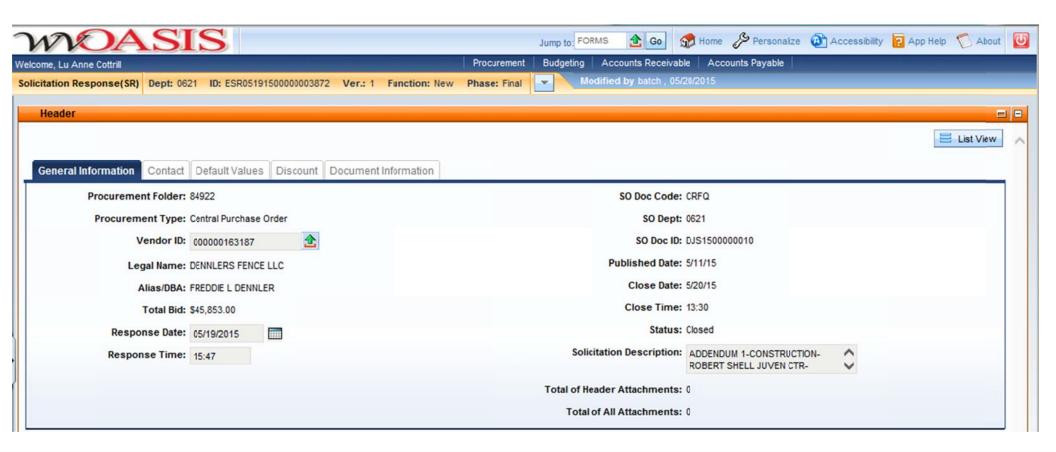


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

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.





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

State of West Virginia Solicitation Response

Proc Folder: 84922

Solicitation Description: ADDENDUM 1-CONSTRUCTION-ROBERT SHELL JUVEN CTR- SECUR FENCE

Proc Type: Central Purchase Order

Date issued	Solicitation Closes	Solicitation No		Version
	2015-05-20 13:30:00	SR 0621 ES	R05191500000003872	1

VENDOR

000000163187

DENNLERS FENCE LLC

FREDDIE L DENNLER

FOR INFORMATION CONTACT THE BUYER

Laura E Hooper (304) 558-0468 laura.e.hooper@wv.gov

Signature X FEIN # DATE

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

Page: 1 FORM ID: WV-PRC-SR-001

Line Comm Lr	n Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1 PROVID	E AND INSTALL SECURITY				\$45,853.00

Comm Code	Manufacturer	Specification	Model #	
72154013				

Extended Description:

COST INCLUDING ALL LABOR, MATERIALS AND HARDWARE FOR THE REMOVAL OF EXISTING FENCE AND THE INSTALLATION OF A NEW SECURITY FENCE AT THE ROBERT SHELL JUVENILE CENTER AS PER THE ATTACHED SPECIFICATIONS. APPROXIMATELY 450FT.

Agency W	1/ 3	Stole	Purch.	45/Na
REQ.P.O#	062	DIS	1500	CCHO

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned,	Dennler Fence, LLC
	, as Principal, ardWestfield Insurance Co.
Ohio with its principal office in the City of Westfield Center	(\$ 45,855.00) for the payment of which,
The Condition of the above obligation is such that whereas the Print Department of Administration a certain bid or proposal, attached hereto and machine and the Administration a certain bid or proposal, attached hereto and machine at 11 per 12 per	de a part hereof, to enter into a contract in writing for
NOW THEREFORE, (a) If said bid shall be rejected, or (b) If said bid shall be accepted and the Principal shall enter in attached hereto and shall furnish any other bonds and insurance required by the acceptance of said bid, then this obligation shall be full force and effect. It is expressly understood and agreed that the liability of the event, exceed the penal amount of this obligation as herein stated. The Surety, for the value received, hereby stipulates and agrees that the way impaired or affected by any extension of the time within which the Obligation as the stipulates and seals of Principal and Surety, or by Principal Individually if Principal is an individual, this 19th day of	e bid or proposal, and shall in all other respects perform be null and void, otherwise this obligation shall remain in the Surety for any and all claims hereunder shall, in no the obligations of said Surety and its bond shall be in no see may accept such bid, and said Surety does hereby executed and sealed by a proper officer of Principal and
Principal Seal	Dennler Fence, LLC (Name of Principal) By Level (Must be President, Vice President, or Duly Authorized Agent)
Surety Seal	Westfield Insurance Co. (Name of Surety)
	Anna LOtt 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.



