lump sum for al	ì
labor, materials, and	
equipment as stipulated in	
the Bidding Documents.	

\$131,197.00

Written in numbers.

### Chief Logan State Park Museum Roof Replacement

### DIVISION OF NATURAL RESOURCES

### FORM OF PROPOSAL-2

Base Bid: Lump sum for all labor, materials, and equipment as stipulated in the Bidding Documents.

One hundred thirty one thousand one hundred ninety seven & zero cents.

Written in words.

### Unit Price

Unit price for each additional 100 square feet to replace any unforeseen damages must be authorized by change order approved and issued by the West Virginia Purchasing Division.

Unit Price: Provide unit price per 100 square feet (furnish and install) sheathing to match existing sheathing.

\$640.00

Written in numbers.

Unit Price: Provide unit price per 100 square foot (furnish and install) sheathing to match existing sheathing.

Six hundred forty dollars & zero cents.

Written in words.



The contract will be awarded in the amount of the Base Bid. However, for evaluation purposes, the award will be based on the base bid plus the cost to replace 100 square feet of roof sheathing

Total: Provide total price for base bid plus price for 100 square feet (furnish and install) sheathing to match existing sheathing.

\$131,837.00

Written in numbers.

Total: Provide total price for base bid plus price for 100 square feet (furnish and install) sheathing to match existing sheathing.

One hundred thirty one thousand eight hundred thirty seven dollars & zero cents.

Written in words.

### CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Iri-State Roofing &	Sheet Metal Co.
(Company)	
S. Hadem	
(Authorized Signature)	
Pat Haden, Vice Pres (Representative Name, Title	
(304) 755-8135	(304) 755-5275
(Phone Number)	(Fax Number)
April 9, 2013 (Date)	



### 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, <u>Pat Haden</u> , after being first duly sworn, depose and state as follows:
<ol> <li>I am an employee of <u>Tri-State Roofing &amp; Sheet Metal Co.</u>; and, (Company Name)</li> </ol>
2. I do hereby attest that Tri-State Roofing & Sheet Metal Co. (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.
Tri-State Roofing & Sheet Metal Co.  (Company Name)
By: P. Haden
Title: Vice President
Date: April 9, 2013
Taken, subscribed and sworn to before me this $\frac{9}{}$ day of April .
By Commission expires February 6, 2023
BARBOURSVILLE, WY 2004 MY COMM. EXP. FEBRUARY 6, 2023
COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE

AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF

THE BID.

Rev March 2009

RFQ	No.DNR21	3078

Purchasing Affidavit (Revised 07/01/2012)

### STATE OF WEST VIRGINIA Purchasing Division

### PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

### **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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"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.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

## WITNESS THE FOLLOWING SIGNATURE: Vendor's Name: Tri-State Roofing & Sheet Metal Co. \_\_\_\_\_Date:April 9, 2013 Authorized Signature: State of <u>West Virginia</u> County of Putnam, to-wit: Taken, subscribed, and sworn to before me this 9 day of April My Commission expires February 6 NOTARY PUBLIC Mrishia AFFIX SEAL HERE OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC CHRISTINA LACY 5289 LONG BRANCH ROAD BARBOURSVILLE, WV 25504 MY COMM. EXP. FEBRUARY 6, 2023 OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC CHRISTINA LACY 5280 LONG BRANCH ROAD BARBOURSVILLE, WV 25504 MY COMM. EXP. FEBRUARY 6, 2023

Agency	Division of Natural Resources
REQ.P.	O#DNR213078

### **BID BOND**

KNOW ALL M	EN BY THESE PRESENTS,	That we, the undersigned	d, Tri State Roofing & Sheet Metal Company
ofCharlesto	on,	WV , as	as Principal, and Travelers Casualty and Surety Company of America
of Hartford		, a corporation	n organized and existing under the love of the current
CT with	its principal office in the City	of Hartford	, as Surety, are held and firmly bound upto the State
of west virginia, as Obl	ligee, in the penal sum of Five	ve Percent of Amount B	Bid (\$ 5% ) for the payment of which
well and truly to be mad	le, we jointly and severally bi	ind ourselves, our heirs, a	administrators, executors, successors and assigns.
The Condition	of the above obligation is su	ch that whereas the Princi	cipal has submitted to the Purchasing Section of the
Department of Administ	ration a certain bid or propos	sal, attached hereto and m	nade a part hereof, to enter into a contract in writing for
DNR213078 Chief L	ogan State Park Museun	n Roof Replacement -	According to Plans and Specifications
			receiving to Figure and Opecinications
NOW THEREF	ORE,		
(a) If said bid a (b) If said bid a hereto and shall furnish agreement created by the force and effect. It is expensely the control of the co	shall be rejected, or shall be accepted and the Pr any other bonds and insuran the acceptance of said bid, the	en this obligation shall be ted that the liability of the	contract in accordance with the bid or proposal attached proposal, and shall in all other respects perform the null and void, otherwise this obligation shall remain in full Surety for any and all claims hereunder shall, in no event,
The Surety, for way impaired or affected waive notice of any such	by any extension of the time	dipulates and agrees that within which the Obligee	the obligations of said Surety and its bond shall be in no e may accept such bid, and said Surety does hereby
IN WITNESS W	/HEREOF, Principal and Sur	ety have hereunto set the	eir hands and seals, and such of them as are corporations
have caused their corpor	ate seals to be affixed herein	into and these presents to	o be signed by their proper officers, this
9th day of	April 2013		o de signed by their proper officers, this
		_	
Principal Corporate Seal			Tri State Roofing & Sheet Metal Company
			(Name of Principal)
			Ву
			(Must be President or
			Vice Presidenty
			- Porton
			(Title)
Surely Corporate Seal			Travalara Casualty and Ourst O
			Travelers Casualty and Surety Company of America (Name of Surety)
			,
		Kimberly	J. Wilkinson, WV Resident Agent Attorney-in-Fact

