



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

## Header 1

List View

## General Information

## Contact

## Default Values

## Discount

## Document Information

Procurement Folder: 260924

SO Doc Code: CRFQ

Procurement Type: Central Purchase Order

SO Dept: 0313

Vendor ID: 000000209317

SO Doc ID: DEP1700000008

Legal Name: CENTRAL VAN &amp; STORAGE OF CHARLESTON INC

Published Date: 10/28/16

Alias/DBA:

Close Date: 11/3/16

Total Bid: \$88,350.00

Close Time: 13:30

Response Date: 11/03/2016

Status: Closed

Response Time: 11:19

Solicitation Description: Addendum 3-Professional Moving Services

Total of Header Attachments: 1

Total of All Attachments: 1



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

State of West Virginia  
Solicitation Response

Proc Folder : 260924

Solicitation Description : Addendum 3-Professional Moving Services

Proc Type : Central Purchase Order

| Date issued | Solicitation Closes    | Solicitation Response        | Version |
|-------------|------------------------|------------------------------|---------|
|             | 2016-11-03<br>13:30:00 | SR 0313 ESR11031600000001941 | 1       |

**VENDOR**

000000209317

CENTRAL VAN & STORAGE OF CHARLESTON INC

Solicitation Number: CRFQ 0313 DEP1700000008

Total Bid : \$88,350.00

Response Date: 2016-11-03

Response Time: 11:19:53

Comments:

**FOR INFORMATION CONTACT THE BUYER**

Jessica S Chambers

(304) 558-0246

jessica.s.chambers@wv.gov

Signature on File

FEIN #

DATE

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

| Line | Comm Ln Desc                 | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|------------------------------|-----|------------|------------|-----------------------------|
| 1    | Professional Moving Services |     |            |            | \$88,350.00                 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 78101804  |              |               |         |

|                        |  |
|------------------------|--|
| Extended Description : | Professional moving services to move the Oak Hill office furniture & supplies to the new location in Fayetteville. Also to move the surplus items and furniture from Oak Hill to surplus property in Dunbar. |
|------------------------|--|



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

State of West Virginia  
Request for Quotation  
33 — Service - Misc

Proc Folder: 260924

Doc Description: Addendum 3-Professional Moving Services

Proc Type: Central Purchase Order

| Date Issued | Solicitation Closes    | Solicitation No         | Version |
|-------------|------------------------|-------------------------|---------|
| 2016-10-28  | 2016-11-03<br>13:30:00 | CRFQ 0313 DEP1700000008 | 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:

Central Vault Storage  
P.O. Box 626  
Roca WV 25159

#### FOR INFORMATION CONTACT THE BUYER

Jessica S Chambers

(304) 558-0246

jessica.s.chambers@wv.gov

Signature 

FEIN # 55-0752625

DATE

11/2/16

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

**ADDITIONAL INFORMATION****Addendum**

Addendum No.03 issued to publish and distribute the attached information to the vendor community.

\*\*\*\*\*

The West Virginia Purchasing Division is soliciting bids on behalf of the Department of Environmental Protection (DEP), to establish a one-time contract for professional moving services to relocate the DEP Oak Hill Field Office from 254 Industrial Drive, Oak Hill, WV 25901 to 1159 Nick Rahall Greenway, Fayetteville, WV 25840. In addition, vendor will move surplus items from the existing office to the WV State Agency for Surplus Property, 2700 Charles Avenue, Dunbar, WV 25064. The tentative move date is scheduled for December 8-9, 2016. The Vendor will be given a 2 week notice if the move date would change per the specifications, and Terms and Conditions as attached.

| INVOICE TO   |  | SHIP TO   |  |
|--|--|---|--|
| ENVIRONMENTAL PROTECTION<br>OFFICE OF ADMINISTRATION<br><br>601 57TH ST SE<br><br>CHARLESTON WV25304<br><br>US |  | STATE OF WEST VIRGINIA<br>VARIOUS LOCATIONS AS INDICATED BY ORDER<br><br>No City WV 99999<br><br>US |  |

| Line | Comm Ln Desc                 | Qty | Unit Issue | Unit Price | Total Price |
|------|------------------------------|-----|------------|------------|-------------|
| 1    | Professional Moving Services |     |            |            | \$88,350-   |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 78101804  |              |               |         |

**Extended Description :**

Professional moving services to move the Oak Hill office furniture & supplies to the new location in Fayetteville. Also to move the surplus items and furniture from Oak Hill to surplus property in Dunbar.

