

**BID FORM: CRFO COR1500000043**

**REPLACEMENT OF HOT WATER HEATERS, COMPONENTS, AND CHILLER  
COMPRESSOR**

**ANTHONY CORRECTIONAL COMPLEX**

**GREENBRIER COUNTY, WV**

Bidder's Company Name: ELCO MECHANICAL

Bidder's Address: P.O. Box 349  
CHARLESTON WV 25322

Remittance Address: \_\_\_\_\_  
(If different)

Phone Number: 304-346-0546

Fax Number: 304-346-0548

Email Address: SCOTTGRIGSBY@SUDDENLINKMAIL.COM

WV Contractor's License Number: WV 002087

We, the undersigned, hereby propose to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding Documents.

CONTRACT BASE BID: ONE HUNDRED EIGHTY SEVEN THOUSAND SEVEN HUNDRED  
FIVE DOLLARS  
(\$ 187,705.00 ) (Contract base bid to be written in words and numbers.)

HOURLY RATE (ADDITIONAL WORK HAS TO BE DONE ON CHILLER UNIT): ONE HUNDRED SIXTY  
FIVE DOLLARS PER  
HR  
(\$ 165.00/HR ) (Hourly rate to be written in words and numbers.)

The Contract shall be awarded to the Vendor with the lowest contract base bid as shown on the bid form meeting the specifications. Bidder understands that to the extent allowed by the West Virginia Code, the OWNER reserves the right to waive any informality or irregularity in any Bid, or Bids, and to reject any or all Bids in whole or in part; to reject a bid not accompanied by the required bid security or by other data required by the Bidding Documents; to reject any conditions of the bid by the Bidder that is in any way inconsistent with the requirements, terms,

and conditions of the Bidding Documents; or to reject a bid that is in any way incomplete or irregular.

RESPECTFULLY SUBMITTED:

DATE: 5-7-15

WV VENDOR NO.: 000000230033

CONTRACTOR LICENSE NO.: WV 002087

BY: *S. J. Smith*  
(SIGNATURE, IN INK)

TITLE: VP.

FIRM NAME: ELCO MECHANICAL

(CORPORATE SEAL  
IF APPLICABLE)

ADDRESS: PO Box 349 CHARLESTON WV  
25322

END OF BID FORM

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Elco Mechanical Contractors, LLC  
of Charleston, WV, as Principal, and Great American Insurance Company  
of Cincinnati, OH, a corporation organized and existing under the laws of the State of  
OH with its principal office in the City of Cincinnati, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligee, in the penal sum of Five Percent of Amount Bid (\$ 5% ) 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  
Replacement of Hot Water Heaters, Components, and Chiller Compressor - Antony Correctional Complex,  
Greenbrier Co., WV

**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 Obligee 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 7th day of May, 2015.

Principal Seal

Elco Mechanical Contractors, LLC  
(Name of Principal)  
By: [Signature]  
(Must be President, Vice President, or  
Duly Authorized Agent)  
VP.  
(Title)

Surety Seal

Great American Insurance Company  
(Name of Surety)  
By: [Signature]  
Douglas P. Taylor, Licensed WV Resident Agent 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.**

**GREAT AMERICAN INSURANCE COMPANY®**

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than FIVE

No. 0 20409

**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof, provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
ANDREW K. TEETER	KIMBERLY L. MILES	ALL
DOUGLAS P. TAYLOR	KIMBERLY S. BURDETTE	\$100,000,000
PAMELA V. LANHAM	CHARLESTON, WEST VIRGINIA	

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 6TH day of MARCH, 2014

Attest

GREAT AMERICAN INSURANCE COMPANY



*My L C B*  
Assistant Secretary

*David C. Kitchin*  
Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

DAVID C. KITCHIN (877-377-2405)

On this 6TH day of MARCH, 2014, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



**Shelle Clontz**  
Notary Public, State of Ohio  
My Commission Expires 08-08-2015

*Shelle Clontz*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

*RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.*

*RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.*

**CERTIFICATION**

I, STEPHEN C. BERHAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 7th day of May 2015



*My L C B*  
Assistant Secretary



Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Request for Quotation  
 09 - Construction

Proc Folder: 96619

Doc Description: Hot Water Heaters and Chiller Compressor-Anthony Corr. Ctr.

