



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

Solicitation

NUMBER
WSH14046

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

Geiger Brothers, Inc.

P.O. Box 469, 317 Ralph Street

Jackson, Ohio 45640

V
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HEALTH AND HUMAN RESOURCES

WILLIAM R. SHARPE JR. HOSPITAL

936 SHARPE HOSPITAL ROAD

WESTON, WV

26452

304-269-1210

S
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DATE PRINTED

08/29/2013

BID OPENING DATE:

10/03/2013

BID OPENING TIME

1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>THE STATE OF WEST VIRGINIA AND ITS AGENCY THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU OF BEHAVIORAL HEALTH AND HEALTH FACILITIES REQUEST A QUOTE TO PROVIDE ALL LABOR, MATERIALS, EQUIPMENTS, SUPPLIES AND TRANSPORTATION TO RENOVATE THE HVAC AT WILLIAM R. SHARPE, JR. HOSPITAL LOCATED AT 936 SHARPE HOSPITAL ROAD, WESTON, WV PER THE DRAWINGS, PLANS AND SPECIFICATIONS.</p> <p>PLANS AND PROJECT MANUAL MAY BE OBTAINED FOR A NON-REFUNDABLE DEPOSIT OF \$750.00 (WHICH INCLUDES SHIPPING AND HANDLING) PER SET. CONTACT THE ARCHITECT FOR THE PROJECT BELOW:</p> <p>ZDS DESIGN/CONSULTING SERVICES 91 SMILEY DRIVE ST. ALBANS, WV 25177 PH: 304-755-0075</p> <p>MANDATORY PRE-BID MEETING: 09/12/2013 AT 9:00 A.M.</p> <p>LOCATION: LOBBY ANNEX WILLIAM R. SHARPE JR. HOSPITAL 936 SHARPE HOSPITAL ROAD WESTON, WV 26452</p> <p>PLEASE PROVIDE TWO (2) CONVENIENCE COPIES WITH BID.</p> <p>BID OPENING IS SCHEDULED ON: 10/03/2013 @ 1:30 P.M. (SEE INSTRUCTIONS TO BIDDERS)</p> <p>10/22/13 01:07:08 PM West Virginia Purchasing Division</p>						

SIGNATURE

TELEPHONE

740-286-0800

DATE

10/22/13

TITLE
President

FEIN

31-0733949

ADDRESS CHANGES TO BE NOTED ABOVE

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



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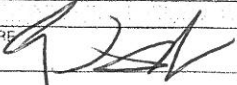
SHIP TO
HEALTH AND HUMAN RESOURCES
WILLIAM R. SHARPE JR. HOSPITAL
936 SHARPE HOSPITAL ROAD
WESTON, WV
26452 304-269-1210

DATE PRINTED
08/29/2013

BID OPENING DATE: 10/03/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		031-06	3,106,000 ⁰⁰	3,106,000 ⁰⁰
PROVIDE HVAC TO 50 BED EXPANSION AND RENOVATION TO						
0002	2	YR		031-06		400,000 ⁰⁰
24 MONTH COMPREHENSIVE MAINTENANCE FROM SUBSTANTIAL						
***** THIS IS THE END OF RFQ WSH14046 ***** TOTAL:						3,106,000 ⁰⁰

SIGNATURE 	TELEPHONE 740-286-0800	DATE 10/22/13
TITLE President	FEIN 31-0733949	ADDRESS CHANGES TO BE NOTED ABOVE

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317 Ralph Street
P.O. Box 469
Jackson, Ohio 45640
740.286.0800 Voice
740.286.0900 Fax
www.geigerbrothers.com

Date: October 22, 2013

To: State of West Virginia Purchasing

From: Scott A. Massie

Re: WSH14046

Message

Add exactly \$1,000,000.00 to the base bid amount turned in this date for William Sharpe Hospital.

10/22/13 01:21:14 PM
West Virginia Purchasing Division

EXHIBIT A

PRICING PAGES

OWNER: West Virginia Department of Health & Human Resources
Charleston, West Virginia

PROJECT: HVAC Renovations for:

William R. Sharpe, Jr. Hospital - Weston, West Virginia

The undersigned, hereinafter called the Bidder, being familiar with and understanding the Bidding Documents and also having examined the site and being familiar with all local conditions affecting the Project, hereby proposes to furnish all labor, material, equipment, supplies and transportation, and to perform all Work in accordance with the Bidding Documents for the sum of:

BASE BID: 31,106,000⁰⁰

\$ Thirty one Million one Hundred Six Thousand

(Bid amount should be shown in both words and numbers. In the event of a difference between the written amount and the number amount, the written amount shall prevail.)