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Corporate seals must be affixed, and a power of attorney must be attached.

Agency	Division of Natural Resources
	O# DNR213078

### **BID BOND**

KN	NOW ALL MI	EN BY THESE P	RESENTS, That we,	the undersigned,	Tri State Ro	oofing & Sheet Metal Company
of	Charlesto	on,	WV	, as	Principal, and	Travelers Casualty and Surety Company of America
of			CI	, a corporation	organized and	existing under the laws of the Clate of
CT	with i	ts principal office	in the City of	Hartford	, as Surety.	are held and firmly bound upto the State
of West Virg	jinia, as Obli	gee, in the penal	sum of Five Perce	nt of Amount Bi	d (\$	5% ) for the payment of which
well and trul	ly to be mad	e, we jointly and s	severally bind oursel	ves, our heirs, ad	ministrators, e	xeculors, successors and assigns.
The	e Condition o	of the above oblig	ation is such that wh	nereas the Princip	al has submitt	ed to the Purchasing Section of the
Department	of Administr	ation a certain bio	d or proposal, atlach	ed hereto and ma	ade a part here	eof, to enter into a contract in writing for
DNR2130	78 Chief L	ogan State Parl	k Museum Roof R	eplacement - A	ccordina to	Plans and Specifications
					tere and to	Tans and openications
ИО	W THEREF	ORE,				
(b) hereto and s agreement c force and eff	If said bid s hall furnish a realed by the ect. It is exp	e acceptance of soressly understoo	and the Principal shand insurance require	igation shall be a	roposal, and s	dance with the bid or proposal attached hall in all other respects perform the therwise this obligation shall remain in full nd all claims hereunder shall, in no event,
The way impaired waive notice	or anecieu	Dy ally exterision	d, hereby slipulates of the time within w	and agrees that the hich the Obligee r	ne obligations may accept su	of said Surely and its bond shall be in no ch bid, and said Surely does hereby
IN V	VITNESS W	HEREOF, Princip	al and Surety have l	norquinto cot their	handa and aa	als, and such of them as are corporations
have caused	their corpora	ate seals to be aff	fixed bereinto and the	nere presents to	hanus anu se	heir proper officers, this
9thda	y of	April	2013	icse presents to	ue signed by ti	neir proper officers, this
			•			
Principal Corp	oorale Seal				Tri State Ro	oofing & Sheet Metal Company (Name of Principal)
					Ву	
						(Must be President or Vice President)
2						(Tille)
Surely Corpor	ate Seal				Travelers Ca	sualty and Surety Company of America (Name of Surety)
				Kimberly J	By: Kun 8 Wilkinson, W	V Resident Agent Attorney-in-Fact

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

# ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: DNR213078

**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.

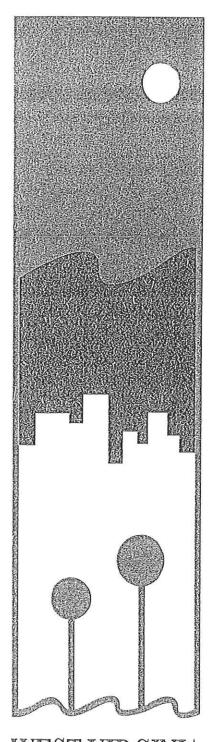
**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

# Addendum Numbers Received: (Check the box next to each addendum received) [X ] Addendum No. 1 [ ] Addendum No. 6 [ ] Addendum No. 2 [ ] Addendum No. 7 [ ] Addendum No. 3 [ ] Addendum No. 8 [ ] Addendum No. 4 [ ] Addendum No. 9 [ ] Addendum No. 5 [ ] 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.

