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.

McBride Electrical and Remanufacturing Inc

(Company)

(Authorized Signature)

Harold McBride, President

(Representative Name, Title)

304-436-4175

(Phone Number)

September 24, 2013

(Date)

BID RECEIVED LATE Buyer Jan Lyle Witness Jean Wingen

DISQUALIFIED

Inc

DEFK14007

SECTION I - BID FORM: BASE BID and ALTERNATES

	30 C S S C S S S S S S S S S S S S S S S		BOOSPAQUE.
Dated:		September 24,2013	
Submit	ted by Bidder:	McBride Electrical and Remanufactu	rin
West Virg	ginia Contractor's License	e Number: WV 025444	
For:	WELCH ARMORY WELCH, WEST VI	FELECTRIC SERVICE & LIGHT FIXTURE UPGRADE	
QUALIF	ICATIONS FOR BID	DER:	
The Bidde	r certifies that he has per ocumentation on jobs and	rformed similar work for at least five (5) years and if requested wild locations:	1
Submitte	ed To:		
The State	of West Virginia (hereina	ofter called "Owner")	
and any Actransportar	is including instructions to Idenda or Clarifications is tion and expendable equ ixture Upgrade of the W	I conditions affection the cost of the Work and the Contract to Bidders, Bid Form, General Conditions, Drawings, Specifications, issued, hereby proposes to furnish all material, labor, tools, taxes, sipment necessary for the satisfactory and complete Electric service Velch Armory in Welch, West Virginia in every detail, all in full to, the Contract Documents, for the stipulated sums as follows:	
	No. I - BASE BID:		
Or	ne Hundred forty	seven thousand and five hundred dollars	
		\$ 147,500.00	
The Base B	id includes all work included all work included all work included all work included all work includes all work included all work includes	ding allowances indicated in Drawings and Specifications, EXCEPT ltems described in Section II of the Bid Form.)	г
ALTERNA	TES:		
he recent D	lago Did is subinut to the	C. III	

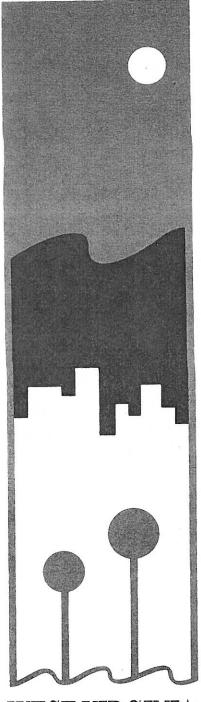
The stated Base Bid is subject to the following additions for Alternates that the Owner may select. ('Provide' means 'furnish and install'. Include in bids below all related coordination and modification requirements associated with the Work of each Alternate.)

DEFK14007 Addendum No. 1

ALT	ERN	ATES:

Bid Ite	m No. 2 - A	lternate No. I D	rill Hall T	ype 'A', 'B', K	and 'EMI' Light Fixtu	res:
	he sum of:	*************************				
Bld Ite	m No. 3 - Al	ternate No. 2 Ex	cterior Ty	pe 'OA-' Light	: Fixtures:	
ADD th	e sum of:		\$	42,760.00		
Total liqu	idated damage	tei than One-niindi	PAG I WORLY	(170) Calandan	ompletion and ready for Days from Notice To Proper per day thereafter for wor	eed. k not
For the popular	urpose of this o at 24-hour day	contract, one calend period shall be cou	lar day is co	unted from midn Calendar Day,	ight to midnight and also	any
not be wit Alternate I Date of the	hdrawn for a p Bids shall be go e Contract.	eriod of 120 days frod and binding and receipt of the follow	rees that the rom the dat may not be	e Base Bid shall be of the receipt of withdrawn for a	any other bidder or with a ct any or all bids, and to we good and binding and mot bids; and further agrees a period of 90 days from the number and date.)	ay
	JRE OF BIDI				./ 000	R
irm: MCB	ride Elec	trical and 1	Remanuf	acturing I	nc Harolell	(c').
ddress:	_151 Stew	art Street	Title:	President	·	
ddress:	Welch, W	V 24801	Phone:	304-436-	4175	
ddress:			Fax:	304-436-	5111	
ax Cert, #	1033-44	20	,			

END OF SECTION I



CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV025444

Classification:

ELECTRICAL GENERAL BUILDING SPECIALTY

> MCBRIDE REMANUFACTURING INC DBA MCBRIDE REMANUFACTURING INC 151 STEWART STREET WELCH, WV 24801

Date Issued

Expiration Date

APRIL 23, 2013

Authorized Company Signature

APRIL 23, 2014

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.



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 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:	McBride	Electrical	and	Remanufacturing	Inc
Contractor's License	No. WV02	25444			

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 AFFIDAVIT: 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 To comply with this law, Vendor must either complete the enclosed drug-free workplace policy. 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.
 - 2.1 DRUG-FREE WORKPLACE POLICY: Pursuant to W. Va. Code § 21-1D-4, Vendor and its subcontractors must implement and maintain a written drug-free workplace policy that complies with said article.

The awarding public authority may cancel this contract if: (1) Vendor fails to implement and maintain a written drug-free workplace policy described in the preceding paragraph, (2) Vendor fails to provide information regarding implementation of its drug-free workplace policy at the request of the public authority; or (3) Vendor provides to the public authority false information regarding the contractor's drug-free workplace policy.

