

State of West Virginia **Request for Quotation** 09 - Construction

	Proc Folder: 132625 Doc Description: Preventative and Corrective Maintenance for JWH boilers				
	Proc Type: Central Master Agreement				
Date Issued	Solicitation Closes	Solicitation No			
Date Issueu	Jonicitation Closes	Solicitation No	Version		

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:

S90 LOON SUHUAN WAY Chaleton WV 25001

Casto Technical Services 304-396-0599

10/21/15 12:11:57 WV Purchasing Division

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Robert Kilpatrick (304) 558-0067

robert.p.kilpatrick@wv.gov

Signature X

FEIN# 55-053918h

DATE 10-31-15

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

Page: 1

FORM ID: WV-PRC-CRFQ-001

ADDITIONAL INFORMATION:

Addendum #2: To provide clarification regarding boiler water treatment, and to revise Specifications accordingly, per the attached.

Addendum #1: To provide a copy of the Mandatory Pre-Bid Meeting Sign-In Sheet, per attached.

The WV State Purchasing Division, on behalf of the Agency, the WV Department of Health and Human Resources, Bureau for Health and Health Facilities, is soliciting bids for an open-end contract for preventive and corrective maintenance of the seven (7) boilers located at Jackie Withrow Hospital in Beckley, WV, per the attached terms and conditions and specifications.

MANDATORY PRE-BID MEETING SHALL BE HELD AT THE HOSPITAL ON Wednesday, October 7, 2015 at 1:00pm EST.

INVOICE TO		SHIP TO		
PROCUREMENT OFFICER - 304-256-6600		PROCUREMENT OFFICER - 304-256-6600		
HEALTH AND HUMAN RESOURCES		HEALTH AND HUMAN	N RESOURCES	
JACKIE WITHROW HO	SPITAL 105 SOUTH EISENHOWER DR	JACKIE WITHROW H	OSPITAL	
		105 SOUTH EISENHO	OWER DR	
BECKLEY	WV25801	BECKLEY	WV 25801	
US		us		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Quarterly preventative Maintenance to the 4 C-Unit Boilers	4.00000	QTR	\$2016,00	\$8,060.00

Comm Code	Manufacturer	Specification	Model #	
72151001				·

Extended Description:

Section 4.1.1 in the specifications Price per Quarter for all four boilers.

INVOICE TO		SHIP TO		
PROCUREMENT OFFICER - 304-256-6600		PROCUREMENT OFF	FICER - 304-256-6600	
HEALTH AND HUMAN RESOURCES JACKIE WITHROW HOSPITAL 105 SOUTH EISENHOWER DR		HEALTH AND HUMAN RESOURCES JACKIE WITHROW HOSPITAL		
		105 SOUTH EISENHO	OWER DR	
BECKLEY	WV25801	BECKLEY	WV 25801	
US		us		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Quarterly Preventative Maintenance to the 2 A-Unit boilers	4.00000	QTR	\$ 2015.00	\$8,060,00

Comm Code	Manufacturer	Specification	Model #	
72151001				
				ļ

Extended Description:

Section 4.1.2 in the specifications, Price per Quarter for both Boilers

INVOICE TO		SHP 10		
PROCUREMENT OFFIC	PROCUREMENT OFFICER - 304-256-6600		ICER - 304-256-6600	
HEALTH AND HUMAN F	HEALTH AND HUMAN RESOURCES		RESOURCES	
JACKIE WITHROW HOS	SPITAL 105 SOUTH EISENHOWER DR	JACKIE WITHROW HO	DSPITAL	
		105 SOUTH EISENHO	WER DR	
BECKLEY	WV25801	BECKLEY	WV 25801	
US		us		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Quarterly preventative Maintenance to one(1) B-Unit Boiler	4.00000	QTR	\$ 2015.00	\$ 8,060

Comm Code	Manufacturer	Specification	Model #	
72151001			*	· · · ·

Extended Description:

Section 4.1.3 in the specifications Price per Quarter

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-256-6600		PROCUREMENT OFFI	CER - 304-256-6600
HEALTH AND HUMAN RESOURCES		HEALTH AND HUMAN	RESOURCES
JACKIE WITHROW HOS	SPITAL 105 SOUTH EISENHOWER DR	JACKIE WITHROW HO	SPITAL
		105 SOUTH EISENHO	WER DR
BECKLEY	WV25801	BECKLEY	WV 25801
US		us	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Corrective Maintenance During Normal Business Hours	100.00000	HOUR	\$ 98.00	\$9800.00

Comm Code	Manufacturer	Specification	Model #	-
72151001				

Extended Description:

Section 4.1.4.2 in specifications

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-256-6600		PROCUREMENT OFF	ICER - 304-256-6600
HEALTH AND HUMAN F	RESOURCES	HEALTH AND HUMAN	RESOURCES
JACKIE WITHROW HOS	PITAL 105 SOUTH EISENHOWER DR	JACKIE WITHROW HO	DSPITAL
		105 SOUTH EISENHO	WER DR
BECKLEY	WV25801	BECKLEY	WV 25801
us		us	

Line	Comm Ln Desc	Qty	Unit issue	Unit Price	Total Price
5	Corrective Maintenance Outside Normal Business Hours	10.00000	HOUR	\$98.00	\$5800.00

Comm Code	Manufacturer	Specification	Model #	 \neg
72151001				\neg
				[

Extended Description:

Section 4.1.4.3 in specifications

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-256-6600		PROCUREMENT OFFI	CER - 304-256-6600
HEALTH AND HUMAN		HEALTH AND HUMAN	
JACKIE WITHROW HO	SPITAL 105 SOUTH EISENHOWER DR	JACKIE WITHROW HO	SPITAL
		105 SOUTH EISENHO	WER DR
BECKLEY	WV25801	BECKLEY	WV 25801
us		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Percentage Markup on Parts or Materials	1.00000	EA	35%	35%

Comm Code	Manufacturer	Specification	Model #	
72151001				
				,

Extended Description:

Section 4.1.5 in the specifications

Percentage Markup: 35 %

Enter Total Amount from Item 6 on Exhibit A: Pricing Page

SCHEDULE OF EVENTS

Ī	<u>ine</u>	Event	Event Date
	1	Mandatory Pre-Bid Meeting at 1:00pm EST	2015-10-07
:	2	Technical Questions Due by 3:00pm EST	2015-10-08

CRFQ 0506 JWH1600000002 Exhibit A: Pricing Page

item	Quantity	Description		
ICCIII	Quantity	Description	Unit Price	Total Amount
1	4ea	Quarterly Preventive Maintenance for all four (4) C- Unit boilers	\$ <u>2015. </u>	\$ 8060.00
		(Section 4.1.1)		
2	4ea	Quarterly Preventive Maintenance for two (2) A Unit Boilers (Section 4.1.2	\$ 2015.00	\$ 8060.00
3	4ea	Quarterly Preventive Maintenance for B Unit Boiler (1) (Section 4.1.3)	\$ 2015.00	\$ 8060,00
4	100ea	Hourly cost for Corrective Maintenance during normal business hours (Section 4.1.4.2)	\$ 49. v	\$ 9800.00
5	10ea	Hourly cost for Corrective Maintenance outside normal business hours (Section 4.1.4.3)	\$ 68.00	\$ \$800.00
6	Percentage ma	rkup on parts and materials based on \$2	5,000.00 (Section 4.1.5)	
			\$25,000.00 x <u>2</u> %	\$ 8,750.00

Grand Total Bid (Add the total amounts of items 1-6 to equal grand total)

\$ 52,530.00

Vendor: Casto Tehnical Scropers
Contact person and Title: Chris Sugart account Manager
Address: 840 LCON Sulliven WAY Charleston Lu 25301
Remit to Address: 540 LCON Sullivan WAY Chuleton W 25301
Phone: 309-396-0595
Fax: 304-720-0604
Email: cscsgenta costatech.com
Signature and Date: 10-21-15

^{**}Items 4, 5, and 6 are estimates only based on prior usage. The vendor must provide actual quantities needed whether more or less than the estimate.**

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: JWH1600000002

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.

