

PO Box 544 Catlettsburg, Kentucky 41129 Phone 304-697-2510 Fax 304-697-2590

asphaltsitework@frontier.com

Asphalt Contractor's and Site Work, Inc. 20 Dickson Dam Road Lavalette, WV 25535



	WV State Purchasing	From:	David
Fax:	304-558-3970	Pages:	11
		Date:	11/06/14
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☐ Urgent	✓ For Review	☐ Please Comment	☐ Please Reply	☐ Please Recycle
Solicitation #	# ARG1500000005			
Bid Docume	ents			

11/06/14 11:30:52AM West Virginia Purchasing Division

11/06/14 11:30:57AM West Virginia Purchasing Division

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: AGR1500000005

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)

[/]	Addendum No. 1	I]	Addendum No. 6
ſ)	Addendum No. 2	[]	Addendum No. 7
[]	Addendum No. 3]	J	Addendum No. 8
Ţ]	Addendum No. 4	ſ	J	Addendum No. 9
[]	Addendum No. 5	1	1	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

Asphart Contractors & 5, to work

Company

Company

Authorized Signature

11/4/14

Date

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

ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

1. CONTRACTOR'S LICENSE: West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor. West Virginia Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. Failure to include a contractor's license number on the bid shall result in Vendor's bid being disqualified. Vendors should include a contractor's license number in the space provided below.

Contractor's Name: Asphalt Contractors & Site WOLK INC Contractor's License No. WV 034224

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a Award Document.

- 2. DRUG-FREE WORKPLACE AFFIDAVIT: W. Va. Code § 21-1D-5 provides that any solicitation for a public improvement contract requires each Vendor that submits a bid for the work to submit at the same time an affidavit that the Vendor has a written plan for a drug-free workplace policy. To comply with this law, Vendor must either complete the enclosed drug-free workplace affidavit and submit the same with its bid or complete a similar affidavit that fulfills all of the requirements of the applicable code. Failure to submit the signed and notarized drug-free workplace affidavit or a similar affidavit that fully complies with the requirements of the applicable code, with the bid shall result in disqualification of Vendor's bid. Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.
 - 2.1.DRUG-FREE WORKPLACE POLICY: Pursuant to W. Va. Code § 21-ID-4, Vendor and its subcontractors must implement and maintain a written drug-free workplace policy that complies with said article. The awarding public authority shall cancel this contract if: (1) Vendor fails to implement and maintain a written drug-free workplace policy described in the preceding paragraph, (2) Vendor fails to provide information regarding implementation of its drug-free workplace policy at the request of the public authority; or (3) Vendor provides to the public authority false information regarding the contractor's drug-free workplace policy. Pursuant to W. Va. Code 21-ID-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.
- 3. DRUG FREE WORKPLACE REPORT: Pursuant to W. Va. Code § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. For contracts over \$25,000, the

	PRICING PAGE										
item No.	Description	Size	Unit Price	Extended Amou							
1	Office Area Lot 18'x22'	18' x 22'	\$50.80 per sy	\$2,235.20							
2	Entrance right side lot 45'x35'	45' x 35'	\$50.80 per sy	\$8.890.00							
3	Left side entrance 14'x18'	14' x 18'	\$50.80 per sy	\$1,422.40							
4	Front of back gate 10'x120' abd 15'x70'	10' x 120' and 15' x 70'	\$50.80 per sy	\$12,700.00							
5	Rear front of dumpsters 85'x61' and 50'x20'	85' x 61' and 50' x 20'	\$50.80 per sy	\$34,899.60							
6	Rear dock area 25'x12'	25' x 12'	\$50.80 per sv	\$1,676.40							
	Failure to use this form may result in disqualification Bidder / Vendor information		GRAND TOTAL	\$61,823.60							
Name:											
Address: 20 Dickson Dam Rd											
	Lavalette, WV 25535										
Phone:	304-697-2510										
Email Address:	david-acsw@gmail.com										

WV-73 Rev. 08/2013



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

STATE OF WEST VIRGINIA,
COUNTY OF Wayne TO-WIT:
I, Teresa Ray , after being first duly sworn, depose and state as follows:
1. I am an employee of Asphalt Contractors & Site Work, Inc.; and,
(Company Name) 2. I do hereby attest that Asphalt Contractors & Site Work, Inc
(Company Name)
maintains a valid written drug free workplace policy and that such policy is in compliance with West Virginia Code §21-1D.
The above statements are sworn to under the penalty of perjury. By:
Title: President
Company Name: Asphalt Contractors & Site Work, Inc
Date: 10/27/2014
Taken, subscribed and sworn to before me this 27 day of October, 2014.
By Commission expires 10/08/2019
OFFICIAL BEAL STATE OF WEST VIRGINIA NOTARY PUBLIC ELIZABETH ANDERSON Repball Cantrovero B Bits Work los. B203 Moore Rd. Lovalotto, WY 25707-0281 My Common Bayes Gitter 8, 2010 (Notary Public)

THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.

