



West Virginia Purchasing Division

2019 Washington Street, East
Charleston, WV 25305
Telephone: 304-558-2306
General Fax: 304-558-6026
Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header

[List View](#)**General Information**[Contact](#)[Default Values](#)[Discount](#)[Document Information](#)

Procurement Folder: 86915


Procurement Type: Central Purchase Order

Vendor ID: 

Legal Name: PIONEER PIPE INC

Alias/DBA:

Total Bid: \$2,988,518.00

Response Date: Response Time:

SO Doc Code: CRFQ

SO Dept: 0608

SO Doc ID: COR1500000049

Published Date: 6/12/15

Close Date: 6/23/15

Close Time: 13:30

Status: Closed

Solicitation Description:

Total of Header Attachments: 0

Total of All Attachments: 0



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

**State of West Virginia
 Solicitation Response**

Proc Folder : 86915

Solicitation Description : Addendum No. 2 - Infrastructure Improvements Project at SMCC

Proc Type : Central Purchase Order

Date issued	Solicitation Closes	Solicitation No	Version
	2015-06-23 13:30:00	SR 0608 ESR0622150000004440	1

VENDOR

000000172492
 PIONEER PIPE INC

FOR INFORMATION CONTACT THE BUYER

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

Signature X **FEIN #** **DATE**

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Infrastructure Improvements Project				\$2,988,518.00

Comm Code	Manufacturer	Specification	Model #
72101500			

Extended Description : Addendum No. 2 - See attached pages. Responses to vendor questions attached. Revised Bid Form attached.
 The bid opening has moved from 06/17/2015 to 06/23/2015.

EXHIBIT #1

RFQ # CRFQ COR150000049

**ALL LABOR, MATERIALS, EQUIPMENT, TOOLS, AND SUPPLIES NECESSARY
FOR
THE COMPLETION OF THE INFRASTRUCTURE IMPROVEMENTS PROJECT**

ST. MARYS CORRECTIONAL CENTER

PLEASANTS COUNTY, WV

BID FORM

Bidder's Company Name: Pioneer Pipe, Inc.

Bidder's Address: 2021 Hanna Road
Marietta, OH 45750

Remittance Address: _____
(If different)

Phone Number: 740-376-2400

Fax Number: 740-373-8964

Email Address: pickrelld@pioneerpipeinc.com

WV Contractor's License Number: WV001515

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.

Pioneer Pipe, Inc.

Proposal of:

COR61752
ST. MARYS CORRECTION CENTER
FORM OF PROPOSAL, CONTINUED

<u>Item No.</u>	<u>Approx. Quantity</u>	<u>Unit</u>	<u>Description</u> <u>Unit Price in Words</u>	<u>Unit Price</u> <u>In Figures</u>	<u>Total Price</u> <u>In Figures</u>
9	1	LS	Mobilization Fifty three thousand Seven hundred <u>forty seven</u> Dollars and <u>XX</u> Cents	\$ 53,747.00	\$ 53,747.00
18	140	LF	24" Steel Casing Pipe Bore & Jack Complete-in-Place One thousand Seven hundred <u>twenty five</u> Dollars and <u>064</u> Cents	\$ 1,725.064	\$ 241,509.00
26A	7	EA	Connection to Existing Sewer System Complete-in-Place Two thousand five hundred two Dollars and <u>XX</u> Cents	\$ 2,502.00	\$ 17,514.00
26B	22	EA	Connection to Existing Sewer Service Lateral Complete-in-Place Two thousand Three hundred <u>thirty three</u> Dollars and <u>XX</u> Cents	\$ 2,333.00	\$ 51,326.00
29	1,600	LF	Type B Asphalt Trench Replacement Complete-in-Place Thirty eight Dollars and <u>85</u> Cents	\$ 38.85	\$ 62,160.00

Pioneer Pipe, Inc.

Proposal of:

COR61752
ST. MARYS CORRECTION CENTER
FORM OF PROPOSAL CONTINUED

<u>Item No.</u>	<u>Approx. Quantity</u>	<u>Unit</u>	<u>Description</u> <u>Unit Price in Words</u>	<u>Unit Price</u> <u>In Figures</u>	<u>Total Price</u> <u>In Figures</u>
30	15	TN	Rock Rip Rap Complete-in-Place		
Four hundred ninety nine Dollars					
and XX Cents				\$ 499.00	\$ 7,485.00
31	200	LF	Concrete Driveway Replacement Complete-in-Place		
One hundred ninety four Dollars					
and XX Cents				\$ 194.00	\$ 38,800.00
32	100	TN	Special Fill Material Complete-in-Place		
One hundred fifty eight Dollars					
and XX Cents				\$ 158.00	\$ 15,800.00
35A	400	LF	Security Fencing Complete-in-Place		
One Hundred five Dollars					
and XX Cents				\$ 105.00	\$ 42,000.00
35B	2,000	LF	Supermaze Razor Wire Complete-in-Place		
Nineteen Dollars					
and 95 Cents				\$ 19.95	\$ 39,900.00

Pioneer Pipe, Inc.