(Check the	he bo	ox next to each addendum	receive	d)	
[,	X]	Addendum No. 1	1]	Addendum No. 6
[]	Ŋ	Addendum No. 2	[]	Addendum No. 7
I	¥	Addendum No. 3	[]	Addendum No. 8
1	J	Addendum No. 4	[J	Addendum No. 9
]]	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.

Company

Authorized Signature

10-21-15

Date

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

CENTRALIZED REQUEST FOR QUOTATION CRFQ 0506 JWH1600000002 Jackie Withrow Hospital Boiler Maintenance and Repair

11. MISCELLANEOUS:

11.1. 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: Chris Picres
Telephone Number: 304-396-0594
Fax Number: 304-720-0694

Email Address: Cpicica Occstotech.com

CASTO TECHNICAL SERVICES, INC.

W. VA. ALCOHOL & DRUG-FREE WORKPLACE ACT POLICY

Introduction1

Casto Technical Services ("CTS") is committed to maintaining a drug and alcohol free workplace. Drug and alcohol use, and/or the unlawful possession or use of controlled substances directly affects job performance, threatens the safety of co-workers, other workers, and the public, and is inconsistent with the behavior expected of a CTS employee. CTS believes that a working environment, free of drug and alcohol use, is healthier, safer, more productive, and is a condition desired by most employees and their families. Therefore, employees must adhere to the following:

- The unlawful use, possession, manufacture, distribution, sale or dispensation of drugs on company premises or while conducting company business off premises is strictly forbidden.
- The possession or use of alcohol on company premises or while conducting company business is strictly forbidden.
- Being under the influence of alcohol or an illegal substance on company premises, or while conducting company business, or while driving a company supplied vehicle is strictly forbidden.
- Employees whose physician has prescribed a drug or controlled substance that might adversely affect their ability to perform
 their work must provide a written statement from their doctor.
- Any use, possession, manufacturing, distribution, sale or dispensation of illegal drugs off premises and off company time that
 adversely affect the individual's work performance, his or her own or others' safety at work, or the company=s reputation in
 the community is strictly forbidden.
- Failure to adhere to the requirements of any drug treatment or counseling program in which the employee is enrolled is
 grounds for disciplinary action, up to and including termination.
- Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.

Applicability

CTS will conduct drug and alcohol testing of employees engaged in safety-sensitive duties or working in construction on state public improvements pursuant to the provisions of the W. Va. Alcohol & Drug-Free Workplace Act.

CTS will also conduct pre-employment testing of employees hired to engage in the same work.

Policy Coordinator

Any questions or comments concerning	g this policy should be directed t	to the employee's job superintendent or to the company's alcohol & drug-
free workplace policy coordinator,	Amanda Doss	The policy coordinator's address and telephone number is listed
helow:		

Casto Technical Services, Inc. 540 Leon Sullivan Way P. O. Box 627 Charleston, West Virginia 25322 (304) 346-0549

Types of Drug & Alcohol Testing

- 1. PRE-EMPLOYMENT DRUG TESTING: CTS shall conduct pre-employment drug testing of all new employees hired to perform safety-sensitive duties. If the newly hired employee does not pass the drug test, then the employee is not eligible for employment with the company.
- 2. RANDOM DRUG TESTING: CTS shall conduct random drug testing that annually tests at least ten percent (10%) of the company employees who perform safety- sensitive duties.
- 3. POST ACCIDENT DRUG OR ALCOHOL TESTING: CTS shall conduct a drug or alcohol test of any employee who may have caused or contributed to an accident while conducting job duties where reasonable cause exists to suspect that the employee may be intoxicated or under the influence of a controlled substance not prescribed by the employee's physician. The drug or alcohol test shall be conducted as soon as possible after the accident occurs and after any necessary medical attention has been administered to the employee.

