

EXHIBIT A


Region III

TREE TRIMMING AND REMOVAL PRICING PAGE

Hourly rate*	X	Estimated Hours**	=	Total Cost
\$ <u>435.00</u>	X	50	=	\$ <u>21,750.00</u>
		Grand Total Bid		\$ <u>21,750.00</u>

Contract will be awarded to the Vendor meeting the required specifications for the lowest overall Total Price by Region.

Vendor Section (Complete all fields):

Vendor Name: J+R Landscaping and Tree Experts Inc	
Physical Address: 375 Timber Ridge Lane Keyser, W.V. 26726	
Remit To Address: 375 Timber Ridge Lane Keyser, WV 26726	
Telephone: 304-788-6260	
Fax: 304-788-3825	
E-mail: jandrexcavating6260@yahoo.com	
Vendor Representative: Jimmy Lucas	
Signature: 	Date: 5-22-17

*Hourly rate shall include all labor, materials, and necessary equipment to complete the work.

**Quantities listed are estimates only. Actual needs of the Agency will be met whether greater than or less than those listed.

05/24/17 08:45:43
Purchasing Division

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: CRFQ 0506 HHR1700000008

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)

- Addendum No. 1 *5-17-17*
- Addendum No. 2
- Addendum No. 3
- Addendum No. 4
- Addendum No. 5
- Addendum No. 6
- Addendum No. 7
- Addendum No. 8
- Addendum No. 9
- 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.

J+R Landscaping and Tree Experts Inc.
Company


Authorized Signature

5-22-17
Date

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

REQUEST FOR QUOTATION
CRFQ 0506 HHR1700000008
Tree Trimming, Removal and Stump Grinding

- 11.6. **Codes:** All work is to be performed in compliance with applicable Federal and State codes including but not limited to International Building Code, International Mechanical Code, Life Safety Code, NEC, OSHA, UL, ANSI, ASME and related standards.
- 11.7. **Safety:** All applicable local safety and OSHA rules and guidelines shall be met by the Vendor. Work shall be subject to verification and inspection DHHR Safety representatives. Such verification shall not relieve the Vendor from meeting all applicable safety regulations and inspection by other agencies.
- 11.8. **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: Jimmy Lucas

Telephone Number: 304-788-6962

Fax Number: 304-788-3825

Email Address: jandrexcavating1676@yahoo.com

STATE OF WEST VIRGINIA
Purchasing Division
PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or 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: J+R Landscaping and Tree Experts Inc.

Authorized Signature: [Signature] Date: 5-22-17

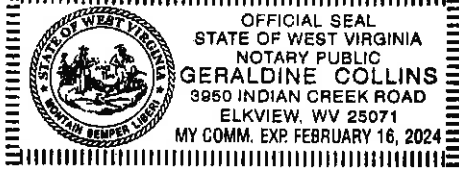
State of West Virginia

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 22 day of May, 2017

My Commission expires February 16, 2024

AFFIX SEAL HERE



NOTARY PUBLIC

[Signature: Geraldine Collins]

Purchasing Affidavit (Revised 08/01/2015)

WV-10
Approved / Revised
12/16/15

State of West Virginia 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: J+R Landscaping and Tree Service Signed: [Signature]
Date: 5-22-17 Title: president

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



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

State of West Virginia
Request for Quotation
27 - Miscellaneous

Proc Folder: 323201

Doc Description: OPEN END CONTRACT FOR Tree Trimming Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-05-03	2017-05-24 13:30:00	CRFQ 0506 HHR1700000008	1

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

Vendor Name, Address and Telephone Number:

J+R Landscaping and Tree Experts Inc.
375 Timber Ridge Lane
Keyser, WV 26726

304-788-6260

FOR INFORMATION CONTACT THE BUYER

April Battle
(304) 558-0067
april.e.battle@wv.gov

Signature X

FEIN # 20-5083168

DATE 5-22-17

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

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.

Jimmy Lucas - president
(Name, Title)

Jimmy Lucas - president
(Printed Name and Title)


375 Timber Ridge Lane Keyser, WV 26726
(Address)

304-788-6260 / 304-788-3825
(Phone Number) / (Fax Number)

jandrescavating6260@yahoo.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.