Proposal of:

COR61752
ST. MARYS CORRECTION CENTER
FORM OF PROPOSAL, CONTINUED

<u>Item No.</u>	<u>Approx. Quantity</u>	<u>Unit</u>	<u>Description</u> <u>Unit Price in Words</u>	<u>Unit Price</u> <u>In Figures</u>	<u>Total Price</u> <u>In Figures</u>
35C	1	EA	16' Double Swing Gate Complete-in-Place Two thousand Six hundred twenty five Dollars and XX Cents		\$ 2,625.00 \$ 2,625.00
35D	3	EA	3' Man Gate Complete-in-Place Two Thousand One hundred Dollars and XX Cents		\$ 2,100.00 \$ 6,300.00
37A	1,600	LF	12" PVC Gravity Sewer Pipe Complete-in-Place Two hundred twenty six Dollars and 32 Cents		\$ 226.32 \$ 362,112.00
37B	300	LF	10" PVC Gravity Sewer Pipe Complete-in-Place Two hundred Dollars and 85 Cents		\$ 200.85 \$ 60,255.00
37C	1,500	LF	6" PVC Gravity Sewer Complete-in-Place One hundred thirty Dollars and 31 Cents		\$ 130.31 \$ 195,465.00

Pioneer Pipe, Inc.

Proposal of:

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ST. MARYS CORRECTION CENTER
FORM OF PROPOSAL, CONTINUED

<u>Item No.</u>	<u>Approx. Quantity</u>	<u>Unit</u>	<u>Description</u> <u>Unit Price in Words</u>	<u>Unit Price</u> <u>In Figures</u>	<u>Total Price</u> <u>In Figures</u>
37D	400	LF	4" PVC Gravity Sewer Service Lateral Complete-in-Place		
			One hundred <u>twenty nine</u> Dollars and <u>78</u> Cents	\$ <u>129.78</u>	\$ <u>51,912.00</u>
37E	11	EA	12" x 12" x 6" Sanitary Tee Complete-in-Place		
			Six hundred <u>forty five</u> Dollars and <u>45</u> Cents	\$ <u>645.45</u>	\$ <u>7,099.95</u>
37F	11	EA	12" x 12" x 4" Sanitary Tee Complete-in-Place		
			Six hundred <u>thirty four</u> Dollars and <u>18</u> Cents	\$ <u>634.18</u>	\$ <u>6,975.98</u>
40	1	LS	Relocation of Fire Hydrant, Connection to Existing Water System and Necessary Piping Complete-in-Place		
			<u>Thirteen thousand</u> Seven hundred <u>nine</u> Dollars and <u>XX</u> Cents	\$ <u>13,709.00</u>	\$ <u>13,709.00</u>

Pioneer Pipe, Inc.

Proposal of:

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ST. MARYS CORRECTION CENTER
FORM OF PROPOSAL, CONTINUED

<u>Item No.</u>	<u>Approx. Quantity</u>	<u>Unit</u>	<u>Description</u> <u>Unit Price in Words</u>	<u>Unit Price</u> <u>In Figures</u>	<u>Total Price</u> <u>In Figures</u>
46A	1	LS	8" Backflow Preventer, Valve House Enclosure, Concrete Pad, Bollards, Electrical, Connection to Existing Water System and Necessary Piping Complete-in-Place <u>Eighty seven thousand</u> <u>Four hundred ninety four Dollars</u> and <u>XX</u> Cents	\$ <u>87,494.00</u>	\$ <u>87,494.00</u>
46B	9	EA	4" Backflow Preventer and Necessary Piping Complete-in-Place <u>Five thousand</u> <u>Eight hundred seventy five Dollars</u> and <u>XX</u> Cents	\$ <u>5,875.00</u>	\$ <u>52,875.00</u>
46C	1	EA	3" Backflow Preventer and Necessary Piping Complete-in-Place <u>Five thousand</u> <u>Six hundred eleven Dollars</u> and <u>XX</u> Cents	\$ <u>5,611.00</u>	\$ <u>5,611.00</u>
46D	3	EA	2" Backflow Preventer and Necessary Piping Complete-in-Place <u>Seven hundred forty nine Dollars</u> and <u>66</u> Cents	\$ <u>749.66</u>	\$ <u>2,248.98</u>

Pioneer Pipe, Inc.