Note: Base Bid shall include Cost to provide twenty-four (24) months (from Substantial Completion Date) of Comprehensive Maintenance as detailed in Section 200000A-1.48. The Cost associated with this Comprehensive Maintenance is the sum of:

COMPREHENSIVE MAINTENANCE:

400,000⁰⁰

\$ Four Hundred Thousand Dollars

(Bid amount should be shown in both words and numbers. In the event of a difference between the written amount and the number amount, the written amount shall prevail. This sum shall be divided into 24 equal monthly amounts of \$ ~~16,666.66~~ and invoiced directly to the WVDHHR project manager each month.) 16,666.66

All work to complete the Renovations as defined on the construction documents must attain Substantial Completion within eight-hundred sixty-seven (867) calendar days and Final Completion within an additional forty-five (45) calendar days for a combined total of nine-hundred twelve (912) calendar days from the Owner's written Notice to Proceed.

The Bidder agrees that all work required, whether temporary or permanent connections, to provide chilled water, heating hot water, domestic hot water, emergency power and other systems up to the new 50-Bed Addition as well as maintain heating and cooling to the occupied portions of the existing facility must be completed no later than ~~March 31, 2014~~ May 1, 2014. This includes the piping and conduit systems across the roof and coordination of all tie-in's with the Contractor for the 50-Bed Addition Project. The Bidder further agrees that all work necessary to be coordinated and performed within the

ADDENDUM #2 – SEPTEMBER 30, 2013

main kitchen of the facility in conjunction with the Contractor performing the work under the 50-Bed Addition shall be complete no later than ~~March 31, 2014~~ May 1, 2014.

The Bidder agrees that all work required that provides fully functional and permanent chilled water, heating hot water, domestic hot water, emergency power and other systems within the Central Utility Plant for the entire facility shall be complete no later than May 1, 2014.

UNIT PRICES: All Bidders must complete the following unit pricing which can be added or deducted from the contract amount. Refer to Division 1, Section 012200 – "Unit Prices" for detailed requirements regarding unit prices.

Item #1:

FURNISH AND INSTALL ONE (1) LIGHTING FIXTURE TYPE "A" Amount = \$ 770.00

Item #2:

FURNISH AND INSTALL ONE (1) LIGHTING FIXTURE TYPE "A1" Amount = \$ 830.00

Item #3:

FURNISH AND INSTALL ONE (1) LIGHTING FIXTURE TYPE "C" Amount = \$ 900.00

Item #4:

FURNISH AND INSTALL ONE (1) LIGHTING FIXTURE TYPE "C1" Amount = \$ 1040.00

Item #5:

FURNISH AND INSTALL ONE (1) LIGHTING FIXTURE TYPE "F" Amount = \$ 510.00

Item #6:

FURNISH AND INSTALL ONE (1) LIGHTING FIXTURE TYPE "F1" Amount = \$ 570.00

Item #7:

FURNISH AND INSTALL ONE (1) LIGHTING FIXTURE TYPE "G" Amount = \$ 550.00

Item #8:

FURNISH AND INSTALL ONE (1) LIGHTING FIXTURE TYPE "M" Amount = \$ 580.00

Item #9:

FURNISH AND INSTALL ONE (1) LIGHTING FIXTURE TYPE "X1" Amount = \$ 520.00

Item #10:

FURNISH AND INSTALL ONE (1) LIGHTING FIXTURE TYPE "X2" Amount = \$ 540.00

West Virginia Department of
Health and Human Resources
ADDENDUM #2 – SEPTEMBER 30, 2013

William R. Sharpe, Jr. Hospital
HVAC Renovations

Item #11:

FURNISH AND INSTALL ONE (1) OCCUPANCY SENSOR:

DESCRIPTION: ONE LIGHTING OCCUPANCY SENSOR INCLUDING CONDUIT, 100 FEET OF WIRING, COMPLETELY INSTALLED, TERMINATED AND FULLY OPERATIONAL ACCORDING TO SPECIFICATION SECTION 260924 "OCCUPANCY SENSORS."