J+R Landscaping and Tree Experts, Inc
(Company)

 Jimmy Lucas - president
(Authorized Signature) (Representative Name, Title)

Jimmy Lucas - president
(Printed Name and Title of Authorized Representative)

5-22-17
(Date)

304-788-6260 / 304-788-3825
(Phone Number) (Fax Number)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Tree Trimming Services - Region III	50.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
70111503			

Extended Description :

Tree Trimming Services - Region III - to be priced per hourly rate.

BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF OPERATIONS ONE DAVIS SQUARE, RM 115 CHARLESTON WV25301 US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US	
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Tree Trimming Services - Region IV	50.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
70111503			

Extended Description :

Tree Trimming Services - Region IV - to be priced per hourly rate.

Line	Event	Event Date
1	Questions Due 3:00 PM	2017-05-10

The bid delivery address is:
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

A bid that is not submitted electronically through wvOASIS should contain the information listed below on the face of the envelope or the bid may be rejected by the Purchasing Division.:

SEALED BID: Tree Trimming Services
BUYER: April Battle, Buyer 22
SOLICITATION NO.: CRFQ 0506 HHR1700000008
BID OPENING DATE: May 24, 2017
BID OPENING TIME: 1:30 PM EST
FAX NUMBER: (304) 558-3970

The Purchasing Division may prohibit the submission of bids electronically through wvOASIS at its sole discretion. Such a prohibition will be contained and communicated in the wvOASIS system resulting in the Vendor's inability to submit bids through wvOASIS. Submission of a response to an Expression or Interest or Request for Proposal is not permitted in wvOASIS.

For Request For Proposal ("RFP") Responses Only: In the event that Vendor is responding to a request for proposal, the Vendor shall submit one original technical and one original cost proposal plus _____ convenience copies of each to the Purchasing Division at the address shown above. Additionally, the Vendor should identify the bid type as either a technical or cost proposal on the face of each bid envelope submitted in response to a request for proposal as follows:

BID TYPE: (This only applies to CRFP)

- Technical
 Cost

7. BID OPENING: Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when confirmation of delivery is provided by wvOASIS (in the case of electronic submission) or when the bid is time stamped by the official Purchasing Division time clock (in the case of hand delivery).

Bid Opening Date and Time: May 24, 2017, at 1:30 PM EST

Bid Opening Location: Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

**REQUEST FOR QUOTATION
CRFQ 0506 HHR1700000008
Tree Trimming, Removal and Stump Grinding**

5. CONTRACT AWARD:

5.1 Contract Award: The Contract is intended to provide Agency with a purchase price for the Contract Services. The Contract shall be awarded from low bid to high bid Regionally to bidders that meet required specification. The lowest overall total cost per region, as shown on the Pricing Pages, will be awarded a contract for a maximum total of four vendors. (One vendor per region.) Vendors may bid more than one region if they so choose. However, they must need to provide proof that they have the resources to service multiple regions. That information needs to be included with the documentation required in Section 3.1 of the detailed specs. above.

5.2 Pricing Page: Vendor should complete the Pricing Page by providing a lump sum bid for all labor, materials, and necessary equipment needed to complete the work. The Vendor shall furnish any incidental work, materials, labor and equipment that are necessary to complete the work, even if such incidental work is not explicitly included in the contract documents. Vendor should complete the Pricing Page in full as failure to complete the Pricing Page in its entirety may result in Vendor's bid being disqualified.

Vendor should type or electronically enter the information into the Pricing Pages through wvOASIS, if available, or as an electronic document.

6. PERFORMANCE:

6.1 Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services Deliverables, unless such a schedule is already included herein by Agency. In the event that this Contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.

7. PAYMENT: Agency shall pay a flat fee as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.

8. TRAVEL: Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/14/2016

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).

PRODUCER Mid-Atlantic Group P O Box 569 Moorefield, WV 26836	CONTACT NAME: PHONE (A/C No. Ex): 304.538.2932 FAX (A/C No.): 304.538.7407 E-MAIL ADDRESS: dvanmeter@midatlanticgroup.com																					
INSURED J & R Landscaping & Tree Experts, Inc. 375 Timber Ridge Lane Keyser, WV 26726	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">MACH</th> </tr> <tr> <td>INSURER A:</td> <td>Brickstreet Insurance</td> <td></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		MACH	INSURER A:	Brickstreet Insurance		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER A:	Brickstreet Insurance																					
INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
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 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 ISSD	SUER WVT	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/>	N/A	Y	WCB1013183	10-08-16 10-08-17	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000.00 E.L. DISEASE - EA EMPLOYEE \$500,000.00 E.L. DISEASE - POLICY LIMIT \$500,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CERTIFICATE HOLDER AS WAIVER OF SUBROGATION IN THEIR FAVOR.