RFQ No.	CRFQAGR1500000005
KI WIND.	

Purchasing Affidavit (Revised 07/01/2012)

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.

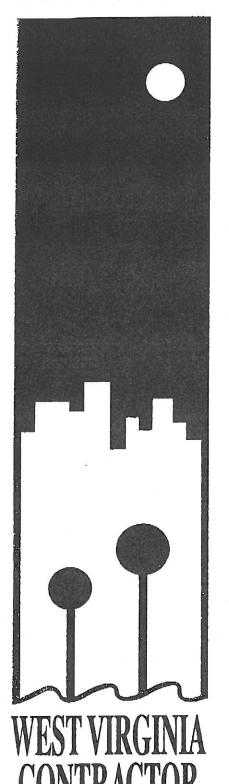
"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' 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 exceed 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: Asphalt Contractors & Site Wo	rk, Inc
Authorized Signature: Ulla Kay	Date: 10/27/2014
State of WV	
County of Wayne to-wit:	- N
Taken, subscribed, and sworn to before me this $\frac{27}{}$ da	ay of October , 2014.
My Commission expires October 08	, 20 <u>14</u> .
AFFIX SEAL HERE	NOTARY PUBLIC MADES ANDRES
OFFICIAL SEAL	Purchasing Affidavit (Revised 07/01/2012)

STATE OF WEST VIRGINIA ELIZABETH ANDERSON halt Contractors & Site Work lac 5203 Moore Rd. Lavaidtte, WY 25707-0281 My Commission Experis October 8, 2019



PAAAAAAA

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV034224

Classification:

EXCAVATION CONCRETE **ASPHALT**

> ASPHALT CONTRACTORS & SITE WORK INC DBA ASPHALT CONTRACTORS & SITE WORK INC PO BOX 544 CATLETTSBURG, KY 41129

Date Issued

Expiration Date

JULY 18, 2014

JULY 18, 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.





DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 10/24/2014 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). CONTACT NAME: PHONE (A/C, No, Ext); E-MAIL ADDRESS: PRODUCER PRODUCER Peoples Insurance Agency, LLC 101 Fifth Ave, PO Box 2388 Huntington, WV 25724-2388 Clarence C. Massey CUSTOMER ID #: ASPHA-2 INSURER(5) AFFORDING COVERAGE NAIC # **Asphalt Contractors & Site** INSURED INSURER A: Travelers Casualty & Surety Co Work, Inc. P O Box 544 INSURER C: Catlettsburg, KY 41129 INSURER D : INSURER E : 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. AODL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMACE TO RENTED PREMISES (Ea occurrence) DTCO5615B754COF14 09/01/2014 09/01/2015 300,000 COMMERCIAL GENERAL LIABILITY 3 CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) \$ X X C U Included 1,000,000 PERSONAL & ADV INJURY \$ X Incl Contractual 2,000,000 GENERAL AGGREGATE 5 GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG \$ POLICY X PRO-\$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT 1,000,000 (Es accident) DT8105615B754TIL14 09/01/2014 | 09/01/2015 X ANY AUTO BODILY INJURY (Per person) X ALL OWNED AUTOS BODILY INJURY (Per accident) 3 SCHEDULED AUTOS PROPERTY DAMAGE X (PER ACCIDENT) HIRED AUTOS X NON-OWNED AUTOS UMBRELLA LIAB X 5,000,000 OCCUR **EACH OCCURRENCE** EXCESS LIAB 5,000,000 CLAIMS-MADE AGGREGATE \$ 09/01/2015 09/01/2014 DTSMCUP5615B754IND14 DEDUCTIBLE None RETENTION \$ £ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU-TORY LIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Romarks Schodule, if more space is required) Evidence of insurance **CERTIFICATE HOLDER** CANCELLATION STATE07

State of West Virginia **Dept of Administration Purchasing Division** 2019 Washington St East Charleston, WV 25305-0130 SMOULD 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

aimie Ellis

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2014

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 Peoples Insurance Agency, LLC 101 Fifth Ave, PO Box 2388 Huntington, WV 25724-2388 Clarence C. Massey		CONTACT NAME: PHONE [A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: ASPHA-2				
		INSURER(S) AFFORDING COVERAGE	, NAIC #			
INSURED	Asphalt Contractors & Site	INSURER A : Travelers Casualty & Surety Co	31194			
	Work, Inc. PO Box 544	INSURER 8:	į			
		INSURER C :	ii			
	Catlettsburg, KY 41129	INSURER D :				
		INSURER E :				
		INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

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.