Amount = \$ 950.00

Item #12:

FURNISH AND INSTALL ONE (1) OCCUPANCY SENSOR POWER PACK:

DESCRIPTION: ONE OCCUPANCY SENSOR SYSTEM POWER PACK/SUPPLY INCLUDING ELECTRICAL POWER PROVISIONS, CONDUIT, 100 FEET OF WIRING, COMPLETELY INSTALLED, TERMINATED AND FULLY OPERATIONAL ACCORDING TO SPECIFICATION SECTION 260924 "OCCUPANCY SENSORS."

Amount = \$ 740.00

Item #13:

FURNISH AND INSTALL ONE (1) OCCUPANCY SENSOR SWITCH PACK:

DESCRIPTION: ONE OCCUPANCY SENSOR SWITCH PACK INCLUDING CONDUIT, 100 FEET OF WIRING, COMPLETELY INSTALLED, TERMINATED AND FULLY OPERATIONAL ACCORDING TO SPECIFICATION SECTION 260924 "OCCUPANCY SENSORS."

Amount = \$ 710.00

ITEM #14:

FURNISH AND INSTALL ONE (1) FIRE ALARM MANUAL PULL STATION:

DESCRIPTION: ONE PULL STATION INCLUDING CONDUIT, BOX AND 100 FEET OF WIRING, COMPLETELY INSTALLED, TERMINATED AND FULLY OPERATIONAL AND COMPATIBLE WITH EXISTING DEVICES.

Amount = \$ 890.00

Item #15:

FURNISH AND INSTALL ONE (1) FIRE ALARM SMOKE DETECTOR:

DESCRIPTION: ONE SMOKE DETECTOR INCLUDING CONDUIT, BOX AND 100 FEET OF WIRING, COMPLETELY INSTALLED, TERMINATED AND FULLY OPERATIONAL AND COMPATIBLE WITH EXISTING DEVICES.

Amount = \$ 800.00

ADDENDUM #2 – SEPTEMBER 30, 2013

Item #16:

FURNISH AND INSTALL ONE (1) FIRE ALARM SPEAKER:

DESCRIPTION: ONE SPEAKER INCLUDING CONDUIT, BOX
AND 100 FEET OF WIRING, COMPLETELY INSTALLED,
TERMINATED AND FULLY OPERATIONAL AND COMPATIBLE
WITH EXISTING DEVICES.

Amount = \$ 730.00

Item #17:

FURNISH AND INSTALL ONE (1) FIRE ALARM STROBE:

DESCRIPTION: ONE STROBE INCLUDING CONDUIT, BOX
AND 100 FEET OF WIRING, COMPLETELY INSTALLED,
TERMINATED AND FULLY OPERATIONAL AND COMPATIBLE
WITH EXISTING DEVICES.

Amount = \$ 800.00

Item #18:

FURNISH AND INSTALL ONE (1) FIRE ALARM SPEAKER/STROBE:

DESCRIPTION: ONE SPEAKER/STROBE INCLUDING CONDUIT,
BOX AND 100 FEET OF WIRING, COMPLETELY INSTALLED,
TERMINATED AND FULLY OPERATIONAL AND COMPATIBLE
WITH EXISTING DEVICES.

Amount = \$ 1020.00

Item #19:

PENETRATION FIRESTOPPING – TOP OF FIRE-RATED WALLS:

DESCRIPTION: APPLY ADDITIONAL FIRE-SEALANT AT TOP OF
FIRE-RATED PARTITIONS AS DIRECTED BY THE ENGINEER,
ACCORDING TO SECTION 078413 "PENETRATION FIRESTOPPING."

UNIT OF MEASUREMENT: LINEAR FOOT OF SEALANT

Amount = \$ 12.00

Item #20:

PENETRATION FIRESTOPPING – PENETRATIONS IN FIRE-RATED WALLS:

DESCRIPTION: APPLY ADDITIONAL FIRE-SEALANT AT EACH
PENETRATION IN FIRE-RATED PARTITIONS AS DIRECTED BY
ENGINEER, ACCORDING TO SECTION 078413 "PENETRATION
FIRESTOPPING."