¹ Casto Technical Services incorporates by reference the provisions of the W. Va. Alcohol and Drug-Free Workplace Act (W. Va. Code Section 21-1D-1 et seq.) as if specifically addressed herein, including the definitions set forth in Section 21-1D-2.

4. REASONABLE CAUSE DRUG OR ALCOHOL TESTING: CTS shall conduct a drug or alcohol test of any employee when there is reasonable cause to believe that the employee has reported to work or is working under the influence of a drug of abuse or alcohol.

Medical Review Officer

- CTS shall designate a qualified Medical Review Officer ("MRO") to review and interpret laboratory results.
- 2. The MRO will determine whether there is a legitimate medical explanation for a laboratory-confirmed positive, adulterated, or substituted result; and review and report a verified result in a timely and confidential manner.
- The MRO shall review all drug tests yielding a positive result.
- 4. The MRO shall review collection and testing procedures to help ensure that appropriate procedures are being followed.

Testing Protocols

- 1. All drug tests performed shall be conducted by a laboratory certified by the United States Department of Health and Human Services or its successor.
- 2. Urine specimens of individuals shall be collected in a scientifically or medically approved manner and under reasonable and sanitary conditions.
- 3. The collection and testing of urine specimens will be done with due regard for the privacy of the individual being tested and in a manner reasonably calculated to prevent substitutions or interference with the collection and testing of specimens.
- 4. Documentation of urine specimens will be done through procedures that reasonably preclude the possibility of erroneous identification of test results, and that provide the individual being tested a reasonable opportunity to furnish information identifying any prescription or nonprescription drugs used by the individual in connection with a medical condition to the Medical Review Officer.
- 5. The collection, maintenance, storage, and transportation of urine specimens will be done in a manner that reasonably precludes the possibility of contamination or adulteration of the specimens.
- 6. The testing of a urine specimen of an individual to determine if the individual ingested, was injected, or otherwise introduced with a drug of abuse, will be done in a manner that conforms to scientifically accepted analytical methods and procedures that include verification and confirmation of any positive test result by gas chromatography or mass spectrometry.
- 7. Alcohol testing will be done in a scientifically or medically approved manner, which will include an approved screening device (saliva swap, breath tube) or an Evidential Breath Testing device (breathalyzer). All confirmation alcohol testing will be done with an Evidential Breath Testing device.

Designated Testing or Collection Site

- 1. Drug Testing: CTS shall designate appropriate sites to be used for the collection of urine samples. The collector shall be responsible for maintaining collection site security and integrity as followed in federally mandated drug and alcohol testing programs or otherwise accepted as the industry standard.
- 2. Alcohol Testing: CTS shall designate appropriate sites to be used for alcohol testing.

Employee Preparation for Testing

- 1. When an employee is notified of selection for testing, he or she must proceed immediately to the collection site.
- Employee must have photo identification.
- Employees may be accompanied to the collection or testing site.
- 4. Collectors and Breath Alcohol Technicians may come to the worksite to collect specimens, without advanced notice.

<u>Laboratory</u>

For testing urine samples, CTS will use <u>LabCorp</u>, as its primary testing laboratory. This laboratory is a DHHS-certified laboratory. CTS may at its discretion, designate another laboratory for urine testing.

The laboratory shall receive, analyze, and report laboratory confirmed results to the MRO.

Reasonable Cause Suspension from Safety-Sensitive Duties

If CTS has reasonable cause to believe an employee is under the influence of a drug of abuse or alcohol at work and requires the employee to take a drug or alcohol test, the employee shall immediately be suspended from performing safety-sensitive tasks until such time as a drug or alcohol test is performed and results of that test are available.

