

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

State of West Virginia Request for Quotation 09 - Construction

Proc Folder: 204429

Doc Description: Building 84 & 86 Roof Replacements

Proc Type: Central Purchase Order

| Date Issued Solicitation (2016-04-04 2016-04-27 13:30:00 | 1 140 | Version |
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BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

US

W۷

25305

Tri-State Roofing & Sheet Metal Company

PO Box 1231

Charleston, WV 25324

(304) 755-8135

04/27/16 13:18:02 WV Purchasina Division

| FOR INFORMATIO | N CONTACT THE BUYER |
|----------------|---------------------|
| Linda U | THE BOILE |

Linda Harper (304) 558-0468

linda.b.harper@wv.gov

Signature X

FEIN # 55-0591156

DATE 04/27/16

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

Page: 1

FORM ID: WV-PRC-CRFQ-001

The West Virginia Purchasing Division for the Agency, The West Virginia Department of Administration's, General Services Division is solici quotations to establish a "One-Time" Construction Contract for Building 84 and Building 86 Roof Replacements. Vendor will supply all equip labor and material per the specifications and bid requirements.

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| GENERAL SER | OF ADMINISTRATION | | | | |
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| JAOO KANAMHA | BLVD E, BLDG 1, RM MB-68 | 3 9 | JOBSITE - SEE SP | ECIFICATIONS | |
| CHARLESTON | WV253 | | | _ | |
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| L | | | US | VV | V 99999 |
| Line Com | m Ln Desc | | 08 | | |
| | | Qty | | | |
| | ling 84 Roof Base Bid | | Unit Issue | Unit Price | Total Price |
| Comm Code | | | | | |
| | Manufacturer | | | | \$142,278.00 |
| /2752601 | | Sper | cification | 16-2-2-5 | |
| Extended Description Per attached specific | cations and drawings | | | Model # | |
| Extended Description Per attached specific | cations and drawings | | | | |
| Extended Description Per attached specific Control of the Control | Cations and drawings | | | | |
| Extended Description Per attached specific DEPARTMENT OF A DEPARTMENT OF A DENERAL SERVICE | Cations and drawings ADMINISTRATION ES DIVISION | | STATE OF WEST VIRO | CINIA | |
| Extended Description Per attached specific DEPARTMENT OF A BENERAL SERVICE DOO KANAWHA BL | Cations and drawings | | STATE OF WEST VIRO JOBSITE - SEE SPECI | CINIA | |
| Extended Description Per attached specific DEPARTMENT OF A BENERAL SERVICE DOO KANAWHA BL | Cations and drawings ADMINISTRATION ES DIVISION VD E, BLDG 1, RM MB-68 | | STATE OF WEST VIRO JOBSITE - SEE SPECI | CINIA | |
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| Extended Description Per attached specific DEPARTMENT OF A BENERAL SERVICE 900 KANAWHA BL HARLESTON | ADMINISTRATION ES DIVISION VD E, BLDG 1, RM MB-68 WV25305 | | STATE OF WEST VIRO JOBSITE - SEE SPECI | GINIA FICATIONS | |
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| Extended Description Per attached specific DEPARTMENT OF A BENERAL SERVICE 900 KANAWHA BL HARLESTON S Building | ADMINISTRATION ES DIVISION VD E, BLDG 1, RM MB-68 WV25305 Desc 86 Roof Base Bid | | STATE OF WEST VIRO JOBSITE - SEE SPECII No City US | GINIA FICATIONS WV 9 | 70tal Price |
| DEPARTMENT OF A SENERAL SERVICE HARLESTON BENERAL SERVICE HARLESTON COmm Line Building | ADMINISTRATION ES DIVISION VD E, BLDG 1, RM MB-68 WV25305 | | STATE OF WEST VIRO JOBSITE - SEE SPECII No City US Unit issue | GINIA FICATIONS WV 9 | 9999 |

| Line 1 2 | Event Mandatory Pre-bid Meeting 10:00 AM EST Question Deadline 1:00 PM EST | Event Date 2016-04-19 2016-04-20 | |
|----------------|--|--|--|
| | | | |