UNIT OF MEASUREMENT: EACH

Amount = \$ 120.00

West Virginia Department of
Health and Human Resources

William R. Sharpe, Jr. Hospital
HVAC Renovations

ADDENDUM #2 – SEPTEMBER 30, 2013

Item #21:

JOINT SEALANT – EXISTING SMOKE PARTITIONS:

DESCRIPTION: APPLY ADDITIONAL SEALANT TO EXISTING SMOKE PARTITIONS AS DIRECTED BY ENGINEER, ACCORDING TO SECTION 079200 "JOINT SEALANTS."

UNIT OF MEASUREMENT: LINEAR FOOT OF SEALANT

Amount = \$ 10.85

Item #22:

ACOUSTICAL PANEL CEILINGS – TYPE ACT-1:

DESCRIPTION: INSTALL ADDITIONAL CEILING TYPE ACT-1 AS DIRECTED BY ENGINEER, ACCORDING TO SECTION 095113 "ACOUSTICAL PANEL CEILING."

UNIT OF MEASUREMENT: 100 SQUARE FEET

Amount = \$ 1015.00

Item #23:

ACOUSTICAL PANEL CEILINGS – TYPE ACT-2:

DESCRIPTION: INSTALL ADDITIONAL CEILING SYSTEM TYPE ACT-2 AS DIRECTED BY ENGINEER, ACCORDING TO SECTION 095113 "ACOUSTICAL PANEL CEILING."

UNIT OF MEASUREMENT: 100 SQUARE FEET

Amount = \$ 975.00

Item #24:

PAINTING FOR GYPSUM BOARD SUBSTRATE:

DESCRIPTION: PROVIDE ADDITIONAL PRIMING AND PAINTING OF GYPSUM BOARD SUBSTRATE AS DIRECTED BY ENGINEER, ACCORDING TO SECTION 095113 "INTERIOR PAINTING."

UNIT OF MEASUREMENT: 100 SQUARE FEET.

Amount = \$ 128.00

Item #25:

PAINTING FOR CMU SUBSTRATE:

DESCRIPTION: PROVIDE ADDITIONAL PRIMING AND PAINTING FOR CMU SUBSTRATE AS DIRECTED BY ENGINEER, ACCORDING TO SECTION 095113 "INTERIOR PAINTING."

UNIT OF MEASUREMENT: 100 SQUARE FEET

Amount = \$ 150.00

West Virginia Department of
Health and Human Resources

William R. Sharpe, Jr. Hospital
HVAC Renovations

ADDENDUM #2 - SEPTEMBER 30, 2013

Item #26:

PATCHING OF EXISTING GYPSUM BOARD:

DESCRIPTION: PROVIDE ADDITIONAL PATCHING OF GYPSUM BOARD OVER EXISTING FRAMING WITH ONE LAYER OF 5/8" TYPE X GYPSUM BOARD, SCREWS, TAPE, MUD, WITH TYPE 2 FINISH, PATCH TO BE SMOKE TIGHT. PATCHING, ACCORDING TO SECTION 092900 "GYPSUM BOARD."

UNIT OF MEASUREMENT: 2'-0" X 2'-0" (4 SQUARE FEET)
PER PATCH

Amount = \$ 248⁰⁰

RESPECTFULLY SUBMITTED:

SIGNATURE:  DATE: 10/22/13

NAME: Scott A. Massie, President

FIRM NAME: Geiger Brothers, Inc.

FIRM ADDRESS: P.O. Box 469

317 Ralph Street

Jackson, Ohio 45640

TELEPHONE: 740-286-0800

Agency
REQ P O# WSH14046

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned Geiger Brothers, Inc.
of Jackson Ohio, as Principal and Ohio Farmers Insurance Company
of Columbus Ohio, a corporation organized and existing under the laws of the State of Ohio
with its principal office in the City of Westfield Center, as Surety, are held and firmly bound unto the State
of West Virginia, as Oblige, in the penal sum of _____ (\$ _____) for the payment of which,
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for
William R. Sharpe, Jr. Hospital, 936 Sharpe Hospital Road
Weston, WV 26452 - HVAC Renovations
Project No. WSH14046

NOW THEREFORE,

(a) If said bid shall be rejected, or
(b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal
attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform
the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in
full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no
event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no
way impaired or affected by any extension of the time within which the Oblige may accept such bid, and said Surety does hereby
waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and
Surety, or by Principal individually if Principal is an individual, this 22nd day of October, 20 13

Principal Seal

Geiger Brothers, Inc.
(Name of Principal)
By [Signature]
(Must be President, Vice President, or
Duly Authorized Agent)
PRESIDENT
(Title)

Surety Seal

Ohio Farmers Insurance Company
(Name of Surety)
[Signature]
Amy M. Perdue Attorney-in-Fact

IMPORTANT - Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and
must attach a power of attorney with its seal affixed.