|                      |                                       |   |                              |
|----------------------|---------------------------------------|---|------------------------------|
| <b>DEP1700000008</b> | <b>Document Phase</b><br><b>Final</b> | <b>Document Description</b><br>Addendum 3-Professional Moving Services<br>For Oak Hill Office | <b>Page 3</b><br><b>of 3</b> |
|----------------------|---------------------------------------|---|------------------------------|

# **ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**SOLICITATION NUMBER:** CRFQ DEP1700000008

**Addendum Number:**

No.03

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The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- ☐ | Modify bid opening date and time
- ☐ | Modify specifications of product or service being sought
- ☒ | Attachment of vendor questions and responses
- ☐ | Attachment of pre-bid sign-in sheet
- ☐ | Correction of error
- ☐ | Other

**Description of Modification to Solicitation:**

Addendum issued to publish and distribute the attached documentation to the vendor community.

1. Answer the technical questions received.

No other Changes.

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.



## ATTACHMENT A

Addendum #3  
Questions w/Answers

1. What will be the hours we are allowed to work each day or will we have 24 hr. access?

A. The movers would be able to access the facility from 6:00a.m - 12:00a.m each day.

2. If so how available are DEP people to give us direction if we work 2 shifts 24 hrs?

A. There would be DEP on site to give directions during the 6:00a.m. - 12:00a.m each day.

3. On prep day 1, can we start loading surplus items?

A. Yes, the movers could start loading the surplus items on the prep day

4. If the move date has changed to prior to 11/29-30/16 will the move cross over Thanksgiving?

A. No, the move will be the week after Thanksgiving (November 29<sup>th</sup> & 30<sup>th</sup>).

5. Will we be able to prep the new building the day before the actual move?

A. The mover will be able to prep the new building on the day prior to the move which is also the day being given for disassembly.

6. Will the IT department ,unhook,tag,place in bags [ supplied by the mover] the keyboards,cables,monitors and miscellaneous items or will this be the responsibility? If it is the movers responsibility will they be required to re-hook all?

A. The movers will not be responsible for unhooking, packing, tagging or reinstalling the computer equipment. This will be the Agency's responsibility.

**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)

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> 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.

Control Vault Storage  
Company  
[Signature]  
Authorized Signature  
11/2/16  
Date

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

**SOLICITATION NUMBER:** CRFQ DEP1700000008

**Addendum Number:** No.02

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The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- ☒ Modify bid opening date and time
- ☒ Modify specifications of product or service being sought
- ☒ Attachment of vendor questions and responses
- ☐ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☐ Other

**Description of Modification to Solicitation:**

Addendum issued to publish and distribute the attached documentation to the vendor community.

1. The purpose of this addendum is to remove the box and bag requirements from the solicitation;
2. Answer the technical questions received;
3. Attach the revised move equipment list;
4. Move the bid opening date from 11/01/2016 to 11/03/2016 at 1:30 PM (EST)

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

### Technical Questions for DEP1700000008

1. Can there be a day added to the move for disassembly?
  - A. Yes, a day will be added for the disassembly of furniture.
2. Can they deliver Surplus Property the two working days following the move dates as long as all of the equipment is removed from the site by the end of the move dates and stored securely?
  - A. Yes, the vendor can deliver the Surplus Property to 2700 Charleston Avenue, Dunbar, WV 25064 the two working days following the move dates.
3. Will the large piece of exercise equipment be disassembled and reassembled moved by the movers?
  - A. The Apollo exercise machine will be disassembled and moved by a third party.
4. Are the plotters included as part of the move?
  - A. The plotters marked for surplus will be moved by the office not the movers since they must go to a different location than Surplus Property. Those plotters being moved to the new location will be moved by the movers.
5. Are we required to provide floor protection?
  - A. Floor protection will be required at both sites.
6. What is the tentative move date?
  - A. The tentative move date will be prior to November 29 - 30, 2016.
7. Can the move go over past the end of the move date or be extended?
  - A. No, the move date will not be able to go over the 3 days allotted for the move.
8. Are the copiers part of the movers responsibility?
  - A. No, the lease contract vendor will be moving the copiers to the new location.