Proposal Form

State of West Virginia – General Services Division Bldg. 84 & 86 Roof Replacement

CRFQ 0211 GSD1600000022

| Name of Bidder: | Tri-State Roofing & Sheet Met | al Company | |
|-----------------------------------|---|--|--|
| and also having proposes to furni | , hereinafter called Bidder, being fan examined the site and being familiar sh all labor, material, equipment, su the Bidding Documents within the tir | with all local conditions a oplies and transportation | ffecting the project hereby and to perform all Work in |
| BASE BID: | | | |
| Bldg. 84 Roof Re | placement Base Bid: | | |
| One Hundred F | orty Two Thousand Two Hundred S | Seventy Eight Dollars | |
| | | (\$_14 | 2,278.00) |
| (Show amount in | both words and numbers) | | |
| (In the event of a govern.) | difference between the written amou | int and the number amou | nt, the written amount shall |
| Bldg. 86 Roof Rep | placement Base Bid: | | |
| Three Hundred | I Three Thousand Three Hundred F | ifteen Dollars | |
| | | (\$ 30 | 3,315.00 |
| (Show amount in | ooth words and numbers) | | |
| (In the event of a govern.) | difference between the written amou | nt and the number amour | nt, the written amount shall |
| | | | |
| UNIT PRICES: | | | |
| Unit Price #1 | Concrete Deck Repair | (\$_12.08 |) per Square Foot |
| equipment or servi | Price is an amount stated in the Bid a ces or a portion of the Work as desc the formulation of any change orders | ribed in the Bidding Docu | ments. Unit prices shall |

| KEP | EK | ĽΝ | C | ES: |
|-----|----|----|---|-----|
| | | | | |

Reference #1 Name: Charles Wilson

Position:

Address: 200 Elizabeth Street, Charleston W

Telephone Number: (304) 348-6148

Project Name: Various Kanawha Co. Schools Re-roofs

Project Description: Re-Roof of Several Schools in Kanawha Co.

Reference #2 Name: Debbie Berry

Position: Fayette Co. Commissioner

Address: 100 Court Street, Fayetteville, WV

Telephone Number: (304) 574-4228

Project Name: Fayette County Courthouse

Project Description: Roofing of Fayette Co. Courthouse

Reference #3 Name: Jason Boyd

Position:

Address: 1900 Kanawha Blvd E, Bldg 5, Charleston, WV

Telephone Number: (304) 558-3505

Project Name: WV DOH Huntington Headquarters & Shop

Project Description: Roof Replacements of Headquarters & Shop

CERTIFICATIONAND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Tri-State Roofing & Sheet Metal Company
(Company)
Tim Dorsch, President

(Authorized Signature) (Representative Name, Title)

(304)755-8135/(304)755-5275/April 27, 2016 (Phone Number) (Fax Number) (Date)

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: GSD16000000022

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 | kt | he b | ox next to each addendum | receive | d) | |
|-------|----|------|--------------------------|---------|----|-----------------|
| | ĺ | x] | Addendum No. 1 | [| 1 | Addendum No. 6 |
| | [| x] | Addendum No. 2 | Ţ |] | Addendum No. 7 |
| | [|] | Addendum No. 3 | [|] | Addendum No. 8 |
| | [|] | Addendum No. 4 | [|] | Addendum No. 9 |
| | [| J | Addendum No. 5 | [|] | 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.

| Tri-State Roofing & Sk | neet Metal | Company | |
|------------------------|------------|-------------|-----------|
| | Company | | |
| Tru De | <u>X_</u> | Tim Dorsch, | President |
| 4 | Authorized | Signature | |
| April 27, 2016 | | | |
| I | 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:_ | Tri-State Roofing | & Sheet Metal | Company |
|----------------------|-------------------|---------------|---------|
| Contractor's License | NoW000104 | | |

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.