Cutoff Level

Nine-Panel Drug Screen²

1. <u>Initial Screening Test</u>

Drugs	Cutoff Level nanograms per milliliter (ng/ml)			
Amphetamines	1,000			
Barbiturates	300			
Benzodiazepines	300			
Cannabinoids (marijuana)	50			
Cocaine Metabolites	300			
Methadone	300			
Opiate metabolites	300			
Hydrocodone				
Hydromorphone				
Oxycodone				
Phencyclidine	25			
Propoxyphene	300			

2. <u>Confirmatory Test</u>

<u>Drugs</u>	nanograms per milliliter (ng/ml)		
Amphetamines	500		
Barbiturates	300		
Benzodiazepines	300		
Cannabinoids (marijuana)	15		
Cocaine Metabolites	150		
Methadone	300		
Opiate metabolites	300		
Hydrocodone			
Hydromorphone			
Oxycodone			
Phencyclidine	25		
Propoxyphene	300		

3. Any employee testing positive for a drug of abuse shall be discharged.

Alcohol Screening

- 1. If the initial alcohol screening test shows an alcohol concentration of less than 0.02, the testing procedure is completed.
- 2. If the alcohol concentration is 0.02 or greater, then there will be a separate confirmation test conducted using an Evidential Breath Testing device.
 - The breath alcohol technician will wait 15 minutes, but not more than 30 minutes, before conducting the confirmation test.
- During this time, the employee is not allowed to eat, drink, smoke, belch, put anything in his or her mouth or leave the testing area.
- 3. 0.04 or greater:

² These cut-off levels are federally-recognized standards.

A confirmed test result of 0.04 or greater shall result in disciplinary action up to and including discharge. If the employee is not discharged, any return to duty will be contingent on successful completion of the company's return to duty program, which may include evaluation by a substance abuse professional, successful completion of any education, counseling or treatment prescribed by the substance abuse professional prior to returning to work, and provide a negative test result for drugs and a breath test less than 0.02 of alcohol. If the employee is not discharged, he or she shall be subjected to random drug and alcohol testing at any time for one year after the positive test.

4. 0.08 or greater:

A confirmed test result of .08 or greater will result in immediate discharge.

Contesting Positive Results

1. Drug Testing

An employee may contest a positive drug test result by contacting the MRO within seventy-two (72) hours of notification of a positive result.

Challenge testing will be performed on the untested second portion of the split sample. The employee may request that the MRO direct that a different certified laboratory perform the test.

There are no cut-off levels applicable to the split sample testing.

The employee must pay any costs or fees associated with the challenge test.

2. Alcohol Testing

An employee may contest a positive alcohol test by contacting the MRO within twenty-four (24) hours of notification of a positive result.

The MRO shall review the alcohol testing procedure and examine any alternate medical explanations for a positive test result and report any findings to the Policy Coordinator. Thereafter, CTS will review the matter and make a decision concerning the employee's status.

Refusing to Consent to Testing

- Employees refusing to consent to drug or alcohol testing shall be discharged from employment.
- 2. A newly hired employee that refuses to consent to pre-employment drug testing shall no longer be eligible for employment with the company.
- 3. If an employee is caught adulterating a drug or alcohol test, the employee shall be discharged from employment.
- 4. If a newly hired employee is caught adulterating a pre-employment drug test, the employee shall no longer be eligible for employment with the company.

Employee Assistance

- 1. CTS shall provide to any employee testing positive for a drug of abuse or alcohol, a list of community resources where employees may seek assistance for themselves or their families.
- 2. CTS shall assist an employee who voluntarily acknowledges that the employee may have a substance abuse problem by providing a list of community resources where employees may seek assistance for themselves or their families.
- See attached List of Community Resources where employees may seek assistance for themselves or their families.

Employee Training

1. Employee Training

CTS will provide within six (6) weeks of new employment, at least two (2) hours of drug-free workplace employee education for all employees unless the employee has already received such training at anytime within a prior two-year period.

The employee shall participate in drug-free workplace employee education at least biannually thereafter.