CERTIFICATE OF LIABILITY INSURANCE

DENFE01 OP ID: AN

DALE AND DO AND A

05/19/2015

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 Jim Lively Insurance PHONE (A/C, No, Ext): 304-465-5685 E-MAIL ADDRESS: FAX (A/C, No): 304-465-1490 PO Box 1633 531 Jones Ave. Oak Hill, WV 25901 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Westfield Insurance 24112 INSURER B : BrickStreet Mutual Ins. 12372 INSURED Dennier Fencing, LLC 492 Washington Ave. INSURER C: Oak Hill, WV 25901 INSURER D: INSURER E INSURER F **REVISION NUMBER: COVERAGES** CERTIFICATE 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 ADDL SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY 1,000,000 Δ X EACH OCCURRENCE DAMAGE TO RENTED \$ 02/08/2016 500,000 CLAIMS-MADE | X | OCCUR CWP3311615 02/08/2015 \$ PREMISES (Ea occurrence) 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2.000.000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT 2,000,000 PRODUCTS - COMP/OP AGG \$ LOC POLICY \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ 1,000,000 02/08/2015 02/08/2016 BODILY INJURY (Per person) \$ CWP3311615 Α ANY AUTO SCHEDULED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE X \$ X HIRED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB AGGREGATE** \$ CLAIMS-MADE RETENTION \$ \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY WCB1014955 02/22/2015 02/22/2016 1,000,000 E.L. EACH ACCIDENT B ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$ N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ 02/08/2015 02/08/2016 CWP3311615 Α Property Section DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER SELF000 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF. NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **CERTIFICATE FOR INSURED'S RECORDS** AUTHORIZED REPRESENTATIVE WV mma

General Power of Attorney POWER NO. 4751081 02

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

CERTIFIED COPY

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 JAMES E. LIVELY, JR., MICHAEL W. LIVELY, BEVERLY H. OXLEY, ROBIN A. EADS, ANNA LOTT, JOINTLY OR

of OAK HILL and State of WV 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, undertakings, and recognizances; provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed FIVE HUNDRED THOUSAND DOLLARS AND NO CENTS (\$500,000)----

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

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 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 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 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 10th day of MAY

A.D., 2013.

Seals Affixed

State of Ohio County of Medina

ANTIONAL INS The state of the s Manufaction with the second

WESTFIELD INSURANCE COMPANY WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

Dennis P. Baus, National Surety Leader and Senior Executive

On this 10th day of MAY

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

State of Ohio County of Medina

SS.:



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

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 A.D.,







Frank A. Carrino, Secretary

BPOAC1 (combined) (06-02)



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

STAT	TE OF WEST VIRGINIA,
COU	NTY OF <u>Fayette</u> , to-wit:
1, <u>J</u>	shany L. Given, after being first duly sworn, depose and state as follows:
1.	I am an employee of <u>Dennler Fence</u> ; and, (Company Name)
2.	I do hereby attest that Dennler Fence (Company Name)
	maintains a valid written drug free workplace policy and that such policy is in compliance with West Virginia Code §21-1D.
The a	bove statements are sworn to under the penalty of perjury.
	By: lohy 2.
	Title: Supervson
•	Company Name: Dennler Fence
	Date: $5 - 19 - 15$
Taken	, subscribed and sworn to before me this 19th day of May, 2015
	NOTARY PUBLIC STATE OF WEST VIRGINIA ANNA LEA LOTT
and the	55 SCOTISH WAY SUMMERSVILLE, WV 26651 My commission expires August 10, 2017 (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

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: <u>CRFQ 0621 DJS 15 00000</u> 010
Contract Purpose: <u>Security Fencing</u>
Agency Requesting Work: West Virginia State Purchasing
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: Dennler Fence LLC Vendor Telephone: 304469436
Vendor Address: 492 Wash ington Avendor Fax: 304469-4366
25901

State of West Virginia Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

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