Tri-S	tat	e Roofi	ng & Sheet Metal Co.
		1	Company
		1.	Haden
-		1	
			Authorized Signature
۸ ۲٦	^	0010	
April	9,	2013	
			Date

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



# WEST VIRGINA CONTRACTOR LICENSING BOARD

# CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV000104

Classification:

HEATING, VENTILATING & COOLING SPECIALTY ROOFING CRANE

TRI STATE ROOFING & SHEET METAL CO DBA TRI STATE ROOFING & SHEET METAL CO PO BOX 1231 CHARLESTON, WV 25324-1231

Date Issued

**Expiration Date** 

AUGUST 01, 2012

AUGUST 01, 2013

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.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/28/2012

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 Bobby Pauley				
City Insurance Professionals	NAME: DOBY TRACEY PHONE [AVC, No. Ext); (304) 926-7400 [FAX (AVC, No); (304) 926-7439				
P. O. Box 1126	EMAIL ADDRESS: Bobby. Pauley@cityinsure.org	, , ,			
	INSURER(S) AFFORDING COVERAGE NAIC #				
Charleston WV 25324	INSURERA:Brickstreet Mutual Insurance				
NSURED	INSURER B:	120,2			
Tri-State Roofing & Sheet Metal Co of WV	INSURER C :				
P. O. Box 1231	INSURER D :				
	INSURER E :				
Charleston WV 25324	NSURER F :				
COVERAGES CERTIFICATE NUMBER:7/1/12 -		<u>'</u>			
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.					
NSR LTR TYPE OF INSURANCE ADDL SUBR INSR WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMI	TS			
GENERAL LIABILITY	EACH OCCURRENCE	\$			
COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
CLAIMS-MADE OCCUR	MED EXP (Any one person)	\$			
	PERSONAL & ADV INJURY	\$			
	GENERAL AGGREGATE	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG				
POLICY PRO- JECT LOC	COMBINED SINGLE LIMIT	\$			
AUTOMOBILE LIABILITY	(Ea accident)	s			
ANY AUTO ALL OWNED SCHEDULED	BODILY INJURY (Per person)	\$			
AUTOS AUTOS NON-OWNED	BODILY INJURY (Per accident)				
HIRED AUTOS AUTOS	PROPERTY DAMAGE (Per accident)	\$			
UMBRELLA LIAB OCCUP		\$			
FYOSOGUAD OCCUR	EACH OCCURRENCE	\$			
DED RETENTION \$	AGGREGATE	\$			
A WORKERS COMPENSATION	X WC STATU- OTH-	\$			
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	E.L. EACH ACCIDENT	\$ 1,000,000			
OFFICER/MEMBER EXCLUDED? N/A WCB1005809	7/1/2012 7/1/2013 EL DISEASE - EA EMPLOYEE				
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT				
		1,000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) Increased Employers' Liability, WV Deliberate Intent coverage included and Blanket Waiver of Subrogation included					
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				
	obby Pauley/BRP Bole, R	Paula 5			
ACORD 25 (2010/05)	© 1988-2010 ACORD CORPORATION	All rights reserved			

Client#: 118155

### 41LAURELMANA

 $ACORD_{m}$ 

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/24/2012

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(les) 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).

continuate ficials in field of outliff characteristings.				
PRODUCER	CONTACT Roxanne Cameron			
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800-796-3567 (A/C, 1	No): 859-254-8020		
Powell-Walton-Milward P O Box 2030	E-MAIL ADDRESS: rcameron@pwm-jsl.com			
24 P	INSURER(S) AFFORDING COVERAGE	NAIC #		
Lexington, KY 40588	INSURER A: Westfield Insurance Company	24112		
INSURED Tol Charles Described to Colored Market	INSURER B:			
Tri-State Roofing & Sheet Metal	INSURER C:			
Company of West Virginia P.O. Box 1231 Charleston, WV 25324	INSURER D:			
	INSURER E :			
Charleston, WV 25524	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:			

o o i mi i i i i i i i i i i i i i i i i	CETTI TOTTE TOMBETT	TIEVIOIOTI NOMBETT.
THIS IS TO CERTIFY THAT THE	POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISS	SUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWITHSTANDING	ANY REQUIREMENT, TERM OR CONDITION OF ANY CON	TRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
OFFICIAL MAY BE LOOKED O	D MAN DEDTING THE MOUDINGS ASSOCIATED BY THE	

ERTIFICATE 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	GENERAL LIABILITY			CMM5942244	04/30/2012	04/30/2013	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						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
	<u> </u>						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			CMM5942244	04/30/2012	04/30/2013	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							30 30055007753000000	\$
Α	X UMBRELLA LIAB X OCCUR			CMM5942244	04/30/2012	04/30/2013	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS MADE						AGGREGATE	\$5,000,000
	DED X RETENTION \$0							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Stop Gap			CMM5942244	04/30/2012	04/30/2013	\$1,000,000 Ea. Accid	dent
	Employers						\$1,000,000 Ea. Empl	oyee
	Liability						\$1,000,000 Policy Li	mit

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

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
A Maria

© 1988-2010 ACORD CORPORATION. All rights reserved.