The employee education shall include, but may not be limited to the following:

- a) Explanation about the content of the company's alcohol and drug-free workplace policy.
- b) Employees shall have the opportunity to ask questions regarding the policy.
- c) Employees shall receive a hard copy of the written policy.
- Employees shall sign a document acknowledging receipt of the hard copy of the written policy.
- e) Employees shall receive a specific explanation of the basics of drugs and alcohol abuse, including, but not limited to the disease model, signs and symptoms associated with substance abuse, and the effects and dangers of drugs or alcohol in the workplace.
 - f) Employees shall receive a list of community resources where employees may seek assistance for themselves or their families.

2. Supervisor Training

CTS will provide at least two (2) hours of drug-free workplace supervisor training for supervisory employees and annually thereafter. The supervisor training shall include the following:

- a) How to recognize a possible drug or alcohol problem;
- b) How to document behaviors that demonstrate a drug or alcohol problem;
- c) How to confront employees with the problem from observed behaviors;
- d) How to initiate reasonable suspicion and post-accident testing;
- e) How to handle the procedures associated with random testing;
- f) How to make an appropriate referral for assessment and assistance; and
- g) How to follow up with employees returning to work after a positive test.

Confidentiality and Recordkeeping

- 1. All drug and alcohol testing information specifically related to individual employees is confidential and should be treated as such by anyone authorized to review or compile program records.
- 2. No information about any individual test result shall be released without written authorization of the tested employee with the exception of the following: The W. Va. Alcohol and Drug-Free Workplace Act does provide for inspection of records by the public authority which let the contract and its officers and agents.

List of Community Resources

Henry R. Bussey, MA 218 D. Street South Charleston, WV 25303 (304) 720-3835

Dr. Ralph Smith Charleston Psychiatric Group, Inc. 2008 Kanawha Boulevard East Charleston, WV (304) 344-0349

Peoplework Solutions 497 1st Avenue, South Nitro, WV (304) 722-9119

Psychological Consultation & Assessment 202 Glass Drive Cross Lanes, WV (304) 776-7230

Kanawha Pastoral Counseling Center, Inc. 16 Broad Street Charleston, WV (304) 346-9689 or 800-340-9680

Shawnee Hills, Inc.
Various Locations
Charleston (304) 345-4800
Boone County (304) 369-1930
Clay County (304) 587-4205
Putnam County (304) 757-1000

New Hope Christian Counseling Center 5130 MacCorkle Avenue SE Charleston WV (304) 926-8600

CASTO TECHNICAL SERVICES, INC.

<u>Acknowledgment</u>

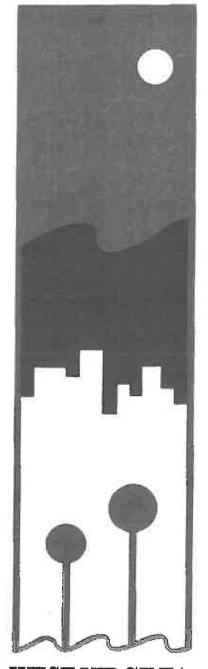
I have received a copy of the Casto Technical Services' W. Va. Alcohol and Drug-Free Workplace Act Policy. I have reviewed this Policy, understand its requirements, and agree, without reservation, to follow this Policy. I further understand that this Policy is not a contract of employment and I am an "at-will" employee.

Signature

Date

Witness

Date



WEST VIRGINIA CONTRACTOR LICENSING BOARD

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV001241

Classification:

ELECTRICAL HEATING, VENTILATING & COOLING PIPING

CASTO TECHNICAL SERVICES INC DBA CASTO TECHNICAL SERVICES INC PO BOX 627 CHARLESTON, WV 25322-0627

Date Issued

Expiration Date

AUGUST 13, 2015

AUGUST 13, 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.