**Oak Hill Move  
Equipment  
Revised: October 26, 2016**

| <b>Description</b>  | <b>Moving</b> | <b>Surplus</b> |  |
|---|---------------|----------------|--|
| File Cabinet V 2 Drawer   | 29            | 30             |  |
| File Cabinet V 4 Drawer   | 20            | 15             |  |
| File Cabinet V 5 Drawer   | 37            | 13             |  |
| File Cabinet L 2 Drawer   | 2             | 0              |  |
| File Cabinet L 4 Drawer   | 18            | 2              |  |
| File Cabinet L 5 Drawer   | 35            | 5              |  |
| Storage Cabinets  | 17            | 11             |  |
| Bookcase  | 39            | 67             |  |
| Chairs  | 221           | 139            |  |
| Tables  | 50            | 46             |  |
| Conference Room Table   |               | 5              |  |
| Credenza  | 11            | 4              |  |
| Hutch   | 29            | 39             |  |
| Desk  | 34            | 75             |  |
| Modular   |               | 2              |  |
| Shelves   | 12            | 14             |  |
| Computers CPU   | 43            |                |  |
| Monitors  | 99            |                |  |
| Printers  | 33            |                |  |
| Small tech items  | 122           | 47             |  |
| Small items ( trash cans, chair mats, recycle cans)               | 65            | 40             |  |
| Boxes –bankers boxes  | 114           | 0              |  |
| Network printers  | 3             | 0              |  |
| Fax machines  |               | 3              |  |
| Plotters  | 4             |                |  |
| Refrigerator  | 2             | 4              |  |
| Microwave   |               | 2              |  |
| Cork Board  | 56            | 9              |  |
| Dry Erase Board   | 13            | 15             |  |
| Exercise Equipment (Treadmill, Elliptical, Bicycle, Free Weights) | 6             | 0              |  |
| Televisions   | 2             | 1              |  |
| Tires   | 0             | 29             |  |
| Office metal trash cans   |               | 34             |  |

Exhibit A  
Pricing Page

| Item Number | Description  | Unit of Measure | Unit Price | Qty. | Extended Cost |
|-------------|--|-----------------|------------|------|---------------|
| 1           | Moving Services - All inclusive<br>To move agency from: 254 Industrial Drive, Oak Hill, WV 25901<br>to: 1159 Nick Rahall Greenway, Fayetteville, WV 25840<br>To move all surplus items from: 254 Industrial Drive, Oak Hill, WV 25901 to: 2700 Charles Avenue, Dunbar, WV 25064. | Job             |            | 1    |               |
|             |  |                 |            |      |               |

TOTAL BID AMOUNT:

\$88,350



## VENDOR PREFERENCE CERTIFICATE

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

1. ☐ **Application is made for 2.5% vendor preference for the reason checked:**  
Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
☐ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification;  
☐ Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; or,  
☐ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. ☐ **Application is made for 2.5% vendor preference for the reason checked:**  
Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. ☐ **Application is made for 2.5% vendor preference for the reason checked:**  
Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; or,
4. ☒ **Application is made for 5% vendor preference for the reason checked:**  
Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. ☐ **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**  
Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. ☐ **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**  
Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. ☐ **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**  
Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) rescind the contract or purchase order; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

**Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.**

Bidder: Central University  
Date: 11/2/16

Signed: [Signature]  
Title: President

\*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

**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.

Leonard E Rappe (Gene) President  
 (Name, Title)  
E Rappe  
 (Printed Name and Title)  
P.O. Box 6226 Bea WV 25159  
 (Address)  
304-755-1898 x3500  
 (Phone Number) / (Fax Number)  
erappe@centralva.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.

Central Vault Storage  
 (Company)  
E Rappe President  
 (Authorized Signature) (Representative Name, Title)  
Leonard E Rappe President  
 (Printed Name and Title of Authorized Representative)  
11/2/16  
 (Date)  
304-755-1898 x3500  
 (Phone Number) (Fax Number)

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 exceeds 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: Central Vent & Storage

Authorized Signature: [Signature] Date: 11/2/16

State of West Virginia

County of Putnam, to-wit:

Taken, subscribed, and sworn to before me this 2 day of November, 2016.

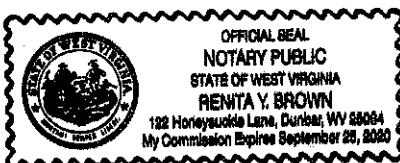
My Commission expires September 25<sup>th</sup>, 2020.

AFFIX SEAL HERE

NOTARY PUBLIC

[Signature: Renita Y. Brown]

Purchasing Affidavit (Revised 08/01/2015)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/2/2016

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).