VSR YR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	·\$
$\overline{}$	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence)	\$
	CLAIMS-MADE OCCUR		. 1			:	MED EXP (Any one person)	\$
			i				PERSONAL & ADV INJURY	3
						! !	GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
-	ANY AUTO						BODILY INJURY (Per person)	s
-	ALL OWNED AUTOS		i				BODILY INJURY (Per accident)	\$
+	SCHEDULED AUTOS HIRED AUTOS		i				PROPERTY DAMAGE (PER ACCIDENT)	\$
F	NON-OWNED AUTOS							3
+	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
L	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
L	DEDUCTIBLE							\$
_	RETENTION \$	_					LAC STATE OTH	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		09/01/2015	E.L. EACH ACCIDENT	\$ 1,000,0		
	(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below			- Contract				E.L. DISEASE - POLICY LIMIT	\$ 1,000,0

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Anach ACORD 101, Additional Remarks Schedule, if more apace is required)
Evidence of West Virginia & Kentucky workers compensation insurance.

CERTIFICATE HOLDER		CANCELLATION
	STATE07	SHOULD ANY OF THE ABOV

State of West Virginia Dept of Administration Purchasing Division 2019 Washington St East Charleston, WV 25305-0130 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

amil Ellis

Agency State of West Virginia REQ.P.O# AGR 1500000005

BID BOND

	KNOW ALL MEN BY 1	HESE PRESENTS, That we, th	ne undersigned, 💆	Asphalt Contractors & Site Work, Inc.
	of Lavalette	, West Virginia		, as Principal, and Great American Insurance Co
	of Cincinnati	Ohio	, a corporation or	rganized and existing under the laws of the State of
Ohio				_, as Surety, are held and firmly bound unto the State
of West	Virginia, as Obligee, in	the penal sum of Five Percent	t of Amount Bid	(\$5% of Bid) for the payment of which
well and	I truly to be made, we jo	intly and severally bind ourselve	es, our heirs, adm	ninistrators, executors, successors and assigns.
11.0	nent of Administration a		d hereto and mad	ncipal has submitted to the Purchasing Section of the de a part hereof, to enter into a contract in writing for Warehouse, Ripley, WV
	NOW THEREFORE,			
the agre full force	(b) If said bid sh I hereto and shall furnis ement created by the ac and effect. It is expre	h any other bonds and insurance eceptance of said bid, then this	ce required by the obligation shall be at the liability of the	nto a contract in accordance with the bid or proposal e bid or proposal, and shall in all other respects perform e null and void, otherwise this obligation shall remain in he Surety for any and all claims hereunder shall, in no
	The Surety, for the valuaired or affected by an office of any such extens	y extension of the time within	ind agrees that th which the Oblige	ne obligations of said Surety and its bond shall be in no be may accept such bid, and said Surety does hereby
	WITNESS, the following	g signatures and seals of Princi	pal and Surety, e	executed and sealed by a proper officer of Principal and
Surety, o		ly if Principal is an individual, th	7.	5 4 5
Principal	Seal			Asphalt Contractors & Site Work, Inc. (Name of Principal) By (Must be President, Vice President, or Duly Authorized Agent) (Title)
Surety S	eal			Great American Insurance Company (Name of Surety) Attorney-in-Fact
MPORT	ANT - Surety executin	a bonds must be licensed in	West Virginia to	transact surety insurance, must affix its seal, and

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 SIX

No. 0 18867

POWER OF ATTORNEY

KNOWALLMEN 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

THOMAS H. VOELTZ

DANA N. CONLEY

BOTH OF ASHLAND, KENTUCKY

ALL

J, MICHAEL WELLMAN

THOMAS C. PHIPPS

BOTH OF ASHLAND, KENTUCKY

\$100,000,000

THOMAS H. BOTTOMS, JR. CLARENCE C. MASSEY

BOTH OF HUNTINGTON, 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 add its corporate scal hereunto affixed this

1ST day of JULY 2014 officers and its corporate seal hereunto affixed this

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

STATE OF OHIO, COUNTY OF HAMILTON - \$5;

day of

JULY

DAVID C. KITCHIN (877-977-2405)

2014, before me personally appeared DAVID C. KITCHIN, to me On this 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 Clonfz Notary Public, State of Ohio My Commission Expires 08-09-2015 Shelle Clont

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 Divisonal 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. BERAHA, 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

5th

November



Assistant Secretar