Proposal of:

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ST. MARYS CORRECTION CENTER
FORM OF PROPOSAL, CONTINUED

<u>Item No.</u>	<u>Approx. Quantity</u>	<u>Unit</u>	<u>Description</u> <u>Unit Price in Words</u>	<u>Unit Price</u> <u>In Figures</u>	<u>Total Price</u> <u>In Figures</u>
46E	1	EA	3/4" Backflow Preventer and Necessary Piping Complete-in-Place <u>One thousand</u> Six hundred <u>twenty seven</u> Dollars and <u>XX</u> Cents		\$ <u>1,627.00</u> \$ <u>1,627.00</u>
47A	250	LF	18" HDPE Storm Sewer Pipe Complete-in-Place <u>One hundred ninety one</u> Dollars and <u>30</u> Cents		\$ <u>191.30</u> \$ <u>47,825.00</u>
47B	450	LF	12" HDPE Storm Sewer Pipe Complete-in-Place <u>One hundred twenty five</u> Dollars and <u>90</u> Cents		\$ <u>125.90</u> \$ <u>56,655.00</u>
47C	250	LF	6" HDPE Storm Sewer Pipe Complete-in-Place <u>One hundred thirty two</u> Dollars and <u>30</u> Cents		\$ <u>132.30</u> \$ <u>33,075.00</u>
47D	1	LS	18" Concrete Headwall Complete-in-Place <u>Twenty seven thousand</u> <u>One hundred seventy three</u> Dollars and <u>XX</u> Cents		\$ <u>27,173.00</u> \$ <u>27,173.00</u>

Pioneer Pipe, Inc.

Proposal of:

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ST. MARYS CORRECTION CENTER
FORM OF PROPOSAL, CONTINUED

<u>Item No.</u>	<u>Approx. Quantity</u>	<u>Unit</u>	<u>Description</u> <u>Unit Price in Words</u>	<u>Unit Price</u> <u>In Figures</u>	<u>Total Price</u> <u>In Figures</u>
47E	8	EA	Catch Basin, w/ Lockable Frame & Grate Complete-in-Place <u>Five thousand</u> Nine hundred fifty six Dollars and <u>38</u> Cents		\$ <u>5,956.38</u> \$ <u>47,651.04</u>
47F	1	LS	Separation of Stormwater & Sewer in Unit 83, 6" Downspouts and Necessary Piping Complete-in-Place <u>Twenty six thousand</u> Three hundred sixty two Dollars and <u>XX</u> Cents		\$ <u>26,362.00</u> \$ <u>26,362.00</u>
48	1	LS	Installation of Two (2) – 2,000 Gallon Concrete Grease Traps at Unit 81, Necessary Piping to Connect to Sewer Line, Cleanouts, Re-plumbing of Internal Piping for Dishwasher and Sink, and Stone Filled Gabion Baskets Complete-in-Place <u>Sixty six thousand</u> Nine hundred fifty six Dollars and <u>XX</u> Cents		\$ <u>66,956.00</u> \$ <u>66,956.00</u>
49	1	LS	Muffin Monster, Manhole Enclosure w/ Lockable Lid, Concrete Pad, Conduit, Electrical, Controls, Spare Muffin Monster and All Other Related Work Complete-in-Place <u>One hundred seventy three</u> Eight hundred fifteen Dollars and <u>XX</u> Cents		\$ <u>173,815.00</u> \$ <u>173,815.00</u>

Pioneer Pipe, Inc.

Proposal of:

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ST. MARYS CORRECTION CENTER
FORM OF PROPOSAL, CONTINUED

<u>Item No.</u>	<u>Approx. Quantity</u>	<u>Unit</u>	<u>Description</u> <u>Unit Price in Words</u>	<u>Unit Price</u> <u>In Figures</u>	<u>Total Price</u> <u>In Figures</u>
50A	20	EA	Standard 4' Diameter Manhole w/ Lockable Watertight Frame and Cover, 0'-6' Depth Complete-in-Place <u>Ten thousand</u> Two hundred <u>seventeen</u> Dollars and <u>25</u> Cents		\$ <u>10,217.25</u> \$ <u>204,345.00</u>
50B	60	VF	Manhole Extra Depth Complete-in-Place <u>One thousand</u> Three hundred <u>sixty seven</u> Dollars and <u>80</u> Cents		\$ <u>1,367.80</u> \$ <u>82,068.00</u>
50C	7	EA	Drop Connection to Manhole Complete-in-Place <u>Three thousand</u> <u>Nineteen</u> Dollars and <u>86</u> Cents		\$ <u>3,019.86</u> \$ <u>21,139.02</u>
52	1	LS	Installation of 12 Helical Piles, Concrete Slab Raising, Minor Interior Repairs to Unit 80, and All Other Related Work Complete-in-Place <u>Forty two thousand</u> Five hundred <u>ninety nine</u> Dollars and <u>XX</u> Cents		\$ <u>42,599.00</u> \$ <u>42,599.00</u>