| <b>PRODUCER</b><br>Rodgers Insurance Group<br>Foster Plaza V<br>651 Holiday Drive<br>Pittsburgh PA 15220   | <b>CONTACT NAME:</b> Lance Doka<br><b>PHONE (A/C No. Ext):</b> (412) 922-1651<br><b>FAX (A/C No):</b> (412) 922-5117<br><b>E-MAIL ADDRESS:</b> ldoka@roddersgrp.com   |                               |        |                                      |       |                               |       |            |  |            |  |            |  |            |  |
|--|---|-------------------------------|--------|--------------------------------------|-------|-------------------------------|-------|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>Central Van & Storage Of Charleston Inc.<br>Evans Transfer & Movers Inc.<br>Evans Van & Storage LLC Box 2343<br>Clarksburg WV 26302-2343 | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A Granite State Insurance Co</td><td>23809</td></tr><tr><td>INSURER B National Union Fire</td><td>19445</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A Granite State Insurance Co | 23809 | INSURER B National Union Fire | 19445 | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC #  |                               |        |                                      |       |                               |       |            |  |            |  |            |  |            |  |
| INSURER A Granite State Insurance Co   | 23809   |                               |        |                                      |       |                               |       |            |  |            |  |            |  |            |  |
| INSURER B National Union Fire  | 19445   |                               |        |                                      |       |                               |       |            |  |            |  |            |  |            |  |
| INSURER C:   |   |                               |        |                                      |       |                               |       |            |  |            |  |            |  |            |  |
| INSURER D:   |   |                               |        |                                      |       |                               |       |            |  |            |  |            |  |            |  |
| INSURER E:   |   |                               |        |                                      |       |                               |       |            |  |            |  |            |  |            |  |
| INSURER F:   |   |                               |        |                                      |       |                               |       |            |  |            |  |            |  |            |  |

**COVERAGES** **CERTIFICATE NUMBER:** CL1662417910 **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.

| INSR LTR   | TYPE OF INSURANCE  | ADDL SUBR INSR / WVD  | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY)  | POLICY EXP (MM/DD/YYYY) | LIMITS  |   |
|--|--|---|---|--|-------------------------|---|---|
| A  | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |   | 02LX0679883931  | 6/25/2016  | 6/25/2017               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 2,000,000 |   |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC                                |   |   |  |                         |   |   |
|  | A  | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS |   | 02CA0132277321   | 6/25/2016               | 6/25/2017   | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Medical Expense \$ |
|  |  | B   | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE |                         |   | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000  |
| DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |  |   |   | 29UD0166974271   | 6/25/2016               | 6/25/2017   |   |
| <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below |  |   | N/A   |  |                         | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |   |
| A  | Motor Truck Cargo  |   | 02LX0679883931  | 6/25/2016  | 6/25/2017               | Limit Per Vehicle \$200,000<br>Deductible \$5,000   |   |

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

**CERTIFICATE HOLDER**

West Virginia Purchasing Division  
2019 Washington Street, East  
Charleston, WV 25304-0130

**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

Andrew Rodgers/LD

ACORD 25 (2010/05)

INS025 (2010/05) 01

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/2/2016

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).

| <b>PRODUCER</b><br>The Hilb Group of West Virginia LLC<br>3601 MacCorkle Ave. SE<br>P O Box 1126<br>Charleston WV 25324 | <b>CONTACT NAME:</b> Tonya Westfall<br><b>PHONE (A/C, No, Ext):</b> (304) 926-7400<br><b>FAX (A/C, No):</b> (304) 926-7433<br><b>E-MAIL ADDRESS:</b> Tonya.Westfall@hilbgroup.com   |                               |  |        |            |                                  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
|---|---|-------------------------------|--|--------|------------|----------------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| <b>INSURED</b><br>Central Van & Storage of Charleston Inc<br>P. O. Box 626<br>Poca WV 25159                             | <table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Berkshire Hathaway Homestate Ins</td><td>20044</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A: | Berkshire Hathaway Homestate Ins | 20044 | INSURER B: |  |  | INSURER C: |  |  | INSURER D: |  |  | INSURER E: |  |  | INSURER F: |  |  |
| INSURER(S) AFFORDING COVERAGE   |   | NAIC #                        |  |        |            |                                  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER A:  | Berkshire Hathaway Homestate Ins  | 20044                         |  |        |            |                                  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER B:  |   |                               |  |        |            |                                  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER C:  |   |                               |  |        |            |                                  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER D:  |   |                               |  |        |            |                                  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER E:  |   |                               |  |        |            |                                  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER F:  |   |                               |  |        |            |                                  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |

**COVERAGES**

CERTIFICATE NUMBER: 2016 WC

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.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD                        | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|----------------------------------|----------|---------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                  |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                     |                                  |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |                                  |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N <input type="checkbox"/> N/A |          | CEWC712688    | 8/15/2016               | 8/15/2017               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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)

Evidence of Insurance

**CERTIFICATE HOLDER**

rdavis@centralvan.com

State of WV Purchasing Division  
2019 Washington Street East  
P O Box 50130  
Charleston, WV 25305

**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

Lisa Sargent/TAW

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ACORD 25 (2014/01)

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INS025 (201401)

## Additional Named Insureds

### Other Named Insureds

Central Van & Storage Co, Inc.

Corporation, Additional Named Insured

Evans Van & Storage

Additional Named Insured