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

| STATE OF WEST VIRGINIA, | |
|--|--|
| COUNTY OF Putnam | , TO-WIT: |
| ı, Tim Dorsch | _, after being first duly sworn, depose and state as follows: |
| 1. I am an employee of $\underline{\hspace{1cm}}^{TR}$ | Company Name); and, |
| | TRI-STATE ROOFING AND SHEET METAL CO |
| | (Company Name) n drug free workplace policy and that such with West Virginia Code §21-1D. |
| The above statements are swo | rn to under the penalty of perjury By: |
| | Title: President |
| | Company Name: TRI-STATE ROOFING AND SHEET METAL CO |
| | Date: April 27, 2016 |
| By Commission expiressical sea | before me this 27 day of April , 2016 |
| (Sea) Tri-State Rooting & Brooting & Brootin | (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 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: TRI-STATE ROOFING & SHEET | METAL COMPANY |
|---|---|
| Authorized Signature: | Date: 04/27/16 |
| State of WEST VIRGINIA | |
| County of PUTNAM to-wit: | |
| Taken, subscribed, and sworn to before me this $\frac{27}{}$ day of | of <u>APRIL</u> , 20 16. |
| My Commission expires OCTOBER 6 | , ₂₀ 19. |
| AFFIX SEAL HERE OFFICIAL SEAL STATE OF WEST VINESDA | NOTARY PUBLIC Purchasing Affidavit (Revised 07/01/2012) |



WEST VIRGINIA CONTRACTOR LICENSING BOARD

PAAAAAAA

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV000104

Classification:

HEATING, VENTILATING & COOLING SPECIALTY ROOFING CRANE

TRI STATE ROOFING & SHEET METAL CO DBA TRI STATE ROOFING & SHEET METAL CO PO BOX 1231 CHARLESTON, WV 25324-1231

Date Issued

Expiration Date

AUGUST 01, 2015

AUGUST 01, 2016

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.

WEST VIRGINIA STATE TAX DEPARTMENT BUSINESS REGISTRATION CERTIFICATE

ISSUED TO:
TRI STATE ROOFING & SHEET METAL COMPANY OF WEST VIRGINIA
321 HARRIS DR
POCA, WV 25159-7521

BUSINESS REGISTRATION ACCOUNT NUMBER:

1037-1512

This certificate is issued on:

08/14/2014

This certificate is issued by the West Virginia State Tax Commissioner in accordance with Chapter 11, Article 12, of the West Virginia Code

The person or organization identified on this certificate is registered to conduct business in the State of West Virginia at the location above.

This certificate is not transferrable and must be displayed at the location for which issued

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them. CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

atL006 v.4 L1901947456 Client#: 118155 41LAURELMANA

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/29/2015

\$5,000,000

\$5,000,000

OTH-ER

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(les) must be endorsed. If SUBROGATION IS WAVED, subject to

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).

| С | ertifi | cate holder in lieu of such endors | | | | | | Gertinoate does no | or conner in | gate to the | |
|------------------------------------|--|--|----------|--------------------------|---|-------------|---------------|--|-------------------|--------------|--|
| | DUCE | | | | CONTA NAME: | RUXAIIII | e Cameron | | | | |
| | | Lanier & Co-Lexington | | | PHONE (A/C, No, Ext): 800-796-3567 (A/C, No): 8 | | | | X C, No): 859- | 859-254-8020 | |
| Powell-Walton-Milward P O Box 2030 | | | | | E-MAIL ADDRÉ | ss: rcamero | on@pwm-js | l.com | | | |
| | | | | | | | INSURER(S) AF | FORDING COVERAGE | | NAIC# | |
| Lex | exington, KY 40588 INSURER A : Westfield Insurance Company | | | | | | 24112 | | | | |
| INSL | JRED | | | | INSURE | | | | | | |
| | | Tri-State Roofing & Sheet | | | INSURE | RC: | | | | | |
| | | Company of West Virginia | | | INSURE | RD: | | | | | |
| Į. | | P.O. Box 1231 | | | INSURE | | | | | | |
| | | Charleston, WV 25234 | | | INSURE | | | | | 1 | |
| CO | VER/ | AGES CER | TIFICATE | NUMBER: | 1110010 | | | REVISION NUMBER | R: | | |
| | XCLU | FICATE MAY BE ISSUED OR MAY P SIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE | POLICIES | S. LIMITS SHOWN MAY HAY | | N REDUCED : | | | LIMITS | TE TEKMS, | |
| | VI | COMMERCIAL GENERAL LIABILITY | INSR WVD | POLICY NUMBER CMM5942244 | | | | EACH OCCURRENCE | 1 | 00.000 | |
| Α | - | | | CIVIN 3542244 | | 04/30/2015 | 04/30/2010 | DAMAGE TO RENTED PREMISES (Ea occurrent | / | | |
| | \vdash | CLAIMS-MADE X OCCUR | | | | | | | | 3,000 | |
| | Н | | | | | İ | | MED EXP (Any one perso | | | |
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| | GEN | 'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | | 00,000 | |
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| _ | 1 | OTHER: | | 011111010011 | | | 0.4/0.0/0.4.0 | COMBINED SINGLE LIMI | \$!IT 4.0 | | |
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| | | AUTOS AUTOS | | | | | | PROPERTY DAMAGE | | | |
| ĺ | X | HIRED AUTOS X AUTOS | | | | | | (Per accident) | \$ | | |