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FORM OF PROPOSAL, CONTINUED

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56A	3,300	LF	4" Gas Line Complete-in-Place <u>Fifty three Dollars</u> and <u>28</u> Cents	\$ <u>53.28</u>	\$ <u>175,824.00</u>
56B	8	EA	4" Gas Valves and Box Complete-in-Place <u>One thousand</u> <u>Three hundred ten Dollars</u> and <u>XX</u> Cents	\$ <u>1,310.00</u>	\$ <u>10,480.00</u>
Div. 16A	1	LS	Installation of Two (2) – 100' Tall and One (1) – 60 Tall High Mast Lights, Concrete Foundations, Conduit, Controls and All Other Related Work Complete-in-Place <u>Four hundred seventeen</u> <u>Two hundred eighteen Dollars</u> and <u>XX</u> Cents	\$ <u>417,218.00</u>	\$ <u>417,218.00</u>
Div. 16B	1	LS	Installation of Replacement Fixtures for Five (5) Existing High-Mast Lighting Towers Converting From HPS to LED, and All Other Related Work Complete-in-Place. <u>One hundred twenty eight thousand</u> <u>Seven hundred eighty two Dollars</u> and <u>XX</u> Cents	\$ <u>128,782.00</u>	\$ <u>128,782.00</u>
Total Contract Base Bid				\$ <u>Two million, Nine hundred eighty eight thousand, Five hundred eighteen</u>	
(\$ <u>2,988,518.00</u>) (Total contract base bid to be written in words and numbers.)					

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: 6/30/2015

WV VENDOR NO.: 84-020193 (3)

CONTRACTOR LICENSE NO.: WV001515

BY: Matthew W. Hilverding /Matthew W. Hilverding

(SIGNATURE, IN INK)

TITLE: _____

FIRM NAME: Pioneer Pipe, Inc.

(CORPORATE SEAL
IF APPLICABLE)

ADDRESS: 2021 Hanna Road, Marietta, OH 45750

END OF BID FORM

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, PIONEER PIPE INC.
of Marietta OH, as Principal, and Western Surety Co.
of Sioux Falls SD., a corporation organized and existing under the laws of the State of SD.
with its principal office in the City of Sioux Falls, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligee, in the penal sum of 5% of Bid (\$ 5% of Bid) 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
St. Mary's Correctional Center Infrastructure Improvement Project

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 23 day of June, 20 15.

Principal Seal

PIONEER PIPE INC.
(Name of Principal)
By Matthew W. Bleedig
(Must be President, Vice President, or
Duly Authorized Agent)
CFW/COO
(Title)

Surety Seal

WESTERN SURETY COMPANY
(Name of Surety)
Robert H Donnelly
Attorney-in-Fact
ROBERT H DONNELLY

**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.**

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

William H Donnelly, Robert H Donnelly, Individually

of Marietta, OH, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 13th day of June, 2014.

WESTERN SURETY COMPANY



Paul T. Bruflat

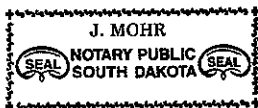
Paul T. Bruflat, Vice President

State of South Dakota }
County of Minnehaha } ss

On this 13th day of June, 2014, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

June 23, 2015



J. Mohr

J. Mohr, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 23 day of JUNE, 2015.

WESTERN SURETY COMPANY



L. Nelson

L. Nelson, Assistant Secretary

West Virginia Offices of the Insurance Commissioner



Certificate of Authority

Whereas, **WESTERN SURETY COMPANY**, domiciled in the State of **SOUTH DAKOTA**, has complied with all the requirements of the laws of this State so as to entitle it to transact its appropriate business in the State of West Virginia.

Therefore, I the undersigned, Insurance Commissioner of the State of West Virginia, pursuant to the authority vested in me by the laws of this State, do hereby authorize it to transact the business of insurance as defined in Chapter 33

CASUALTY - ARTICLE 1, SECTION 10(e)
SURETY - ARTICLE 1, SECTION 10(f) (1)
SURETY - ARTICLE 1, SECTION 10(f) (2)
SURETY - ARTICLE 1, SECTION 10(f) (3)

of the 1931 Code of West Virginia as amended, in the State of West Virginia in accordance with the laws thereof until midnight on the 31st day of May, 2015, unless this license be sooner revoked. Pursuant to W. Va. Code §33-3-2(c), the above authorization does not allow the Insurer to transact a kind of insurance in this State unless duly authorized or qualified to transact such insurance in the state or country of its domicile.

In Testimony Whereof, I have hereunto set my hand and affixed my seal of office at the City of Charleston this 1st day of June, 2014.

Handwritten signature of Michael D. Riley in cursive.