Countersigned this 22nd day of October, 2013

By: [Signature]
Gregory T. Gordon, WV Resident Agent

THIS POWER OF ATTORNEY SUPERCEDES ANY PREVIOUS POWER BEARING THIS SAME POWER # AND ISSUED PRIOR TO 07/23/13, FOR ANY PERSON OR PERSONS NAMED BELOW.

General
Power
of Attorney

CERTIFIED COPY

POWER NO. 3406282 10

Westfield Insurance Co.
Westfield National Insurance Co.
Ohio Farmers Insurance Co.
Westfield Center, Ohio

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint
GREGORY R. OVERMYER, AMY M. PERDUE, NANCY SANTHO, JACK KEHL, STEPHANIE M. FANNIN, JOINTLY OR SEVERALLY

of COLUMBUS and State of OH its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of suretyship-

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be it Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto affixed this 23rd day of JULY A.D., 2013.

Corporate
Seals
Affixed



WESTFIELD INSURANCE COMPANY
WESTFIELD NATIONAL INSURANCE COMPANY
OHIO FARMERS INSURANCE COMPANY

By:
Dennis P. Baus, National Surety Leader and
Senior Executive

State of Ohio
County of Medina ss.:

On this 23rd day of JULY A.D., 2013, before me personally came Dennis P. Baus to me known, who, being by me duly sworn, did depose and say, that he resides in Wooster, Ohio; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial
Seal
Affixed



William J. Kahelin, Attorney at Law, Notary Public
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio
County of Medina ss.:

I, Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In-Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 22nd day of OCT A.D., 2013



Frank A. Carrino, Secretary

BPOAC2 (combined) (06-02)

**Financial
Statement**

December 31, 2012

Ohio Farmers Insurance Co.

Westfield Center, Ohio 44251-5001

(in thousands)

**OHIO FARMERS INSURANCE COMPANY
BALANCE SHEET
December 31, 2012**

Cash, cash equivalents, and short term investments	34,491
Bonds	341,506
Stocks	1,474,515
Real estate	59,862
Agents' balances and uncollected premiums, net	107,188
Other admitted assets	<u>114,314</u>
Total admitted assets	<u>2,131,876</u>
Reserve for unearned premiums	145,200
Reserve for unpaid losses and loss expenses	281,210
Reserve for taxes and other liabilities	<u>179,902</u>
Total liabilities	606,312
Capital stock	0
Other than special surplus funds	(42,825)
Surplus	<u>1,568,389</u>
Total surplus	1,525,564
Total liabilities and surplus	<u>2,131,876</u>

State of Ohio

ss:

County of Medina

The undersigned, being duly sworn, says: That he is National Surety Leader - Surety Operations of Ohio Farmers Insurance Company, Westfield Center, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety Company by virtue of the Laws of the State of Ohio and authorized to do business in the State of Ohio and has duly complied with all the requirements of the laws of said State applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress approved July 1947, 6 U.S.C. sec. 6-13; and that to the best of his knowledge and belief the above statement is a full, true, and correct statement of the financial condition of the said Company on the 31st day of December, 2012.

Attest:

Frank Carrino

Frank A. Carrino
Group Legal Leader, Secretary

Dennis P. Baus

Dennis P. Baus
National Surety Leader
Surety Operations

Sworn to before me this 13th day of February A.D. 2013.