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

CMM5942244

| CERTIFICATE HOLDER | CANCELLATION | | |
|-------------------------------|---|--|--|
| FOR INFORMATION PURPOSES ONLY | 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 | | |
| , | A More Par | | |

04/30/2015 04/30/2016 EACH OCCURRENCE

AGGREGATE

PER STATUTE

E,L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

UMBRELLA LIAB

AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?

DED X RETENTION \$0

if yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

(Mandatory In NH)

X

OCCUR

CLAIMS-MADE

N/A



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/26/2015

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 endorsoment(s). CONTACT Jennifer Drake PHONE (A/C, No, Ext): (304) 720-2000 Mountain State Insurance Agency FAX (A/C, No): (304) 720-2002 E-MAIL ADDRESS: jdrake@mountainstateinsurance.com 1206 Kanawha Blvd. E. **INSURER(S) AFFORDING COVERAGE** NAIC # Charleston WV 25301 INSURER A BrickStreet Insurance 12372 INSURED Tri State Roofing & Sheet Metal **INSURER C:** Company of West Virginia **INSURER D:** PO Box 1231 **INSURER E:** Charleston WV 25324 INSURER F : **COVERAGES** CERTIFICATE NUMBER:15/16 WC & EL **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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE CCCUR MED EXP (Any one person) S PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** s ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS \$ **UMBRELLA LIAB** OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 1,000,000 N/A (Mandatory In NH) WCB1005809 7/1/2015 7/1/2016 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Verification of Insurance ACCORDANCE WITH THE POLICY PROVISIONS. **AUTHORIZED REPRESENTATIVE** Jennifer Drake/JLD

© 1988-2014 ACORD CORPORATION. All rights reserved.