Michael D. Riley
Insurance Commissioner

NAIC # 13188
WV File # 0798

WESTERN SURETY COMPANY
Sioux Falls, South Dakota
Statement of Net Admitted Assets and Liabilities
December 31, 2014

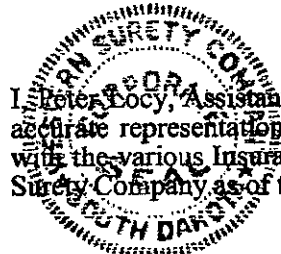
ASSETS

Bonds	\$1,824,951,414
Stocks	23,975,582
Cash, cash equivalents, and short-term investments	51,536,164
Investment income due and accrued	22,267,675
Premiums and considerations	41,696,249
Amounts recoverable from reinsurers	(11,221,508)
Federal and foreign income taxes recoverable	7,401,709
Net deferred tax asset	20,261,713
Receivable from parent, subsidiaries, and affiliates	17,380,167
Other assets	3,799
Total Assets	<u><u>\$1,998,252,964</u></u>

LIABILITIES AND SURPLUS

Losses	\$302,997,505
Reinsurance payable on paid losses and loss adjustment expenses	(15,267,712)
Loss adjustment expense	64,134,995
Contingent and other commissions payable	6,099,306
Unearned premiums	259,011,845
Advance premiums	5,321,610
Payable to parent, subsidiaries and affiliates	107,843
Other liabilities	7,821,458
Total Liabilities	<u><u>\$630,226,850</u></u>

Surplus Account:	
Capital paid up	\$4,000,000
Gross paid in and contributed surplus	280,071,837
Unassigned funds	<u>1,083,954,277</u>
Surplus as regards policyholders	<u>\$1,368,026,114</u>
Total Liabilities and Capital	<u><u>\$1,998,252,964</u></u>



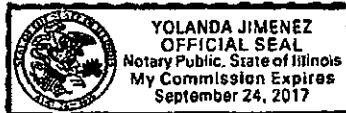
I, Peter Dacy, Assistant Vice President of Western Surety Company hereby certify that the above is an accurate representation of the financial statement of the Company dated December 31, 2014, as filed with the various Insurance Departments and is a true and correct statement of the condition of Western Surety Company as of that date.

Western Surety Company

By Peter Dacy
Assistant Vice President

Subscribed and sworn to me this 19th day of March, 2015/

My commission expires:



Yolanda Jimenez
Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/4/2014

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 Hayes Insurance Agency 202 Union Square Marietta OH 45750	CONTACT NAME: Shirley Morrison
	PHONE (A/C, No, Ext): (740) 373-2347 FAX (A/C, No): (740) 373-4087
	E-MAIL: samorrison@sbcglobal.net
	ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	NAIC #
	INSURER A: Charter Oak Fire Insurance Co 25615
	INSURER B: Travelers Property Casualty Co 25674
	INSURER C: Travelers Indemnity Company 25658
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 14/15 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			DT-CO-1B493104-COF-14	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY			DT-810-1B493104-TIL-14	12/31/2014	12/31/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			DTSM-CUP-1B493104-IND-14	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			DT-CO-1B493104-COF-14	12/31/2014	12/31/2015	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Equipment Floater			QT-660-8A-698356-COF-14	12/31/2014	12/31/2015	Rented Equipment - Per Item \$500,000

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

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance For:
Pioneer Pipe, Inc.
2021 Hanna Road
Marietta, OH 45750

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

W Donnelly/CARRIE *W Donnelly*

State of West Virginia
Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with **West Virginia 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. That report must include each of the items identified below in the Required Report Content section.

Instructions: Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than \$25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of \$25,000 or less, the vendor should mail the report to the public authority issuing the contract.

Contract Identification:

Contract Number: RFQ # CRFQ COR1500000049

Contract Purpose: The Completion of the Infrastructure Improvements Project

Agency Requesting Work: St. Marys Correctional Center

Required Report Content: The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report.

- Information indicating the education and training service to the requirements of **West Virginia Code § 21-1D-5** was provided;
- Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests;
- Average number of employees in connection with the construction on the public improvement;
- Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.

Vendor Contact Information:

Vendor Name: Pioneer Pipe, Inc.

Vendor Telephone: 740-376-2400

Vendor Address: 2021 Hanna Road
Marietta, OH 45750

Vendor Fax: 740-373-8964

Pioneer Pipe / Pioneer Group

2021 Hanna Road
Marietta, Ohio 45750
Phone: 740-376-2400
Fax: 740-373-8964
www.pioneerpipe.com



Pioneer Pipe / Pioneer Group

Field Construction
Plant Maintenance
Pipe Fabrication
Steel Fabrication
Modular Fabrication

June 3, 2015

Certified Drug-Free Workplace Report

Required Report Content:

- Information indicating the education and training service to the requirements of West Virginia Code § 21-1D-5
- Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests: Medtox Laboratories, Inc.
402 West County Road D
St. Paul, MN 55112
- Average number of employees in connection with the construction on the public improvement: 10
- Drug test results for the following categories including the number of positive tests and the number of negative tests:
 - (A) Pre-employment and new hires: 10 negative and 0 positive
 - (B) Reasonable suspicion: 0
 - (C) Post-accident: 0
 - (D) Random: None of the workers for this project have ever tested positive. We normally random test 25% of the total. We are able to set up a random test consortium based on the specific dictates of the host company.