My Commission Does Not Expire
Sec. 147.03 Ohio Revised Code

William J. Kahelin
William J. Kahelin
Attorney at Law
Notary Public - State of Ohio



BD5402 B



State of West Virginia
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ADDENDUM NO. 1						
THIS ADDENDUM IS ISSUED:						
1. TO CHANGE THE SUBMISSION DEADLINE OF QUESTIONS;						
FROM: SEPTEMBER 17, 2013						
TO: SEPTEMBER 25, 2013						
2. TO MOVE THE BID OPENING DATE;						
FROM: OCTOBER 3, 2013 @ 1:30 P.M.						
TO: OCTOBER 22, 2013 @ 1:30 P.M.						
3. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT						
SHOULD BE SIGNED AND RETURNED WITH YOUR BID.						
FAILURE TO SIGN AND RETURN MAY RESULT IN THE						
DISQUALIFICATION OF YOUR BID.						
***** END OF ADDENDUM NO. 1 *****						

SIGNATURE	TELEPHONE	DATE
	740-286-0800	10/22/13
TITLE	FBN	ADDRESS CHANGES TO BE NOTED ABOVE
President	31-0733949	

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0002	2	YR		031-06		
				24 MONTH COMPREHENSIVE MAINTENANCE FROM SUBSTANTIAL		
***** THIS IS THE END OF RFQ WSH14046 ***** TOTAL:						

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WSH14046

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

RFQ COPY

Geiger Brothers, Inc
David R. McCarty
317 Ralph Street
PO Box 469
Jackson, OH 45640

HEALTH AND HUMAN RESOURCES
WILLIAM R. SHARPE JR. HOSPITAL
936 SHARPE HOSPITAL ROAD
WESTON, WV 26452
304-269-1210

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DATE PRINTED
10/11/2013

BID OPENING DATE: 10/22/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 2						
ADDENDUM IS ISSUED:						
1. TO PROVIDE A COPY OF THE PRE-BID MEETING SIGN-IN SHEET FOR THE ABOVE SOLICITATION.						
2. TO PROVIDE RESPONSES TO VENDORS' QUESTIONS REGARDING THE ABOVE SOLICITATION. QUESTION AND ANSWER PAGES ARE ATTACHED.						
3. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.						
***** END OF ADDENDUM NO.2 *****						

SIGNATURE	TELEPHONE	DATE
	740-286-0800	10/22/13
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
President	31-0733949	

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

BID FORM #1

CERTIFICATION OF RESTRICTIONS ON LOBBYING

The undersigned (Vendor, Contractor) certifies, to the best of his/her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influence or attempt to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress regarding the award of a Federal grant, loan (including a line of credit) cooperative agreement, loan guarantee, or loan insurance.
2. If any funds other than Federal appropriated funds have been or will be paid to any person to influence or attempt to influence an officer or employee of any Federal agency, a Member of Congress, and officer or employee of Congress, or any employee of a Member of Congress, in connection with any application for a Federal grant, loan (including a line of credit), cooperative agreement, loan guarantee, or loan insurance, and undersigned assures that it will complete an submit Standard Form -LLL, "Disclosure of Lobbying Activities" Rev. 7-07; and
3. The undersigned understands that the language of this certification shall be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, subagreements, and contracts under grants, loans (including a line of credit) cooperative agreements, loan guarantees, and loan insurance.

Undersigned understands that this certification is a material representation of fact upon which reliance is placed by the Federal government and that submission of this certification is a prerequisite for providing a Federal grant, loan (including a line of credit), cooperative agreement, loan guarantee, or loan insurance for a transaction covered by 31 U.S.C 1352. The undersigned also understands that any person who fails to file a required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The (Vendor, Contractor) Geiger Brothers, Inc., certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the (Vendor, Contractor) understands and agrees that the provisions of 31 U.S.C §§ 3801et seq., apply to this certification and disclosure.

10/22/13
Date


Authorized Signature

President
Title

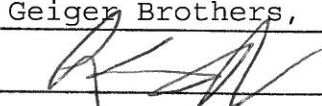
BID FORM #2

NON-COLLUSION AFFIDAVIT

TO: OWNER THE STATE OF WEST VIRGINIA, Department of Health and Human Resources.

The undersigned bidder, by its officers, agents, or representatives, being duly sworn, on their oaths say that neither they nor any of them, have, in any way, directly or indirectly, entered into any arrangement or agreement with any other bidder, or with any public officer of the **State of West Virginia** whereby such affiant or affiants or either of them, has paid or is to pay to such other bidder or public officer any sum of money, or has given or is to give such other bidder or public officer anything of value whatever, or such affiant or affiants or either of them has not, directly or indirectly, entered into any arrangement or agreement with any other bidder or bidders, which tends to or does lessen or destroy free competition in the letting of the contract sought for by the attached bids; that no inducement of any form or character other than that which appears upon the face of the bid will be suggested, offered, paid, or delivered to any person whomsoever to influence the acceptance of the said bid or awarding of the contract, nor has this bidder any agreement or understanding of any kind whatsoever, with any person whomsoever to pay, deliver to, or share with any other person, in any way or manner, any of the proceeds of the contract sought by this bid.

