## ADVANCED ALARM TECHNOLOGIES

BID FOR ACCESS CONTROL SYSTEM ADDITIONS AT WILLIAM R SHARPE HOSPITAL

> 10/07/14 11:20:27AM West Virginia Purchasing Division



A Full-Service Security Company

P.O. Box 4368 • Parkersburg, WV 26104 • 304-422-4387

State of WV Purchasing Division 2019 Washington St, East Charleston, WV 25305

10/6/14

Advanced Alarm Technologies is pleased to offer the enclosed quotation for your consideration.

Thank you for allowing Advanced Alarm Technologies to quote your security needs.

Sincerely,

Robert H Hill



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

#### State of West Virginia Request for Quotation

Proc Folder:	19025
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Doc Description: CARD ACCESS SYSTEM, LOCKS, SOFTWARE, INSTALLATION AND WARRAN

Proc Type: Central Purchase Order

Version **Date Issued Solicitation Closes** Solicitation No 2014-09-15 2014-10-08 **CRFQ** 0506 WSH1500000001 1 13:30:00

**BID RECEIVING LOCATION** 

**BID CLERK** 

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV

25305

US

VENDOR

Vendor Name, Address and Telephone Number:

Advanced Alarm Technologics PO Box 4368 Parkersburg WV 26104

(304) 422-4387

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick (304) 558-0067

robert.p.kilpatrick@wv.gov

Signature X

FEIN# 20-2085989

DATE 10/6/14

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

Page: 1

FORM ID: WV-PRC-CRFQ-001

INVOICE TO		SHIP TO
PROCUREMENT OFF HEALTH AND HUMAI WILLIAM R SHARPE 936 SHARPE HOSPIT	JR HOSPITAL	PROCUREMENT OFFICER - 304-269-1210 HEALTH AND HUMAN RESOURCES WILLIAM R SHARPE JR HOSPITAL 936 SHARPE HOSPITAL RD
WESTON	WV26452	WESTON WV 26452
US	4 F F F	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Hardware, software, installation, and one (1) year warranty	- 1			10,250,00

			Specification	Manufacturer	Comm Code
N. V.	and the same of th	Model #	Opecification		46171610
					+017 1019
•					46171619

#### **Extended Description:**

CRFQ SECTION 3.1 MUST BE SIMILAR OR EQUAL TO CURRENT CARD ACCESS SYSTEM. MUST BE COMPATIBLE WITH CURRENT DOOR SOFTWARE

## CRFQ 0506 WSH1500000001 EXHIBIT A

Quantity	<u>Description</u>	Total Price
1	PURCHASE OF PARTS, SOFTWARE, INSTALLATION, AND A ONE (1) YEAR WARRANTY FOR EXPANSION OF THE WILLIAM R. SHARPE, JR. HOSPITAL CARD ACCESS SYSTEM PER THE SPECIFICATIONS ATTACHED.	\$ 240,250.00
Vendor Name	Advanced Alarm Fechnologies	
	PO Box 4368	
	Parkersburg, WV 26104	
Vendor Telephone	Number: (304) 421-4387	
Vendor Fax Numbe	r:SAME	*
Vendor Email:	advancedalarme Suddenlink, net	
Vendor Authorized	Representative: Robert Hill (Please Print)	
Vendor Authorized	Representative Signature: Aut HHel	<u>.</u> ,
Date:	10/6/14	

Advanced Alarm Technologies P.O. Box 4368 Parkersburg, WV 26104 (304)422-4387

## **JOB QUOTE**

Contact: Robert H. Hill

Date: 9/30/2014

William R. Sharpe, Jr. Hospital 936 Sharpe Hospital Rd. Weston, WV 26452 (304)269-1210

We are pleased to offer the following quo	We	are	pleased	to offer	the	following	auoi
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Job Description:	Access Control System Addition

QUANTITY	DESCRIPTION	PRICE
	Access Control System Addition	\$240,250.00
41	KT200 Controllers	
1	USB-RS485 Converter	
1	Network Interface Module	
1	RS232 to RS485 Converter	
82	Proximity Card Readers	
53	Maglocks	
53	Door Contacts	
7	Keyswitch Overides with Alarm Sounders	<del></del>
2	Fire Alarm System Door Holders	
5	Bolt Locks for Double Doors	

# REQUEST FOR QUOTATION WSH1500000001 PURCHASE OF PARTS, INSTALLATION AND WARRANTY FOR THE EXPANSION OF WILLIAM R. SHARPE, JR. HOSPITAL CARD ACCESS SYSTEM

- 9.2.4 Failure to remedy deficient performance upon request.
- 9.3 The following remedies shall be available to Agency upon default.
  - **9.3.1** Immediate cancellation of the Contract.
  - **9.3.2** Immediate cancellation of one or more release orders issued under this Contract.
  - 9.3.3 Any other remedies available in law or equity.