Proc Type: Central Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2015-04-13	2015-05-07 13:30:00	CRFQ 0608 COR1500000043	1

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

Vendor Name, Address and Telephone Number:

ELCO MECHANICAL  
 P.O. BOX 349  
 CHARLESTON WV 25322  
 304-346-0546

**FOR INFORMATION CONTACT THE BUYER**

Tara Lyle  
 (304) 558-2544  
 tara.l.yle@wv.gov

Signature X

FEIN # 900 756 167

DATE 5-7-15

All offers subject to all terms and conditions contained in this solicitation

INVOICE TO		SHIP TO	
FISCAL DEPARTMENT DIVISION OF CORRECTIONS - CENTRAL OFFICE 1409 GREENBRIER ST STE 300  CHARLESTON WV25311  US		ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70 RT 92 (NEOLA) WHITE SULPHUR SPRINGS WV 24986  US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Hot Water Heaters, Components, and Chiller Compressor				

Comm Code	Manufacturer	Specification	Model #
72101500			

**Extended Description :**

The WV Purchasing Division for the agency, WV Division of Corrections, is soliciting bids to provide all labor, materials and equipment necessary for the replacement of hot water heaters, components, and compressor on chiller unit at Anthony Correctional Center located in Greenbrier County, per the attached specifications.

There is a mandatory pre-bid meeting scheduled for 04/27/15 at 10:00 am at the facility located in Greenbrier County.

Hot Water Heaters, Components, and Chiller Compressor

<b>COR1500000043</b>	<b>Document Phase</b> Final	<b>Document Description</b> Hot Water Heaters and Chiller Compressor-Anthony Corr. Ctr.	<b>Page 3</b> <b>of 3</b>
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Request for Quotation  
 09 - Construction

Proc Folder: 96619

Doc Description: Addendum No. 1 - Anthony Corr. Ctr.

Proc Type: Central Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2015-04-29	2015-05-07 13:30:00	CRFQ 0608 COR1500000043	2

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

Vendor Name, Address and Telephone Number:

ELCO MECHANICAL  
 PO BOX 349  
 CHARLESTON WV 25322  
 304-346-0546

**FOR INFORMATION CONTACT THE BUYER**

Tara Lyle  
 (304) 558-2544  
 tara.l.lyle@wv.gov

Signature X

FEIN # 900 756 167

DATE 5-7-15

All offers subject to all terms and conditions contained in this solicitation



INVOICE TO		SHIP TO	
FISCAL DEPARTMENT DIVISION OF CORRECTIONS - CENTRAL OFFICE 1409 GREENBRIER ST STE 300		ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70 RT 92 (NEOLA)	
CHARLESTON	WV25311	WHITE SULPHUR SPRINGS	WV 24986
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Hot Water Heaters, Components, and Chiller Compressor				

Comm Code	Manufacturer	Specification	Model #
72101500			

**Extended Description :**

Addendum No. 1 - See attached pages. Responses to vendor questions and pre-bid sign-in sheets attached. The bid opening remains 05/07/2015 at 1:30 pm.

The WV Purchasing Division for the agency, WV Division of Corrections, is soliciting bids to provide all labor, materials and equipment necessary for the replacement of hot water heaters, components, and compressor on chiller unit at Anthony Correctional Center located in Greenbrier County, per the attached specifications.

There is a mandatory pre-bid meeting scheduled for 04/27/15 at 10:00 am at the facility located in Greenbrier County.

Hot Water Heaters, Components, and Chiller Compressor

COR150000043	<b>Document Phase</b> Final	<b>Document Description</b> Addendum No. 1 - Anthony Corr. Ctr.	<b>Page 3</b> of 3
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



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

**STATE OF WEST VIRGINIA,**

**COUNTY OF KANAWHA, TO-WIT:**

I, SCOTT GRIGSBY, after being first duly sworn, depose and state as follows:

1. I am an employee of ELCO MECHANICAL; and,  
(Company Name)
2. I do hereby attest that ELCO MECHANICAL  
(Company Name)

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

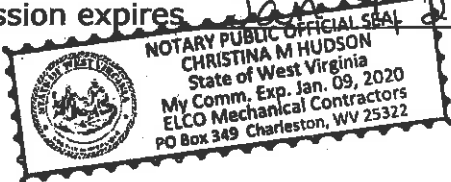
The above statements are sworn to under the penalty of perjury.

By: *Scott Grigsby*  
 Title: VP  
 Company Name: ELCO MECHANICAL  
 Date: 5-7-15

Taken, subscribed and sworn to before me this 7 day of May, 2015.

By Commission expires Jan 9, 2020

(Seal)



*Christina M. Hudson*  
 (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.**

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/17/2014

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: USI Ins Svcs C/L Charleston, 1 Hillcrest Drive East, Charleston, WV 25311, 304 347-0611. CONTACT NAME: Patty Mangus, PHONE: 304-347-0774, FAX: (A/C, No), E-MAIL ADDRESS: Patty.mangus@USI.biz. INSURER(S) AFFORDING COVERAGE: INSURER A: Westfield Insurance Company (NAIC # 24112), INSURER B: BrickStreet Mutual insurance Co (12372), INSURER C, D, E, F.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability (TRA4547804), Automobile Liability (TRA4547804), Umbrella Liab (TRA4547804), and Workers Compensation and Employers' Liability (WCB1019848).