Geigen Brothers, Inc.


Scott A. Massie, President

(Bidder or Agent)

For: State of West Virginia

2019 Washington Street East

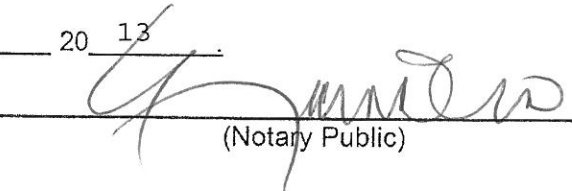
Charleston, WV 25305-0130

(Firm or Corporation)

Subscribed and sworn to before me by Scott A. Massie

this 22 day of October 20 13

My commission expires: 08/20/17


(Notary Public)

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: Geiger Brothers, Inc.

Contractor's License No. WV034965

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 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.

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:

ADDENDUM #2 – SEPTEMBER 30, 2013

CONTRACT TIME:

Substantial Completion within eight-hundred sixty-seven (867) calendar days from Notice to Proceed.

Final Construction Completion and Owner Acceptance within nine-hundred twelve (912) calendar days from Notice to Proceed.

Contractor's License Number: WV034965

LIQUIDATED DAMAGES: Refer to the RFQ for Liquidated Damages on this project.

AUTHORITY AND RESPONSIBILITY OF THE ENGINEER:

The Engineer shall decide any and all questions that may arise as to the quality and acceptability of materials furnished, work performed, rate of progress of work, interpretation of drawings and specifications and all questions as to the acceptable fulfillment of the contract on the part of the contractor.

SUCCESSORS AND ASSIGNS:

This Agreement and all of the covenants hereof shall inure to the benefit of and be binding upon the Owner and the Contractor respectively and his partners, successors, assigns and legal representatives. Neither the Owner nor the Contractor shall have the right to assign, transfer or sublet his interests or obligations hereunder without consent of the other party.

BIDDER'S CERTIFICATION

The Bidder hereby acknowledges that the following representations in this Proposal are material and not mere recitals:

1. Bidder has read and understands the Contract Documents and agrees to comply with all requirements of the Contract Documents, regardless of whether the Bidder has actual knowledge of the requirements and regardless of any statement or omission made by the Bidder, which might indicate a contrary intention.
2. The Bidder represents that the Proposal is based upon the Standards specified by the Contract Documents.
3. Bidder has visited the site, has become familiar with local conditions and has correlated personal observations about the requirements of the Contract Documents. The Bidder has no outstanding questions regarding the interpretation of the Contract Documents.
4. The Bidder shall make a good faith effort to ensure that all the Bidder employees, while working on Owner's property, shall not purchase, transfer, use or possess tobacco products, illegal drugs, alcohol, abuse prescription drugs in any way.

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV034965

Classification:

GENERAL BUILDING
PIPING
PLUMBING

GEIGER BROS MECHANICAL CONTRACTORS
DBA GEIGER BROS MECHANICAL CONTRACTORS
PO BOX 469
JACKSON, OH 45640

Date Issued

SEPTEMBER 13, 2013

Expiration Date

SEPTEMBER 13, 2014



Authorized Company Signature



Chair, West Virginia Contractor
Licensing Board

**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)

10/18/2013

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 Overmyer Hall Associates 2000 West Henderson Road, Suite 400 Columbus OH 43220		CONTACT NAME: Hope Gee PHONE (A/C, No, Ext): 614-453-4418 E-MAIL ADDRESS: sharples@oh-ins.com FAX (A/C, No): 614-453-9360	
INSURED Geiger Brothers Mechanical Contractors, Inc. 317 Ralph Street P.O. Box 469 Jackson OH 45640		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Casualty And Surety Compa INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
GEIGBRO-01		NAIC # 19038	

COVERAGES

CERTIFICATE NUMBER: 186212864

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	UB5D505359	8/1/2013	8/1/2014	X WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> W Virginia E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

