#### EXHIBIT A - PRICING PAGE

Watters Smith Memorial State Park Barn Stabilization Revised 12/02/2016

Name of Bidder:	
	Angelina Stone & Marble LTD
Address of Bidder:	67010 Willow Grove RD St.Clairsville OH 43950
Phone Number of Bidder:	740-695-3615 740-310-1484
WV Contractors License No.	WV021686

We, the undersigned, having examined the site and being familiar with the local conditions affecting the cost of the work and also being familiar with the general conditions to bidders, drawings, and specifications, hereby proposes to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding documents.

#### Base Bid

The Base Bid includes: 1) Labor, material and equipment to complete the work noted on the Plans, 2) transport cut stone between Carnifex Ferry Battlefield State Park and Watters Smith Memorial State Park or provide stones for pier supports.

Total Base Bid: Lump sum for all labor, materials, and equipment as stipulated in the Bidding Documents, written in numbers.

\$ 294,662.00

Total Base Bid: Lump sum for all labor, materials, and equipment as stipulated in the Bidding Documents, written in words.

Two hundred ninety four thousand six hundred sixty two dollars and zero cents.

The contract award shall be based on the lowest base bid.

#### ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.:

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

#### Addendum Numbers Received:

(Check the box next to each addendum received)

<b>(</b> ]	( )	Addendum No. 1		]	Addendum No. 6
[)	( ]	Addendum No. 2	ſ	]	Addendum No. 7
[	]	Addendum No. 3	[	]	Addendum No. 8
ĺ	]	Addendum No. 4	{	]	Addendum No. 9
ſ	1	Addendum No. 5	[	1	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Angelina Stone & Marble LTD

Company

Authorized Signature

12/09/2016

Date

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

Revised 6/8/2012

						38
					Agency REQ.P.O#	
		В	D BOND			4-
of 670/10 Williams of 17771 Cos  ZOWA with its p  of West Virginia, as Obliged  well and truty to be made, w  The Condition of  Department of Administration	view Green view STE 100 vincipal office is to, in the penal se the above oblig on a certain bid FOOTER Smith	ESENT'S, That we, the E Pd, ST. CIPIES  Triving, CA  The City of TRY  True New Area  versity bind ourselves  pation is such that we  proposal, attached	a sorporation organization orga	as Principal as Sure (passive) as Sure (passive) as Sure (passive) as part here as part here	cipal, and DEVELOPERS Sund existing under the laws of the ety, are held and firmly bound use (295,000.) for the paym, executors, successors and assessment to the Purchasing Sereot, to enter into a contract in a ROOFING FOR:	above free Endemner into the State of which, figure.
(b) if said bid attached hereto and shall fu	shalf be rejecte shalf be accer mish say other	sted and the Princip	required by the b	id or pro	set in accordance with the bid posel, and shall in all other resp	acts perform
full force and effect. It is ex- event, exceed the penal amo	pressly undersi unt of this oblig value received, uny extension	ood and agreed that lation as herein stated hemby ationslass are	the liability of the i. d acress that the	Surety !	void, otherwise this obligation shi for any and all claims hereunded as of said Surety and its bond a lept such bid, and said Surety (	rahali, in no hall be in no
					d sealed by a proper officer of P	'rincipal and
Surety, or by Principal individ	ually if Principa	i ie an individuel, this	9 m day of E	ecen.	DER 20/4	
Principal Seal			8	y (M	(Natrie of Principal)	t, or
Surety Seal				SONY R	(Name of Surety)  And  Complete Surety	Indemniny 6
IMPORTANT - Surety execumust attach a power of stoo			est Virginia to t	ranylact;	curety insurance, must affix it	s seal, and

### POWER OF ATTORNEY FOR DEVELOPERS SURETY AND INDEMNITY COMPANY

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY, does hereby make, constitute and appoint:

\*\*\*Paul Foster, Linda Byrne, John Campbell, jointly or severa!!v\*\*\*

as its true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporation, as surety, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporation could do, but reserving to each of said corporation full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolution adopted by the Board of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, any Executive Vice-President, Senior Vice-President or Vice-President of the corporation be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporation, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of the corporation be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporation when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY has caused these presents to be signed by its officers and attested by its Secretary or Assistant Secretary this November 21, 2013.

By:	AND Modelle	
By: Mark J. Lansdon, Vice-President	OCT. 1936 OCT. 1	
State of California County of Orange	The state of the s	
On November 21, 2013 before me,	Antonio Alvarado, Notary Public	
Date	Here Insert Name and Title of the Officer	
personally appeared	Daniel Young and Mark J. Lansdon	
	Name(s) of Signer(s)	
		_
	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribe the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorize	id od



Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_

Antonio Alvarado, Notary Public

#### CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolution of the Board of Directors of said corporation set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this 9777 day of December, 2016

Cassie J. Bernsford, Assistant Secretary

ID-1438(Rev.11/13)

### Subcontractor List Submission (Construction Contracts Only)

Bidde	r's Name	: Angelina Stone & Marble I	_TD	
	Check to	his bex if no subcontractors will per	form more than \$25,000.00 of work	so complete the
		C.L.	License Number if Required by	
		Subcontractor Name	W. Va. Code § 21-11-1 et. seq.	
		N.F. Mannsuetto & Sons, INC.	WV005321	
		<u></u>		
		<u> </u>		

Attach additional pages if necessary

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.

Officer /Project Manager
(Name, Title)
John Emery / Project Manager
(Printed Name and Title)
67010 Willow Grove Rd St. Clairsville OH 43950
(Address)
740-695-3615 fax 740-633-3363
(Phone Number) / (Fax Number)
John@angelinastone.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.

