

State of West Virginia Request for Quotation 09 — Construction

Proc Folder: 221712

Doc Description: Addendum 3-Gutter Replacement Project for Building 1

Proc Type: Central Purchase Order

Date Issued Solicitation Closes Solicitation No Version

2016-08-12 2016-08-30 CRFQ 0211 GSD1700000001

13:30:00 4

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:

TRI-STATE ROOFING & SHEET METAL COMPANY

PO BOX 1231

CHARLESTON, WV 25324

(304) 755-8135

08/30/16 II:10:51 NV Purchasina Division

| FOR INFORMATION | CONTACT | THE | BUYER | |
|-----------------|---------|-----|-------|--|
|-----------------|---------|-----|-------|--|

Jessica S Chambers (304) 558-0246

jessica.s.chambers@wv.gov

Signature X P.S-Kull

FEIN# 55-0591156

DATE 08/30/16

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

Page: 1

FORM ID: WV-PRC-CRFQ-001

ADDITIONAL INFORMATION:

Addendum

Addendum No.03, issued to publish and distribute the following information to the Vendor community as attached herein.

Request for Quotation

The West Virginia Purchasing Division is soliciting bids on behalf of the WV Department of Administration, General Services Division, to establish a one-time construction contract for the replacement of the roof parapet gutter on the WV State Capitol Building (East Main, West Main and West Wing). To be installed on Building 1, per the specifications, and Terms and Conditions as attached.

| INVOICE TO | ESSO INCOMES TO DELLE | SHIP TO DESCRIPTION OF THE PERSON OF THE PER | |
|--|-----------------------|--|----------|
| DEPARTMENT OF ADMI GENERAL SERVICES DI 1900 KANAWHA BLVD E | VISION | DEPARTMENT OF ADMINISTRA GENERAL SERVICES DIVISION 1900 KANAWHA BLVD E | |
| CHARLESTON | WV25305 | CHARLESTON | WV 25305 |
| US | | us | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|---------|------------|------------|--------------|
| 1 | Main Capitol Gutter Replacement Base Bid | 0.00000 | | | \$504.015.00 |
| | Dase bio | | | | \$624,013.00 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|---|
| 72152602 | | | | |
| | | | | ľ |

Extended Description:

Main Capitol Gutter Replacement - Base Bid

West Virginia State Capitol Building Roof Gutter Repair Project No. GSD 222712

Pricing Page

State of West Virginia - General Services Division West Virginia State Capitol Building Roof Gutter Replacement Project

Name of Vendor: TRI-STATE ROOFING & SHEET METAL COMPANY

| furnish all necessary and requ | with and understanding the Bidding Docum miliar with all local conditions affecting uired labor, material, equipment, supplies the Bidding Documents within the time line | the project hereby proposes to |
|--|---|------------------------------------|
| Base Bid: | | |
| West Virginia State Capitol | Building Roof Gutter Replacement Pi | roject: |
| Six Hundred Twenty Fo | our Thousand Thirteen Dollars | inna |
| and Zero Cents (Show Bid Amount in both | words and numbers.) | (\$ 624,013.00). |
| (In the event of a difference written bid amount shall gov | between the written bid amount and the | he number bid amount, the |
| UNIT PRICES: | | |
| Additional of Solvices of a DOLIIO | mount stated in the Bid as a price per unit on of the Work as described in the Bidding of any change orders subsequently request | of Documente Limit prince shall be |
| These Unit Prices include all mai | terials, shipping, installation, tax, and con work is to be as indicated on Drawings an | streator marken Hait Dai |
| Unit Price No. 1 | | |
| Base Bid includes Three Hundred flashing at the base of the balustra | 1 (300) linear feet of replacement of dama | ged portions of existing copper |
| For copper flashing replacement, | if the actual quantity differs from the quai | ntity included in the Base Bid, |
| ADD or DEDUCT the following: | # 20 OF | per linear foot. |
| PRICING PAGE | PAGE 1 OF 1 | 1601 - 07/01/16 |
| | | |