 $ACORD_{-}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS 11/07/2014 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

certificate holder in lieu of such endorsement(s). PRODUCER BB&T-Carson Insurance Services 601 Tennessee Avenue Charleston, WV 25302	uire an endorsement. A statement on this certificate does not confine the confine term of the certificate does not confine the certi	88 751-3002
304 346-0806	insurer(s) Affording coverage Insurer A: Westfield Insurance Company	NAIC#
Casto Technical Services Inc PO Box 627	INSURER B :	24112
Charleston, WV 25322	INSURER D :	
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BY	REVISION NUMBER:	

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. ADDL SUBR INSR WVD TYPE OF INSURANCE POLICY EFF POLICY EXP
(MM/DD/YYYY) POLICY NUMBER GENERAL LIABILITY CMM3444306 10/27/2014 10/27/2015 EACH OCCURRENCE X COMMERCIAL GENERAL LIABILITY \$1,000,000 PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$500,000 MED EXP (Arry one person) PD Ded:2.500 \$10,000 X OCP PERSONAL & ADV INJURY <u>s 1,000,000</u> GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000 PRODUCTS - COMP/OP AGG | \$2,000,000 POLICY X PRO-X LOC **AUTOMOBILE LIABILITY** 10/27/2014 10/27/2015 COMBINED SINGLE LIMIT CMM3444306 s1,000,000 ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS SCHEDULED \$ AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) X X HIRED AUTOS PROPERTY DAMAGE (Per accident)

Δ UMBRELLA LIAB X **OCCUR** CMM3444306 10/27/2014 10/27/2015 EACH OCCURRENCE EXCESS LIAR \$5,000,000 CLAIMS-MADE AGGREGATE DED X RETENTION \$0 \$5,000,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WCP5465191 10/27/2014 10/27/2015 X WC STATU-ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Includes WV Broad | Form Y N/A E.L. EACH ACCIDENT \$1,000,000 (Mandatory in NH) **Employers** If yes, describe under DESCRIPTION OF OPERATIONS below Liability E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 Equipment CMM3444306 10/27/2014 10/27/2015 \$50,000 Limit Leased / Rented \$1,000 Deductible Open Perils

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

* Workers Comp Information ** Proprietors/Partners/Executive Officers/Members Excluded: Harry Casto Jr, ** Supplemental Name **

First Supplemental Name applies to all policles - Casto Technical Services Inc; HN Casto LLC (formerly Harry N. Casto dba The Trane Company)

CERTIFICATE HOLDER	CANCELLATION		
	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		
	Gregny T. Borba		
	© 1988-2010 ACORD CORDOR ATTOM		

BID BOND

of	Charleston	iE PRESENTS, That we, the ເ WV				Surety Company
of	Chicago	,		-		fer the laws of the State of
SD			_	_	_	nd firmly bound unto the State
	- •	enal sum of Five Percent of		_) for the payment of which,
		and severally bind ourselves,			•	
		,		······································	-	.
	The Condition of the above	e obligation is such that whe	ereas the Pri	ncipal has su	ubmitted to	the Purchasing Section of the
Departi	ment of Administration a certa	ain bid or proposal, attached he	ereto and ma	de a part her	of, to enter	into a contract in writing for
Preve	ntative and Corrective Ma	intenance for JWH Boilers	- CRFQ 0	506 JWH16	00000002	- According to Plans &
Specif	fications	 .				
	NOW THEREFORE,					
	(a) If said bid shall be	rejected or				
	(b) If said bid shall b	e accepted and the Principal	shall enter	into a contra	ct in accord	ance with the bid or proposal
attache	d hereto and shall furnish an	y other bonds and insurance r	equired by th	e bid or prop	osal, and sha	all in all other respects perform
tne agre	eement created by the accep a and effect . It is expressly	rance of said bid, then this obli understood and agreed that th	igation snail i Ta liability of	oe null and vo	iid, otherwise r any and al	e this obligation shall remain in I claims hereunder shall, in no
		nis obligation as herein stated.		ine outery to	i ally alle al	i cialitis neleunuei shall, ili no
way im						ety and its bond shall be in no and said Surety does hereby
	otice of any such extension.	rension of the title within Au	on the Obig	ee may acce	pt such bia,	and said odlety does heleby
		•		_	•	proper officer of Principal and
Surety,	or by Principal Individually if	Principal is an individual, this_	21St day	of OC	tober	<u>, 2015</u> ,
				Cooks Tool	i! Com	ioon luo
Principa	al Seal			Casto led	nnical Serv	e of Principal)
) .	
				By (14)	QWAS	ent, Vice President, or
				(IVIU		horized Agent)
				L	DIAF	
					1 100	(Titlə)
						(,
Surety \$	Seal			Western S	urety Com	pany
•					(Name	e of Surety)
				By: fat	Tien A	Man
			F	Patricia A. Moye	. WV Reside	nt Agent Attorney-in-Faci