BID BOND

| of PO Box 1231. Charleston WV 253 | That we, the undersigned, <u>Tri - State Roofing and Sheet Metal Company</u> 24, as Principal, and avelers Casualty and Surety Compan |
|--|--|
| of America of 119 Virginia Street W. Charleston | WV 25302a corporation organized and existing under the laws of the State of |
| Connecticut with its principal office in the City of | of Hartford, as Surety, are held and firmly bound unto the State |
| of West Virginia, as Obligee, in the penal sum of _Fiv | ve Percent (\$ 5%) for the payment of which, |
| well and truly to be made, we jointly and severally bir | nd ourselves, our heirs, administrators, executors, successors and assigns. |
| • | e, |
| The Condition of the above obligation is suc | h that whereas the Principal has submitted to the Purchasing Section of the |
| Department of Administration a certain bid or proposa | al, attached hereto and made a part hereof, to enter into a contract in writing for |
| Buildings 84 & 86 Roof Replacements Project, | CRFQ 0211 GSD1600000022 |
| according to plans and specifications. | |
| | |
| NOWTHEREGOE | |
| NOW THEREFORE, | |
| (a) If said bid shall be rejected, or (b) If said bid shall be accepted and the Print | ncipal shall enter into a contract in accordance with the bid or proposal attached |
| Trofeto and shall furnish ally other portos and insurance | CONTROL BY THE DID OF PROPOSED and chall in all other researchs and the second |
| agreement created by the acceptance of said bid. the | O INIS ODDIORION SDAIL DE DUIT AND VOID OPPONISE this obligation shall remain in 4.41 |
| exceed the penal amount of this obligation as herein s | 20 that the liability of the Surety for any and all claims becounder about in no over-t |
| | nutou. |
| The Surety, for the value received, hereby st | ipulates 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 waive notice of any such extension. | within which the Obligee may accept such bid, and said Surety does hereby |
| wave notice of any such extension. | |
| IN WITNESS WHEREOF, Principal and Sure | ety have hereunto set their hands and seals, and such of them as are corporations |
| have caused their corporate seals to be affixed hereur | nto and these presents to be signed by their proper officers, this |
| 8th day of April , 20 16 | |
| | |
| Principal Corporate Seal | Tri - State Roofing and Sheet Metal Company |
| | (Name of Principal) |
| | By V. Starling |
| | (Must be President or |
| | Vice President) |
| | Pat Haden, Vice President |
| | (Title) |
| Surety Corporate Seal | Travelers Casualty and Surety Company of America |
| • | (Name of Surety) |
| | |
| | 380:0 mc |
| | Sheila McCormick Attorney-in-Fact |
| | Sheila McCormick Attorney-in-Fact |

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Corporate seals must be affixed, and a power of attorney must be attached.



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company Travelers Casualty and Surety Company Travelers Casualty and Surety Company of America United States Fidelity and Guaranty Company

Attorney-In Fact No.

229117

Certificate No. 006285155

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Ross E. Johnson, Patrick B. Kee, Kathryn K. Arthur, Beverly A. Holstine, Sheila McCormick, Taylor R. Johnson, and Bradley P. Bobersky

| of the City of | Charleston | | State | s Wes | st Virginia | 4 | , their true and lawful Attorney(s)-i | |
|---|---|---|--|---|---|--|--|---|
| each in their sepa other writings ob | rate capacity if n | | ed above, to sign, alf of the Compar | execute, seal and nies in their busing | acknowledge any a ess of guaranteein | and all bonds, reco | ognizances, condition ersons, guaranteein | onal undertakings and ag the performance of |
| IN WITNESS W | HEREOF, the (| Companies have caus | ed this instrument | t to be signed and | their corporate sea | ls to be hereto aff | ixed, this | 4th |
| | | Farmington Casualty Company Fidelity and Guaranty Insurance Company Fidelity and Guaranty Insurance Underwriters, Inc. St. Paul Fire and Marine Insurance Company St. Paul Guardian Insurance Company | | | Tray | St. Paul Mercury Insurance Company Travelers Casualty and Surety Company Travelers Casualty and Surety Company of America United States Fidelity and Guaranty Company | | |
| 1982 | 1977) | MCORPORATED SE 1951 | THE THE STATE OF T | SEAL S | SEAL S | HARTFORD, TO CONN. | | SECTIVANO DE LA CONTROL DE LA |
| State of Connection City of Hartford s | | | | | Ву: | Robert L. Rane | y, Senior Vice Preside | ent ent |
| Fire and Marine I Casualty and Sure | e President of Far Insurance Compa ety Company of | ny, St. Paul Guardia: | n Insurance Comp States Fidelity ar | and Guaranty Insu sny, St. Paul Mero nd Guaranty Comp | rance Company, Foury Insurance Corporate and that he, a | idelity and Guaran npany, Travelers (as such, being autl | ty Insurance Under Casualty and Surety | nowledged himself to rwriters, Inc., St. Paul y Company, Travelers xecuted the foregoing |
| | | | 10 | TETA | | | | |

58440-8-12 Printed in U.S.A.

In Witness Whereof, I hereunto set my hand and official seal. My Commission expires the 30th day of June, 2016.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the scale of said Companies this 8th day of 10, 20 16.



















To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.