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: GSD1700000001

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 | c t | he bo | ox next to each addendum re | ceive | d) | |
|--------|-----|-------|-----------------------------|-------|----|-----------------|
| | [| χ] | Addendum No. 1 |] |] | Addendum No. 6 |
| | [| X] | Addendum No. 2 | [|] | Addendum No. 7 |
| | [| X] | Addendum No. 3 | [| J | Addendum No. 8 |
| | [|] | Addendum No. 4 | Ĺ |) | 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.

| TRI-STATE ROO | OFING 8 | SHEET | METAL | COMPANY |
|---------------|---------|-----------|----------|---------|
| | Co | npany | | |
| P. Hade | ~ | | | |
| Pat Haden | Aut | horized S | ignature | ; |
| AUGUST 30, | 2016 | | | |
| | Dat | е | · | |

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

Revised 6/8/2012

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

| P-9-taden VP | |
|-----------------------------------|---|
| (Name, Title) | — |
| PAT HADEN, VICE PRESIDENT | |
| (Printed Name and Title) | — |
| PO BOX 1231, CHARLESTON, WY 25324 | |
| (Address) | |
| (304) 755-8135 / (304) 755-5275 | |
| (Phone Number) / (Fax Number) | |
| CHARLESTON@TRI-STATESERVICE.COM | |
| (email address) | |

CERTIFICATION AND SIGNATURE: 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) |
| P.Staylor, VP |
| (Authorized Signature) (Representative Name, Title) |
| PAT HADEN, VICE PRESIDENT |
| (Printed Name and Title of Authorized Representative) |
| AUGUST 30, 2016 |
| (Date) |
| (304) 755-8135 / (304) 755-5275 |
| Phone Number) (Fax Number) |

REQUEST FOR QUOTATION Main Capitol Building Gutters Replacement Project

11. MISCELLANEOUS:

a. 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: PAT HADEN, VICE PRESIDENT | |
|--|--|
| Telephone Number: (304) 755-8135 | |
| Fax Number: (304) 755-5275 | |
| Email Address: CHARLESTON@TRI-STATESERVICE.COM | |



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

| STATE OF WEST VIRGINIA, |
|--|
| COUNTY OF PUTNAM TO-WIT: |
| I, PAT HADEN , after being first duly sworn, depose and state as follows: |
| 1. I am an employee of; and,; and,; |
| 2. I do hereby attest that TRI-STATE ROOFING & SHEET METAL COMPANY (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: Signature: VICE PRESIDENT Title: TRI-STATE ROOFING & SHEET METAL CO. Date: AUGUST 16, 2016 |
| Taken, subscribed and sworn to before me this 16TH day of AUGUST 2016 OCTOBER 9, 2016 By Carryllusion expression and seasons are seasons as a season of the season of the seasons are seasons as a season of the season of t |
| (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: Phodo | 08/16/2016 |
| State of WEST VIRGINIA | |
| County of PUTNAM to-wit: | |
| Taken, subscribed, and sworn to before me this day of AUGUST | _{, 20} 16 |
| My Commission expires OCTOBER 6 , 20 19. | |
| AFFIX OFFICIAL SEAL NOTARY PUBLIC OFFICIAL SEAL SEAL SEAL SEAL SEAL SEAL SEAL SE | Purchasing Affidavit (Revised 08/01/2015) |