Angelina Stone &	Marble LTD	
(Company)		
	Officer/Project Manager	
(Authorized Signatur	re) (Representative Name, Title)	
John Emery/ Office	eer/Project Manager	
(Printed Name and T	itle of Authorized Representative)	
12/09/2016		
(Date)		
740-695-3615 74	0-633-3363	
(Phone Number) (Fa		

# REQUEST FOR QUOTATION Barn Stabilization Project Watters Smith Memorial State Fark

and procedures	and	proced	ures
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10.5 Vendor shall inform all staff of Agency's security protocol and procedures.

#### 11. MISCELLANEOUS:

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 Manag	John Emery	
Telephone Numb	Ciffice 740-695-3615 Cell 740-310-1484	
Fax Number:	740-633-3363	
Email Address:	John@angelinastone.com	



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

STATE OF WEST VIRGINIA,
COUNTY OF Harrison TO-WIT:
I, John Emery , after being first duly sworn, depose and state as follows:
I am an employee of Angelina Stone & Marble LTD; and,
2. I do hereby attest that Angelina Stone & Marble LTD (Company Name)
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with <b>West Virginia Code</b> §21-1D.
The above statements are sworn to under the penalty of perjury.
Printed Name:John Emery
Signature:
Title: Officer/Project Mansger
Company Name: Angelina Stone & Marble LTD
Date: 12/09/2016
Taken, subscribed and sworn to before me this 9th day of December 2016.
By Commission expires Oct/7 202/ (Seal) Seal Seal Seal Seal Seal Seal Seal Seal
PAULA J. DEMOTT (Notary Public)  Notary Public  Notary Public  Notary Public  Notary Public
THIS AFFIRMATE MUST BE SHING OF ON WITH THE RID IN CORD TO COUNTY
BID SHALL ROUTS TO THE APPLICATION OF THE BID.

#### STATE OF WEST VIRGINIA Purchasing Division

### **PURCHASING AFFIDAVIT**

MANDATE: Under W. Va. Code §SA-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.

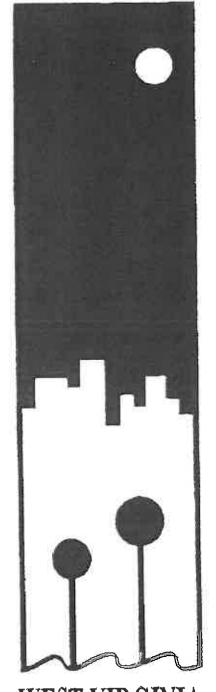
"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership 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:

Notary Public
State of Ohio
My Commission Expires Oct. 17, 2021

A THE RESIDENCE OF THE PARTY OF	
Vendor's Name: Angelina Stone & Marble	LTD
Authorized Signature	Date: 12/09/2016
State of Ohio	
County of Belnhout, to-wit:	
Taken, subscribed, and swom to before me this $\frac{9}{2}$	lay of <u>Necember</u> , 2016
My Commission expires Oct 17	2021
AFFIX SEAL HERE	NOTARY PUBLIC Paula J. De Mott
	Purchasing Affidavit (Revised 08/01/2015)
PAULA J. DEMOTT	



# CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

W7021535

Classification:

GENERAL BUILDING

ANGELINA STONE & MARBLE LTD DBA ANGELINA STONE & MARBLE LTD CO 67010 WILLOW GROVE RD SAINT CLAIRSVILLE, OH 43950-9229

**Date Issued** 

**Expiration Date** 

AUGUST 12, 2016

AUGUST 12, 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.



## Workers Compensation and Employers Liability Insurance Policy

NATION CE		Policy Number	Policy Period	
400 Quarrier Tireet Charleston, #V 1530*	-2011		Fram	То
BrickStreet Mutual Insurance Company A Mutual Company		WCB1017325	04/13/2016	04/13/2017
			(12:01 AM at the Insured location)	
Informat	tion Page	Ranewal/Rawrite of Policy Number		
		,	WCB1017325	
1. Named Insured and Add	ress	Agency Information		
Angelina Stone & Marble LLC		2005		
67010 Willow Grove Road		Bloss & Dillard Inc.		
Saint Clairsville, OH 43950		Bloss & Dillard Inc.		
Tr		1925 Adams Avenue		
	į	Huntington, WV 25704	•	
Carrier No.	FEIN	Risk ID	Entity	Туре
15762	34-1926545	<b>4</b> 70532106	Limited Liability	Co - Corporation

#### Additional Workplaces not shown above:

Rafer to Schedule of Locations Endorsement WC 99 06 02 (07-09)

- 2. The Policy Period is from 04/13/2016 to 04/13/2017 12:01am Standard Time at the insured's mailing address.
- 3. A. Workers Compensation insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: WV
  - B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our fiability under part Two are:

Bodily Injury by Accident: \$1,000,000.00 Each Accident
Bodily Injury by Disease: \$1,000,000.00 Policy Limit
Bodily Injury by Disease: \$1,000,000.00 Each Employee

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except North Dakota, Ohio, Washington, Wyoming, Puerto Rico, and the U.S. Virgin Islands, and states designated in Item 3.A. of the Information Page.
- D. This policy includes these endorsements and schedules: SEE ATTACHED SCHEDULE
- 4. The premium for this policy will be determined by our Manuals of Rules. Classifications, Rates and Rating Plans, All Information required below is subject to verification and change by audit.

#### SEE ATTACHED CLASSIFICATIONS OF OPERATIONS

Minimum Premium: \$1,423.00 Total Estimated Annual Premium: \$15,267.00

Premium Discount:

Expense Constant: \$175.00

Deposit Premium: \$4,303.00

Issue Date: 04/12/2015

Issuing Office: Charleston, WV