**PARKERSBURG-MARIETTA
CONTRACTORS AND TRADES
EDUCATIONAL
AND DEVELOPMENT FUND**

**AMENDED-7/20/2011
SUBSTANCE ABUSE
POLICIES AND PROCEDURES**

2400 Garfield Avenue
Parkersburg, WV 26101
304-485-6322
1-800-647-6322

EAP Counselor, Eric F. Otstot, MSW LISW SAP
1-800-266-2392
740-374-6378

Thomas Herrmann, MD, MRO
800 Grand Central Mall STE 4
Vienna, WV 26105
304-485-7127

I. Purpose.

The Contractors and Trades Educational and Development Fund, working in the jurisdiction of the Parkersburg-Marietta Building Trades Council and North Central Building Trades, has a strong commitment to provide a safe and secure workplace for its members/employees and to establish programs promoting high standards of health and safety.

The purpose of this policy is to provide guidelines for all concerned regarding substance use and abuse and to provide practical procedures for its administration.

II. Definition.

Substance abuse means the misuse or illicit use of drugs or controlled substances such as heroine, marijuana, cocaine, or legally obtainable drugs not reported and being abused.

III. Policy and Procedures.

Policy and procedures which apply to Building Trades Craftsmen considered for employment by contractors and which apply to employed Building Trades Craftsmen are addressed in the following statements:

A. Applicants considered for employment.

1. In order to maintain a safe, drug-free environment for its employees, contractors will not employ craftsmen who are involved in substance abuse. Prospective employees must submit to substance abuse testing before being employed.
2. Prospective employees will receive a copy of the current policy at the time of testing.

B. To implement this policy the following procedures will apply.

1. Testing for drugs shall be limited to pre-employment testing, annual testing for existing employees, random testing pursuant to a random drug testing plan established by a contractor, owner or union, and testing of existing employees for cause. For cause testing will be determined when there exists supporting evidence of impairment, accidents or when the contractor has good reason to believe an employee is under the influence of a drug or other intoxicant.
2. All prospective Building Trades Craftsmen will be tested before or incident to being hired by a contractor.
3. Subject to random drug testing and testing for cause, any employee who tests negative as a new hire may come and go on his or her projects without retesting for a period of one (1) year.

C. Random drug testing.

1. Random drug testing will be recognized where such testing is required by the contractor, owner or union.
2. Testing of a contractor's employees will be conducted at a frequency not greater than once monthly.
3. Testing of a contractor's employees at the request of the contractor may not exceed 5% of the contractor's employees in a given month. In making the calculation of 5% of the contractor's employees, the result of the multiplication of the number of employees times 5% will be rounded up to the higher whole number. This number may be increased with the approval of the program administrator with documentation of the industrial site requirement.
4. Testing will be performed on the project site or such other convenient site as may be agreed to by the contractor and the program administrator and will be conducted during working hours. During a random collection, a sample must be collected before the nurse leaves the site.
5. All costs directly associated with the testing will be borne by the Fund.
6. Employees testing negative will receive an updated drug-free status in the TOPS online database. Employees testing dilute or employees unable to provide a specimen will need to follow the guidelines outlined in section IV, paragraph (A).
7. Breath Alcohol Testing will be performed upon request and in the event of an accident.
8. All results will be reported to employer/contact person.

D. Eligibilities.

Any employee who for a valid reason is unable to test on his/her designated date will be given an alternate date within five (5) days prior to or after the original date. Employees who refuse to submit to drug testing will be treated as having a positive test result. See section IV, paragraph F, relating to assessment procedures following a positive test result.

E. Upon completing successful drug testing [a negative test result], the TOP System will be updated certifying the employee's eligibility for employment.

F. The drug abuse policy includes a qualitative analysis for the following drugs of abuse:

DRUG	SCREENING CUT-OFF LEVEL	GC/MS
Amphetamines	500	250
Barbiturates	300	200
Benzodiazepines	300	300
Cocaine/benzoyllecgonine	150	100
Methadone	300	300
Opiates (Codeine/Morphine)	2000	2000
6-Acetylmorphine	10	10
Phencyclidine (PCP)	25	25
Oxycodone (Oxycotin, Percodan, Percocet)	300	300
Propoxyphene	300	300
THC (cannabinoids marijuana)	50	15
Alcohol (breath)	.02 %	.02 %

G. Employee Awareness Education:

Employee Awareness Education will be recognized where such education is required by the contractor, owner or union. A qualified person will explain why and how substance use is a workplace problem, the effects, sign/symptoms of use, affects of commonly used drugs in the workplace and, how to get help. There will be a minimum of two hours of substance abuse education annually for all employees. New employees will be advised about this program during orientation and will receive such education as soon as possible thereafter. In addition, supervisors will be trained when such training is required by the contractor, owner or union, to recognize substance problems that may endanger the employees and others as well as violate this Policy. This training will be in addition to the employee education session. Supervisors will also be trained about testing responsibilities, how to recognize behaviors that demonstrate an alcohol/drug problem, and how to make referrals for help.