| Agency GSD | |
|-----------------------|---|
| REQ.P.O#GSD1700000001 | _ |

BID BOND

| KNOW ALL MEN BY THESE PRESENTS, That w | ve, the undersigned, <u>Tri - State Roofing and Sheet Metal Company</u> |
|---|---|
| of PO Box 1231, Charleston WV 25324 | as Principal and Travelors Casualty and Suraty Compa |
| of America of 119 Virginia Street W. Charleston WV 2 | 25302 _{a corporation} organized and existing under the laws of the State of |
| Connecticut with its principal office in the City of Har | tford, as Surety, are held and firmly bound unto the State |
| of West Virginia, as Obligee, in the penal sum of Five Per | rcent (\$ 5%) for the payment of which, |
| we'll and truly to be made, we jointly and severally bind our | selves, our heirs, administrators, executors, successors and assigns. |
| The Condition of the above obligation is such that | whereas the Principal has submitted to the Purchasing Section of the |
| Department of Administration a certain bid or proposal, atta | sched hereto and made a part hereof, to enter into a contract in writing for |
| CRFQ 0211 GSD1700000001, Gutter Replacement | Project Building 1, Capitol Complex |
| according to plans and specifications. | |
| | |
| NOW THEREFORE, | |
| (a) If said bid shall be rejected, or | |
| agreement created by the acceptance of said bid, then this | shall enter into a contract in accordance with the bid or proposal attached uired by the bid or proposal, and shall in all other respects perform the obligation shall be null and void, otherwise this obligation shall remain in full |
| exceed the penal amount of this obligation as herein stated. | the liability of the Surety for any and all claims hereunder shall, in no event, |
| The Surety, for the value received, hereby stipulate way impaired or affected by any extension of the time within waive notice of any such extension. | es and agrees that the obligations of said Surety and its bond shall be in no which the Obligee may accept such bid, and said Surety does hereby |
| tN WITNESS WHEREOF, Principal and Surety hav | re hereunto set their hands and seals, and such of them as are corporations |
| have caused their corporate seals to be affixed hereunto and | d these presents to be signed by their proper efficient, this |
| 21st day of July , 20 16 | a made properties to see algined by their proper difficers, this |
| Principal Corporate Seal | Tri - State Roofing and Sheet Meta! Company |
| , , , | (Name of Principal) |
| | |
| | (Must be President or |
| | Vice President) |
| | Brian Linville, Vice President |
| | (Title) |
| Surety Corporate Seal | Travelers Casualty and Surety Company of America (Name of Surety) |
| | 40 · 0 · 00 · 1 |
| | Sheila McCormick Atlomey-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.

229290

Certificate No.

006737290

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 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, Beverly A. Holstine, Sheila McCormick, Taylor R. Johnson, and Bradley P. Bobersky

| of the City of Charleston each in their separate capacity if n other writings obligatory in the n contracts and executing or guarant | ature thereof on behalf of the | ne Companies in their | al and acknowledge any business of guaranteei | and all bonds, recognized and all bonds. | gnizances, conditio rsons, guaranteeing | _ |
|---|--|---|--|--|--|---|
| IN WITNESS WHEREOF, the Coday of April | Companies have caused this, 2016 | instrument to be sign | ed and their corporate so | eals to be hereto affi | xed, this | 12th |
| | Farmington Casualty Co Fidelity and Guaranty In Fidelity and Guaranty In St. Paul Fire and Marine St. Paul Guardian Insura | surance ('ompany surance Underwrite Insurance Company | rs, Inc. Tra | Paul Mercury Insu avelers Casualty an avelers Casualty an ited States Fidelity | d Surety Compan d Surety Compan | y of America |
| 1977 | исополица 1951 | SEA | ORFORAZZ STALL | SUNTY AND REAL PROPERTY AND RE | (HADDAG) | SEATTY AND QUE |
| State of Connecticut City of Hartford ss. | | | Ву: | Robert L. Raney | , Senior Vice Presiden | ıt |
| On this the 12th of the Senior Vice President of Far Fire and Marine Insurance Compa Casualty and Surety Company of instrument for the purposes therein | ny, St. Paul Guardian Insura America, and United States | , Fidelity and Guaran ance Company, St. Par Fidelity and Guaranty | al Mercury Insurance C Company, and that he | Fidelity and Guarant ompany, Travelers C , as such, being auth | ly Insurance Under Casualty and Surety | writers, Inc., St. Paul Company, Travelers |

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2016.



Marie C. Tetreault, Notary Public

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

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, and Vi 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 seals of said Companies this 215+ day of 314



















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.



WEST VIRGINIA CONTRACTOR LICENSING BOARD

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, 2016

AUGUST 01, 2017

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.