3. DRUG FREE WORKPLACE REPORT: Pursuant to W. Va. Code § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. For contracts over \$25,000, the public authority shall be the West Virginia Purchasing Division. For contracts of \$25,000 or less, the public authority shall be the agency issuing the contract. The report shall include:

Revised 08/21/2013

	RFQ No.
	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' 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, the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from contract amount.
ø	FFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of aw for false swearing (<i>W. Va. Code</i> §61-5-3) that neither vendor nor any related party owe a debt as defined bove and that neither vendor nor any related party are in employer default as defined above, unless the debt or mployer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

THE TOLLOWING SIGNATURE:	
Vendor's Name: McBride Electrical and	Remanufacturing, Inc
Authorized Signature: Harold McBra	Date: 9-24-13
State of West Virginia	
County of MCDowell to-wit:	
Taken, subscribed, and sworn to before me this day of	September, 2013.
My Commission expires Scottmber 13	_, 20 <u>20</u>
AFFIX SEAL HERE NOT	TARY PUBLIC Miche & dicks
	Purchasing Affidavit (Revised 07/01/2012)



THE CINCINNATI INSURANCE COMPANY

CINCINNATI, OHIO

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we McBride Remanufacturing Inc

as Principal, hereinafter called the Principal, and THE CINCINNATI INSURANCE COMPANY, a corporation duly organized under the laws of the State of Ohio, as Surety, hereinafter called the Surety, are held and firmly bound unto WV National Guard

as Obligee, hereinafter called the Obligee, in the sum of $\,5\%\,$ of bid

Dollars (\$5% of bid for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for

electrical upgrades

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 24 day of September, 2013

Musle Hicks.
(Witness)

McBride Remanufacturing Inc

(Principal)

(Seal)

(Title)

By:

THE CINCINNATI INSURANCE COMPANY

(Surety)

(Seal)

Attorney-in-Fact

Printed in cooperation with the American Institute of Architects (AIA), by The Cincinnati Insurance Company who vouches that the language in this document conforms exactly to the language used in AIA Document A310, February 1970 ED.

Risa Thom

THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

Patricia E Compton, Karen H Hamro, Earl R Davis, C. Connor Litton, Jr.,

of Bluefield, WV its true and lawful Attorney(s)-in-Fact to sign, execute, seal and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows:

Any such obligations in the United States,

Ten Million Dollars and 00/100 (\$10,000,000.00)

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7th day of December, 1973.

RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

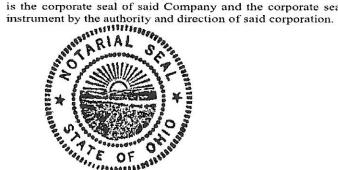
IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 1st day of April, 2007.

CORPORATE OF OHIO

STATE OF OHIO) ss: COUNTY OF BUTLER) THE CINCINNATI INSURANCE COMPANY

Vice President

On this 1st day of April, 2007, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



MARK J. HULLER, Attorney at Law NOTARY PUBLIC - STATE OF OHIO My commission has no expiration date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio. this 24thday of September, 2013

SEAL

ONIO

BN-1005 (3/02)

Gregory J Schlaum

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: DEFK14007

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.

Add	enc	dum	Numbers	Received:
	101	10040	<i></i>	

(Check the box next to each addendum received)

[]	1	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]	1	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 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.

McBride Electrical and Remanufacturing Inc

Company

101) 5

Authorized Signature

September 24,2013

Date

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

MCBR001

OP ID: KH



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/24/13

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: 304-324-8001 DLH Insurance Agency 3425 East Cumberland Road PHONE (A/C, No, Ext) E-MAIL 304-324-8033 FAX (A/C, No): P. O. Box 910 ADDRESS Bluefield, WV 24701 Earl Davis INSURER(S) AFFORDING COVERAGE NAIC # Cincinnati Insurance Company INSURER A: 10677 INSURED McBride Remanufacturing, Inc. INSURER B : BrickStreet Mutual Ins. Co. 151 Stewart Street Welch, WV 24801 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,

	XCLUSIONS AND CONDITIONS OF SUCH						•		
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
_	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			EPP0206428	09/21/13	09/21/14	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
							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- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X ANY AUTO		EBA0206428 09/21/13 09/21/	EBA0206428 09/21/13 0	09/21/14	BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS		ė i				PROPERTY DAMAGE (Per accident)	\$	
								\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
Α	EXCESS LIAB CLAIMS-MADE			EPP0206428	09/21/13	09/21/14	AGGREGATE	\$	1,000,000
	DED X RETENTION\$							\$	
_	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				01/15/13		X WCSTATU- TORY LIMITS X OTH- ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WCB1012558*		01/15/14	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under			INC. WV BF EL EFF 9/21/13			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESC	PRINTION OF OPERATIONS // OCATIONS ///FILID	50 (1)							
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.E5 (At	tach A	CORD 101, Additional Remarks Schedule,	if more space is r	required)			

CERTIFICATE HOLDER	CANCELLATION
McBride Remanufacturing, Inc. 151 Stewart Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Welch, WV 24801	AUTHORIZED REPRESENTATIVE Earl Davis



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

STATE OF West Virginia
COUNTY OF McDowell TO-WIT:
I,, after being first duly sworn, depose and . state as follows:
1. I am an employee of McBride Electrical and Remanufacturing, Inc.; and,
(Company Name)
2. I do hereby attest that McBride Electrical and Remanufacturing 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 above statements are sworn to under the penalty of perjury.
McBride Electrical and Remanufacturing Inc
(Company Name)
By: Fresident
Date:September 24, 2013
Taken, subscribed and sworn to before me this auth day of Splember.
By Commission expires Sentember 13, 2020
OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC NICOLE L. HICKS McBRIDE ACCOUNTING 151 STEWART ST. WELCH, WY 24801 My commission expires September 13, 2020 (Notary Public)
THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO
AFEIDAVIT WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE
THE BID.

THE BID.