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

CERTIFICATE HOLDER 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 [Signature]

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <span style="font-size: 1.2em;">Elco Mechanical Contractors</span>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) <span style="font-size: 1.2em;">1510 Coonskin Drive</span>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <span style="font-size: 1.2em;">Charleston, WV 25311</span>	
<b>7</b> List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																																																							
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																							
<b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: center;">Social security number</th> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="9" style="text-align: center;">or</td> </tr> <tr> <th colspan="9" style="text-align: center;">Employer identification number</th> </tr> <tr> <td style="width: 25px; height: 25px; text-align: center;">9</td> <td style="width: 25px; height: 25px; text-align: center;">0</td> <td style="width: 25px; height: 25px; text-align: center;">-</td> <td style="width: 25px; height: 25px; text-align: center;">0</td> <td style="width: 25px; height: 25px; text-align: center;">7</td> <td style="width: 25px; height: 25px; text-align: center;">5</td> <td style="width: 25px; height: 25px; text-align: center;">6</td> <td style="width: 25px; height: 25px; text-align: center;">1</td> <td style="width: 25px; height: 25px; text-align: center;">6</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">7</td> </tr> </table>	Social security number																		or									Employer identification number									9	0	-	0	7	5	6	1	6									7
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9	0	-	0	7	5	6	1	6																																															
								7																																															

<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> <li>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li> <li>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> <li>3. I am a U.S. citizen or other U.S. person (defined below); and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	
<b>Sign Here</b>	Signature of U.S. person ▶
Date ▶ <span style="font-size: 1.5em;">5-5-15</span>	

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## ATTACHMENT B References

State of West Virginia  
General Services Division

Reference #1 Name: Mike Barker - WV State Auditor

Position: IT Director

Address: Bldg. 1, Suite W100, 1900 Kan. Blvd. E  
Charleston, WV 25305

Telephone Number: 304-340-4842

Project Name: Compressor Replacement

Project Description: Replace 2nd stage compressor in  
Liebert computer room AC

Reference #2 Name: Rocky Grimmet - South Central Regional Jail

Position: Maintenance Director

Address: 100 Centre Way, Charleston, WV

Telephone Number: 304-558-1336

Project Name: Roof & HVAC replacement

Project Description: Replace existing roof and all  
rooftop HVAC units

Reference #3 Name: Gary Harvey- WV Laborers' Trust Fund

Position: Building Manager

Address: One Union Sq., Ste. 4, Charleston, WV 25302

Telephone Number: 304-346-0581

Project Name: RTU Coil Replacement

Project Description: Replace condenser coil in 60-Ton RTU

REFERENCES

**CREDIT REFERENCES:**

Virginia Air  
806 1<sup>st</sup> Avenue, South  
Nitro, WV 25143

Contact: Dan Spradlin  
Phone #: 304-722-7500  
Fax #: 304-722-7223

Ferguson Enterprises  
160 Spring Street  
Charleston, WV 25362

Contact: Johnny Tugwell  
Phone #: 304-342-4784  
Fax #: 304-342-6721

HVAC & Industrial Controls  
P.O. Box 6022  
Charleston, WV 25362

Contact: Claude Strick  
Phone #: 304-345-0481  
Fax #: 304-345-0483

**BANK REFERENCE:**

B B & T  
P.O. Box 1793  
Charleston, WV 25326

Contact: Mike Holtsclaw  
Phone #: 304-348-7272  
Fax #: 304-304-4702

# CONTRACTOR LICENSE

Authorized by the  
**West Virginia Contractor Licensing Board**

**Number:** WV002087

**Classification:**

ELECTRICAL  
GENERAL BUILDING  
GENERAL ENGINEERING  
HEATING, VENTILATING & COOLING  
MULTIFAMILY  
PIPING  
PLUMBING  
RESIDENTIAL  
SPECIALTY

ELCO MECHANICAL CONTRACTORS  
DBA ELCO MECHANICAL CONTRACTORS  
PO BOX 349  
CHARLESTON, WV 25322-0349


**Date Issued**

AUGUST 22, 2014

**Expiration Date**

AUGUST 22, 2015

  
Authorized Company Signature

  
Chair, West Virginia Contractor  
Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work is being performed. This license number must appear in all advertisements, on all bid submissions and on all fully executed and binding contracts. This license cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.





STATE OF WEST VIRGINIA  
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.

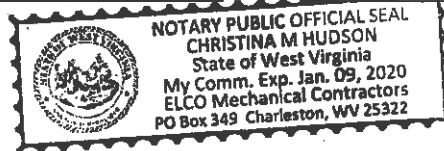
**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: ELCO MECHANICAL

Authorized Signature: [Signature] Date: 5-2-15

State of WV

County of Kanawha, to-wit:



Taken, subscribed, and sworn to before me this 2 day of May, 2015

My Commission expires Jan 9, 2020

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]