41LAURELMANA

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/29/2016

\$10,000,000

\$10,000,000

OTH

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 WAIVED, subject to

| ti C | e terms and conditions of the policy ertificate holder in lieu of such endo | , certain p sement(s) | olicies may require an en). | | ement on this | s certificate does not co | nfer rights to the | |
|--|--|--------------------------------|---------------------------------|---|----------------------------|--|--------------------|--|
| | DUCER | | | | ne Cameron | | | |
| J Smith Lanier & Co-Lexington | | PHONE (A/C, No, Ext): 800-7 | 859-254-8020 | | | | | |
| l | veli-Walton-Milward | | | E-MAIL ADDRESS: rcameron@pwm-jsl.com | | | | |
| | Box 2030 | | | | NAIC# | | | |
| Lex | ington, KY 40588 | | | INSURER A : Westfi | 24112 | | | |
| INSURED | | | INSURER B : | | | | | |
| | Tri-State Roofing & Sheet | | | INSURER C : | , | - | - | |
| | Company of West Virginia | 1 | | INSURER D : | - | | | |
| ĺ | P.O. Box 1231 | | | INSURER E : | | - | | |
| Charleston, WV 25324 | | | INSURER F: | | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | | REVISION NUMBER: | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOI 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. | | | | TO WHICH THIS | | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | 'S | |
| Α | X COMMERCIAL GENERAL LIABILITY | | CMM5942244 | | | EACH OCCURRENCE | \$1,000,000 | |
| | CLAIMS-MADE X OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000 | |
| | | | | | 1 . | MED EXP (Any one person) | s10,000 | |
| | | | | | | PERSONAL & ADV INJURY | s1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | s2,000,000 | |
| | POLICY PRO- JECT LOC | | | | 1 | PRODUCTS - COMP/OP AGG | s 2.000.000 | |
| | OTHER: | | | | <u> </u> | - | \$ | |
| Α | AUTOMOBILE LIABILITY | | CMM5942244 | 04/30/2016 | 04/30/2017 | COMBINED SINGLE LIMIT (Ea accident) | s1,000,000 | |
| | X ANY AUTO | | | | , | BODILY INJURY (Per person) | \$ | |
| | ALL OWNED SCHEDULED AUTOS | | | | [| BODILY INJURY (Per accident) | \$ | |
| | X HIRED AUTOS X NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (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 Hour E | | |

04/30/2016 04/30/2017 EACH OCCURRENCE

AGGREGATE

PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

Α

UMBRELLA LIAB

DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

(Mandatory In NH)

X

OCCUR

CLAIMS-MADE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Jennifer Drake PHONE (304) 720-2000 Mountain State Insurance Agency FAX (A/C, No): (304) 720-2002 1206 Kanawha Blvd. E. E-MAIL ADDRESS: jdrake@mountainstateinsurance.com INSURER(S) AFFORDING COVERAGE NAIC# Charleston WV 25301 INSURER A BrickStreet Mutual Ins Co 12372 INSURED INSURER B: 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:1617 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 TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** \$ DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT \$ ANY AUTO BODILY INJURY (Per person) S ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED RETENTION S WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 1,000,000 N/A (Mandatory in NH) WCBIODSSOS 7/1/2016 7/1/2017 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 Verification of Insurance THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **AUTHORIZED REPRESENTATIVE**

Jennifer Drake/JLD

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



CONTRACTORS FOR:

ROOFING
ROOF DECKS
INDUSTRIAL SHEETING AND ROOFING
SHEET METAL FABRICATION AND ERECTION
HVAC/MECHANICAL SERVICE

WV CONTRACTOR LICENSE NO. WV000104

ROOFING & SHEET METAL COMPANY

P.O. BOX 1231, CHARLESTON, WEST VIRGINIA 25324 • TELEPHONE (304) 755-8135 • FAX (304) 755-5275 E-MAIL: charleston@tri-stateservice.com • WEBSITE ADDRESS: www.trl-stateservicegroup.com

August 30, 2016

State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East Charleston, WV 25305

RE: Subcontractor List Submission - Solicitation No. CRFQ 0211 GSD1700000001

If awarded, Tri-State Roofing and Sheet Metal Company will be self-performing work on the Gutter Replacement Project for Building One at the Capitol Complex and will not have subcontractors.

Respectfully,

Pat Haden Vice President