#### 10 MISCELLANEOUS:

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

Contract Manager:	Robert Hill	Advanced Alasm	Fednologica
Telephone Number:	(304) 422-438	\$7	
Fax Number:	SAME		
Email Address: ac	dvancedalarmesi	eldenlink, net	

## 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: Advanced Alasm Technologie	S
Contractor's License No. LOV 025246	

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 § 21-1D-4, Vendor and its subcontractors must implement and maintain a written drug-free workplace policy that complies with said article. The awarding public authority 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 21-1D-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.
- 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

## ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: WSH1500000001

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.

(Chec			ox next to each addendum	receive	d)	
	[]	1	Addendum No. 1	1	]	Addendum No. 6
	1	]	Addendum No. 2	ſ	]	Addendum No. 7
	[	]	Addendum No. 3	[	]	Addendum No. 8
	Ĺ	J	Addendum No. 4	[	]	Addendum No. 9
	]	1	Addendum No. 5	ſ	1	Addendum No. 10

Addendum Numbers Received:

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.

Company

Authorized Signature

10/6/14

Date

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

OP ID: MK2

NAIC #

26830

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/10/2014

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

United Security Agency 2420 Garfield Avenue Parkersburg, WV 26101 United Security Agency PKBG Phone: 304-295-8533 Fax: 304-295-9232

PHONE (A/C, No, Ext): E-MAIL ADDRESS:

CUSTOMER ID #: ADVAN-3

INSURER A : ERIE INSURANCE GROUP

INSURER(S) AFFORDING COVERAGE

ADVANCED ALARM TECHNOLOGIES ROBERT H HILL P O BOX 4368

PARKERSBURG, WV 26104-4368

INSURER B : CINCINNATI SPECIALTY INSURER C: NATIONAL COUNCIL ON

INSURER D : INSURER E

INSURER F

COVERAGES

INSURED

CERTIFICATE NUMBER:

**REVISION NUMBER:** 

(A/C, No):

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.

LTR	TYPE OF INSURANCE	TYPE OF INSURANCE ADDLISUBRI POLICY NUMBER (MM/DD			POLICY EFF (MM/DD/YYYY)	F POLICY EXP Y) (MM/DD/YYYY) LIMITS			
	GENERAL LIABILITY	1.101	1110		(MANADORT TT)	(MINICOLITITY)	EACH OCCURRENCE		1,000,000
A	X COMMERCIAL GENERAL LIABILITY			Q40-5950013	04/09/2014	04/09/2015	DAMAGE TO RENTED	\$	
1				Q40-0930013	04/03/2014	04/03/2013	PREMISES (Ea occurrence)	\$	1,000,000
	CLAIMS-MADE X OCCUR	•					MED EXP (Any one person)	\$	5,000
В				CSU0010133	04/09/2014	04/09/2015	PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	EXCL
	POLICY PRO- JECT LOC							\$	
A	X ANY AUTO			Q02-5130086	02/01/2014	02/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$	
· ·	ALL OWNED AUTOS			Q02-0100000	02/01/2014	02/01/2013	BODILY INJURY (Per person)	\$	250,000
							BODILY INJURY (Per accident)	\$	500,000
A	X HIRED AUTOS			Q02-5130086	02/01/2014	02/01/2015	PROPERTY DAMAGE (Per accident)	\$	100,000
Α	X NON-OWNED AUTOS	1		Q02-5130086	02/01/2014	02/01/2015		\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS	-MADE							
	DEDUCTIBLE						AGGREGATE	\$	
	2500 SMR 335 - 3868 SS - 3							\$	
	RETENTION \$ WORKERS COMPENSATION						WC STATU-   ▼   OTH-	\$	
	AND EMPLOYERS' LIABILITY	Y/N					WC STATU- TORY LIMITS X OTH- ER		
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	Y N/A		R2WC469270	01/10/2014	01/10/2015	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	DIDTON OF COED ATTACKS AND ASSESSED.								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
WORKERS COMPENSATION; ROBERT HILL - EXCLUDED OFFICER

**CERTIFICATE HOLDER** 

CANCELLATION

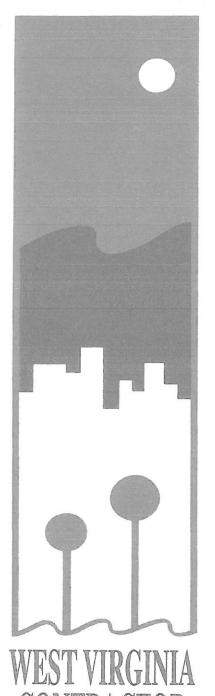
ADVANCED ALARM TECHNOLOGIES PO BOX 4368 PARKERSBURG, WV 26104

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

ath 1a

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## **CONTRACTOR LICENSE**

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV025246

Classification:

LOW VOLTAGE SYSTEMS

ADVANCED ALARM TECHNOLOGIES INC DBA ADVANCED ALARM TECHNOLOGIES INC PO BOX 4368 PARKERSBURG, WV 26104-4368

Date Issued

**Expiration Date** 

MARCH 12, 2014

MARCH 12, 2015

Authorized Company Signature

# Internation 6

Chair, West Virginia Contractor

Licensing Board

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

## State of West Virginia

## **VENDOR PREFERENCE CERTIFICATE**

Certification and application\* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

	5 11 10 100000 0000
1. —	Application is made for 2.5% vendor preference for the reason checked:  Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4)
2.	years immediately preceding the date of this certification; or,  Application is made for 2.5% vendor preference for the reason checked:  Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3.	Application is made for 2.5% vendor preference for the reason checked:  Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4.	Application is made for 5% vendor preference for the reason checked:  Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5.	Application is made for 3.5% vendor preference who is a veteran for the reason checked:  Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6.	Application is made for 3.5% vendor preference who is a veteran for the reason checked:  Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7.	Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with <i>West Virginia Code</i> §5A-3-59 and <i>West Virginia Code of State Rules</i> .  Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.
against s	inderstands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the nents for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency sted from any unpaid balance on the contract or purchase order.
the requi	nission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and es the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid ired business taxes, provided that such information does not contain the amounts of taxes paid nor any other information by the Tax Commissioner to be confidential.
and acc	enalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true urate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.
D1-1-1	

## THE CINCINNATI INSURANCE COMPANY

## **Bid Bond**

CONTRACTOR (Name, legal status and address):

**SURETY** (Name, legal status and principal place of business):

ADVANCED ALARM TECHNOLOGIES 644 ROSEMAR ROAD THE CINCINNATI INSURANCE COMPANY 6200 S. GILMORE ROAD FAIRFIELD, OHIO 45014-5141

PARKERSBURG, WV 26104

**OWNER** (Name, legal status and address): STATE OF WV DEPT OF ADMINISTRATION PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON, WV 25305
BOND AMOUNT:

5% of bid

This document has important legal consequences, Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

PROJECT (Name, location or address, and Project number, if any):

### CARD ACCESS SYSTEM INSTALLATION

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond the sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirements shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 6 day of October, 2014

ADVANCED ALARM TECHNOLOGIES

(Principal) (Seal)

(Title)

THE CINCINNATI INSURANCE COMPANY

(Surety) (Seal)

(Title)

(Title)

### THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

#### POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

Randall E. Kerns; Jeffery L. Hood; Steven P. Thompson; Michael W. Mason; Kristine D. Mills; Emily Bolliger; Nancy J. Ferren; Carla J. Dobbins;

Sharon D. Boyles; Lisa M. McGuire; Vance Bunn; Mark E. Sturm and/or Kathy Marcum of Bridgeport, Parkersburg & Huntington West Virginia its true and lawful Attorney(s)-in-Fact to sign, execute, seal and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows:

Any such obligations in the United States, up to

Eight Million and No/100 Dollars (\$8,000,000.00).

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

"RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7th day of December, 1973.

"RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company."

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 10th day of May, 2012.

CORPORATE
SEAL

STATE OF OHIO COUNTY OF BUTLER ) ss:

THE CINCINNATI INSURANCE COMPANY

Vice President

On this 10<sup>th</sup> day of May, 2012, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.

MARK J. HULLER, Attorney at Law NOTARY PUBLIC - STATE OF OHIO My commission has no expiration date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio.

this

day of October 6, 2014.

Assistant Secretary

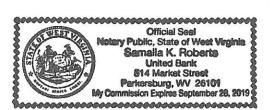
BN-1005 (5/12)

**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 Wood TO-WIT:				
I, Robert Hill , after being first duly sworn, depose and state as follows:				
1. I am an employee of Advanced Alarm Technologia; and, (Company Name)				
2. I do hereby attest that Advanced Alarm Technologies (Company Name)				
maintains a valid written drug free workplace policy and that such policy is in compliance with <b>West Virginia Code</b> §21-1D.				
The above statements are sworn to under the penalty of perjury.				
By: Jut/this				
Title: President				
Company Name: Advanced Alarm Technologies				
Date: 10/6/14				
Taken, subscribed and sworn to before me this the day of Otoler, 2014				
By Commission expires Sapember 28, 2019				
Seal)				
Samulla K Rowth (Notary Public)				
HIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY				
TITH WY CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE				



BID SHALL RESULT IN DISQUALIFICATION OF THE BID.

Rev. August 2013

RFQ No. WSHIS OCCOCCOI

### 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.

WITHESS THE FOLLOWING SIGNATURE:		
Vendor's Name: Advanced Alar.	n Fechnologies	
Authorized Signature:	Date: 10/6/14	
State of West Virginia	· On the control of t	
County of, to-wit:	. (	
Taken, subscribed, and sworn to before me this day	of_October and	
My Commission expires September 38		
AFFIX SEAL HERE	NOTARY PUBLIC Samulla K. Rola	ret
	Purchasing Affidavit (Revised 07/01/2012)	