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

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

Kimberly J Wilkinson, Allan L Mc Vey, Gregory T Gordon, Patricia A Moye, Individually

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

- In Unlimited Amounts -

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

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

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 20th day of August, 2015.



WESTERN SURETY COMPANY

Paul T. Rruflat Vice Precident

State of South Dakota County of Minnehaha

SS

On this 20th day of August, 2015, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

February 12, 2021



S Fich Notary Public

CERTIFICATE



WESTERN SURETY COMPANY

L. Molami

Authorizing By-Law

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.



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

STATE OF WEST VIRGINIA,
COUNTY OF KANAWAA, TO-WIT:
I, Chris Serbent, after being first duly sworn, depose and state as follows:
1. I am an employee of ASTO TECHNICA SERVICES; and, (Company Name)
2. I do hereby attest that CASKO TECHNICA/ SERVICES (Company Name)
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with West Virginia Code §21-1D.
The above statements are sworn to under the penalty of perjury.
Printed Name: Chri's SERGENT
Signature:
Title: ACCOUNT MANAGER
Company Name: CASTO TECHNICAL STRUICES
Company Name: CASTO TECHNICAL SERVICES
Company Name: CASYO Technien Services Date: 10-21-15 Taken, subscribed and sworn to before me this 21 day of October 2015. By Commission expires ARILLY, 2016.
Company Name: ASTO Technien Services Date: 10-21-15 Taken, subscribed and sworn to before me this 2/ of October, 2015. By Commission expires April 17, 2016. (Seal) CFF.CIM CEAL Of Word Virginia Diana L. Graham 202 Powderhorn Road Charleston, WV 25314 (Notary Public.) My Commission Expires April 17, 2016 (Notary Public.)
Company Name: ASYO Technien Services Date: 10-21-15 Taken, subscribed and sworn to before me this 2/5t day of October, 2015. By Commission expires April 7, 2016. (Seal) OFF. CIA CELL Diana L. Graham Diana L. Graham 202 Powderhorn Road Charleston, WV 25314

State of West Virginia Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with **West Virginia Code** § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

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

or less, the vendor should mail the report to the public authority issuing the contract.
Contract Identification:
Contract Number: 5w4160000002
Contract Purpose: Maintenance
Agency Requesting Work: Dept of Administration
Required Report Content: The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report. Information indicating the education and training service to the requirements of West Virginia Code § 21-1D-5 was provided; Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests; Average number of employees in connection with the construction on the public improvement; Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.
Vendor Contact Information:
Vendor Name: (asto Technical Services Vendor Telephone: 304-346-0549
Vendor Address: 540 Leon Sullivan Way Charleston WV 25301 Vendor Fax: 304-346-8920 Vendor E-Mail: Csergent @castotech.com

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.

Vendor's Name: Cisto Technical	Servis
Authorized Signature:	Date: 10-21-15
State of <u>WEST UIRGINIA</u> County of <u>KANAWHA</u> , to-wit:	
County of KANAWHA to-wit:	+ -
Taken, subscribed, and sworn to before me this 2	V day of Ochiber , 20/5
My Commission expires April 17	20/4
AFFIX SEAL HERE	NOTARY PUBLIC Dens &. Suchem
· · · · · · · · · · · · · · · · · · ·	Purchasing Affidavit (Revised 08/01/2015)

Notary Public, Sia L. Gran. M. 202 Powderhorn Fload Charleston, WV 25314
My Commission Expires April 17, 2018