IV. Test procedures, results and appeals:

A. The specific gravity of the urine specimen will be checked at the time of collection of the urine sample. The specific gravity should be equal to or greater than 1.005. If the specific gravity of the specimen is less than 1.005 [such a specimen is referred to as "too dilute"], the specimen will be rejected and not further tested. If the first urine specimen is rejected as too dilute, the employee will be asked to wait and give another urine specimen. If the second urine specimen is again rejected as too dilute, the employee will be asked to wait and give a third urine specimen. If the third urine specimen is again rejected as too dilute, the employee will be given the option to have a hair test performed at that time. If a hair test is not permitted under state law, an alternative test approved by the administrator will be performed. If the employee chooses not to have the hair test/alternative test performed, then the employee will be treated as having a positive test result. If the additional specimen collection of urine cannot be collected before closing time on that day, the worker will be given the option of immediately providing a hair test/alternative test, or coming back the very next morning to provide the urine specimen. If the employee fails to do so, the test will be considered a refusal to test.

1. If a urine specimen with a specific gravity equal to or greater than 1.005 is not collected and the employee does not consent to a hair test or an alternative test, no drug-free status will be entered in the TOP system.

2. In the event of a "shy bladder" and the employee is unable to provide a sample in a reasonable amount of time, the employee must provide medical documentation from their physician for this syndrome then an alternate test will be performed. During this time your drug card will be listed as inactive. Failure to provide this documentation and supply the alternate test will be considered as a refusal to test.

- B. In addition to the specific gravity, the temperature of the urine specimen is checked. The range of temperature must be from 90 degrees to 100 degrees. If the temperature is not within the normal range, the urine specimen will be rejected and a second specimen will be collected in a reasonable amount of time. Only the second specimen will be submitted to the lab. Failure to take another test will be considered adulterated as described in the following paragraph.

C. Adulterated Sample.

1. In case the urine sample is determined to be adulterated ["adulterated" meaning to make impure by adding an improper substance to the specimen], the employee will be treated as having a positive test result. This includes being in possession of contraband during the time of collection.
2. In the case of an adulterated urine sample, the employee shall have the same rights as an employee who had a positive test result, and the same assessment procedures will be followed. See section IV, paragraph F.

D. Medical Review Officer (MRO) reviews test results.

1. Attempt to contact employee or prospective employee at the phone number listed.
 - a. If no answer, repeat attempts are made.
 - b. If there is a recorder, a discrete message is left, including date and time of the message.
 - c. If a person other than the employee or prospective employee answers, confidentiality remains. Results will only be discussed with the employee or prospective employee
 - d. A two hour window period is given to return the phone call. If no return call is made, the Business Agent/contact person is notified.
2. After the results have been discussed with the employee or prospective employee, he/she is offered an appointment to further discuss results with the MRO.
 - a. If employee or prospective employee declines the appointment, he/she is informed that the Business Agent/contact person will be contacted.
 - b. If employee or prospective employee agrees to an appointment, a time will be scheduled the same day if time allows. No show appointments will be reported immediately to the Business Agent/contact person and the employer.
 - c. If there are any questions by the MRO about the positive test result and the prescription drugs listed, a SAMHSA Certified Lab Toxicology Department will be contacted and/or a local pharmacy will be contacted regarding drug crossover and drug interaction.
3. If employee or prospective employee is unavailable to discuss the results, the Business Agent/contact person and employer will be contacted.
4. MRO shall offer employee or prospective employee the right to have his/her split specimen retested at an approved lab of his/her choice, and employee or prospective employee is responsible for the retesting cost up front.

E. Appeal of positive test results.

Employees or prospective employees who wish to appeal his/her positive test results must notify the program administrator within twenty-four (24) hours of his/her notification of the results. Employees or prospective employees must post in cash the fee for another test confirmation using the same specimen but done at an alternate laboratory. The cash deposit should be made with the hospital. The alternate laboratory will be mutually agreed to between the employee or prospective employee, the hospital and the program administrator. If the second confirmation, which shall be a GC/MS (Gas Chromatography/Mass Spectrometry) confirmation, is negative,

the employee or prospective employee will be reinstated and the second test cost will be refunded to the employee or prospective employee by the Fund.

F. Assessment

1. The office of the MRO will inform employee or prospective employee of the EAP Counselors contact information to complete the necessary assessment. Assessment is necessary in order that employee or prospective employee will be eligible to retest. Contact will be made either by telephone or certified mail.
2. Employee or prospective employee must complete the assessment as soon as possible after notification of the positive test result. The Fund will pay for the cost of the initial assessment for an existing employee, but will not pay for the cost of the initial assessment for a prospective employee. The fund will not pay for any treatment beyond the initial assessment.
3. Employee or prospective employee will not be eligible for retest until written evaluation has been made by the Substance Abuse Professional which recommends eligibility for a retest.
4. Employee or prospective employee must complete recommendations, if any, before becoming eligible for retest.
5. Employee or prospective employee must still wait thirty (30) days from the original test date to retest after completion of the assessment.
6. Failure to timely complete the assessment will result in ineligibility to retest for a period of one (1) year from date of positive test.
7. An individual who has two (2) positive test results will be ineligible to retest for a period of ninety (90) days from completion of the assessment. An individual who has three (3) positive test results during any twelve (12) month period will be ineligible to retest for a period of ninety (90) days from completion of the assessment or for one (1) year from the date of the last positive test result, whichever period of time is greater.