William R. Sharpe Jr. Hospital
HVAC Renovations**CERTIFICATE HOLDER****CANCELLATION**State of West Virginia, Dept of Administration
Purchasing Division
2019 Washington Street East
Charleston WV 25305-0130

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2013

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 Overmyer Hall Associates 2000 West Henderson Road, Suite 400 Columbus OH 43220		CONTACT NAME: Hope Gee PHONE (A/C, No, Ext): 614-453-4418 E-MAIL ADDRESS: hgee@oh-ins.com	
INSURED GEIGBRO-01 Geiger Brothers Mechanical Contractors, Inc. 317 Ralph Street P.O. Box 469 Jackson OH 45640		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property Casualty Company INSURER B: Travelers Casualty and Surety Compa INSURER C: Travelers Commercial Insurance Comp INSURER D: INSURER E: INSURER F:	
		NAIC # 25674 31194 36137	

COVERAGES

CERTIFICATE NUMBER: 312467968

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		DT-CO-1C912022-PHX-13	9/1/2013	9/1/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		DT-810-1C912022-PHX-13	9/1/2013	9/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		DTSM-CUP-1C912022-IND-13	9/1/2013	9/1/2014	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OH Stop Gap		DT-CO-1C912022-PHX-13	9/1/2013	9/1/2014	Each Employee \$1,000,000 Each Accident \$1,000,000 Aggregate \$1,000,000

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

Solicitation Number WSH14046
William R. Sharpe Jr. Hospital
HVAC Renovations
Certificate Holder named as additional insured

CERTIFICATE HOLDER**CANCELLATION**

State of West Virginia, Dept of Administration Purchasing Division 2019 Washington Street East Charleston WV 25305	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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REQUEST FOR QUOTATION
WSH14046 for HVAC RENOVATIONS
TO WILLIAM R. SHARPE, JR. HOSPITAL

0028

documentation, and also for delays due to strikes or other delays beyond the control of the Contractor. All delays and any claim for extension of the Contract Time must be properly documented in accordance with the Contract Documents by the Contractor and approved by the Engineer/Owner.

11. MISCELLANEOUS:

- 11.1. Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: David McCarty
Telephone Number: 304-690-2900
Fax Number: 740-286-0900
Email Address: dmccarty@geigerbrothers.com



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

STATE OF ~~WEST VIRGINIA~~, Ohio

COUNTY OF Jackson, TO-WIT:

I, Scott A. Massie, after being first duly sworn, depose and state as follows:

1. I am an employee of Geiger Brothers, Inc.; and,
(Company Name)
2. I do hereby attest that Geiger Brothers, Inc.
(Company Name)

maintains a valid written drug free workplace policy and that such policy is in compliance with **West Virginia Code §21-1D**.

The above statements are sworn to under the penalty of perjury.

By: 

Title: President

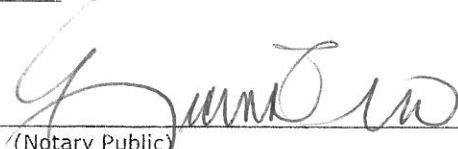
Company Name: Geiger Brothers, Inc.

Date: 10/22/13

Taken, subscribed and sworn to before me this 22nd day of October, 2013.

By Commission expires August 20, 2017

(Seal)


(Notary Public)

THIS AFFIDAVIT 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.

RFQ No. WSH14046STATE 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 exceeds 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: Geiger Brothers, Inc.

Authorized Signature: _____

Date: 10/22/13State of OhioCounty of Jackson, to-wit:Taken, subscribed, and sworn to before me this 22 day of October, 2013My Commission expires August 20, 2017.

AFFIX SEAL HERE

NOTARY PUBLIC

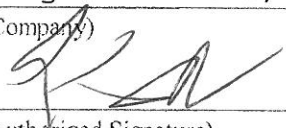
[Signature]
Purchasing Affidavit (Revised 07/01/2012)

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.

Geiger Brothers, Inc.

(Company)


(Authorized Signature)

Scott A. Massie, President

(Representative Name, Title)

740-286-0800

(Phone Number)

740-286-0900

(Fax Number)

10/22/13

(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: WSH14046

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:

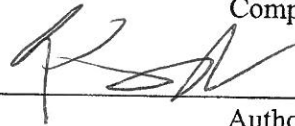
(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> 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.

Geiger Brothers, Inc.

Company



Authorized Signature

10/22/2013

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012