G. Walk in drug screens are not allowed. To insure payment for the testing procedures, an appointment must be made using the recall letter, or testing may be scheduled by the Business Agent, company representative or the Fund Office.

H. Notification of Outside Entities and Notification from Outside Entities.

1. The Trustees of the Parkersburg-Marietta Contractors and Trades Educational and Development Fund are authorized to enter into reciprocal agreements with other funds (outside the jurisdiction of the Parkersburg-Marietta Building Trades Council and the North Central Building Trades) providing similar programs and procedures for employees and prospective employees in the construction industry.
2. Pursuant to any such reciprocal agreements, the Parkersburg-Marietta Contractors and Trades Educational and Development Fund is authorized to share drug testing results with such other funds and to receive and act upon drug testing results transmitted from such other funds.
3. Any employee or prospective employee who is tested under this Amended Substance Abuse Policies and Procedures shall be deemed to have consented to all of its provisions, including specifically this section IV, paragraph H.

Revised 7/20/2011



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

STATE OF WEST VIRGINIA,

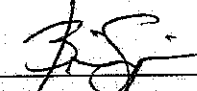
COUNTY OF _____, TO-WIT:

I, Brian Simperts, after being first duly sworn, depose and state as follows:

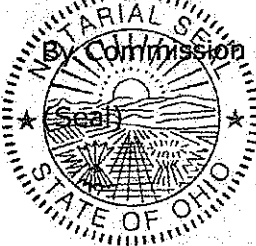
1. I am an employee of Pioneer Pipe, Inc.; and,
(Company Name)
2. I do hereby attest that Pioneer Pipe, Inc.
(Company Name)

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

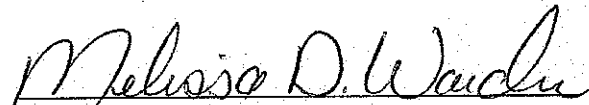
The above statements are sworn to under the penalty of perjury.

By: 
 Title: EH&S Manager
 Company Name: Pioneer Pipe, Inc.
 Date: 6-18-15

Taken, subscribed and sworn to before me this 18 day of June, 2015.



By Commission expires Jan 21, 2019
 Melissa D. Warden
 Notary Public State of Ohio
 My Commission Expires
 January 21, 2019


 (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.

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: Pioneer Pipe, Inc.

Authorized Signature: *[Signature]* /Michael D. Archer Date: 6/23/2015

State of Ohio

County of Washington, to-wit:

Taken, subscribed, and sworn to before me this 23 day of June, 2015

My Commission expires Jan 21, 2019



NOTARY PUBLIC *[Signature]*

Melissa D Warden
Notary Public State of Ohio
My Commission Expires
January 21, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/22/2015

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 Bill Bailey Insurance Agency 701 Highland Avenue P. O. Box 246 Williamstown WV 26187	CONTACT NAME: Renee Shotwell PHONE (A/C, No, Ext): (304) 375-4900 FAX (A/C, No): (304) 375-5843 E-MAIL ADDRESS: rshotwell@bb-ins.com														
INSURED Pioneer Pipe 2021 Hanna Road Marietta OR 45750	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: BrickStreet Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: BrickStreet Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** CL1562202045 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																				
	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 OTHER:						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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$																				
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Y	PER STATUTE	OTH-ER																									
	E.L. EACH ACCIDENT		\$	500,000																							
	E.L. DISEASE - EA EMPLOYEE		\$	500,000																							
	E.L. DISEASE - POLICY LIMIT		\$	500,000																							

DESCRIPTION OF OPERATIONS / LOGATIONS / VEHICLES (ACORD 101, Additional Remarks Schedules, may be attached if more space is required)
 Officers Excluded- Kevin Witucky, David Archer, Mike Archer, Arelene Archer, Matthew Hilverding, Kathy Schalitz

CERTIFICATE HOLDER

CANCELLATION

<p style="text-align: center;">PROOF OF INSURANCE</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p>
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CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number: WV001515

Classification:

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

PIONEER PIPE INC
DBA THE PIONEER GROUP
2021 HANNA ROAD
MARIETTA, OH 45750

Date Issued

Expiration Date

AUGUST 26, 2014	AUGUST 26, 2015
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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.



ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: COR150000049

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 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.

Pioneer Pipe, Inc.

Company

Doug Rickell

Authorized Signature

6/23/2015

Date

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