CERTIFICATE HOLDER 	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV031662

Classification:

EXCAVATION
LANDSCAPING

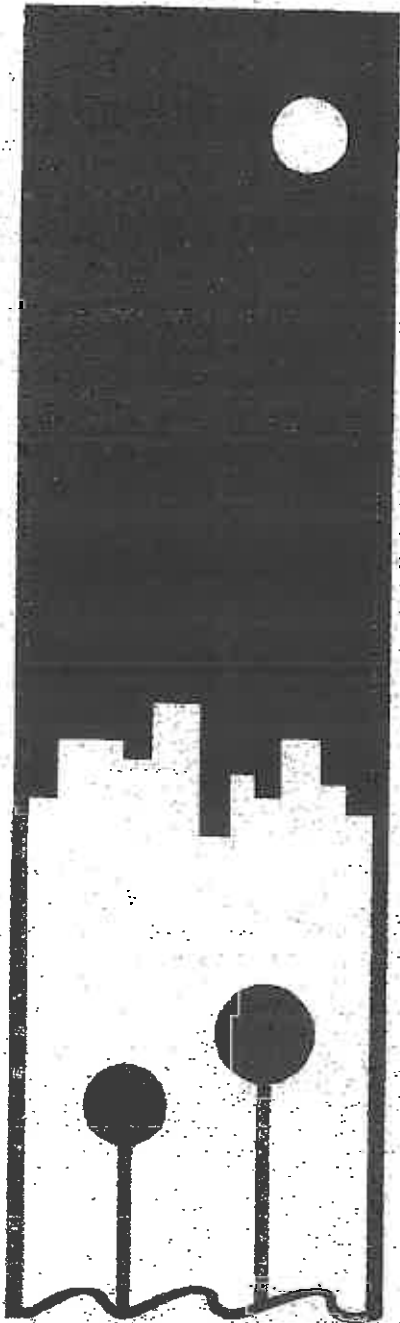
J & R LANDSCAPING TREE EXPERTS INC
DBA J & R LANDSCAPING TREE EXPERTS INC
375 TIMBER RIDGE LANE
KEYSER, WV 26726

Date Issued

Expiration Date

JANUARY 13, 2017

JANUARY 13, 2018



WEST VIRGINIA CONTRACTOR LICENSING BOARD

Authorized Company Signature

Chair, West Virginia Contractor
Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work is being performed. This license number must appear in all advertisements, on all bid submissions and on all fully executed and binding contracts. This license cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.

**WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE**

ISSUED TO:
**J & R LANDSCAPING & TREE EXPERTS INC
RR 1 BOX 112F
KEYSER, WV 26726-9113**

BUSINESS REGISTRATION ACCOUNT NUMBER: 1011-4779

This certificate is issued on: 03/8/2011

*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.



CERTIFICATE OF INSURANCE

DATE ISSUED (MM/DD/YY)
12/13/16

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3128 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY CHANEY - BUSKIRK AGENCY INC CORNER OF RT 28 & AIRPORT WILEY FORD, WV 26767 (304)738-9419	AGENT'S NO. EE4007	COMPANIES AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable in NY) Erie Indemnity Co., Attorney-in-Fact Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, amend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.	
NAME AND ADDRESS OF NAMED INSURED J&R LANDSCAPING & TREE EXPERTS INC RT 1 BOX 112 F KEYSER, WV 26726-9113		

This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q35 5500014	11/5/16	11/5/17	EACH OCCURRENCE: \$ 1,000,000 FIRE DAMAGE (Any One Fire): \$ 1,000,000 MED EXP (Any One Person): \$ 5,000 PERSONAL & AD&V INJURY: \$ 1,000,000 GENERAL AGGREGATE: \$ 2,000,000 PRODUCTS-COMP/OP AGG: \$ 2,000,000
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> HIRED <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> GARAGE	Q09 5730068	9/7/16	9/7/17	BODILY INJURY (EACH PERSON): \$ BODILY INJURY (EACH ACCIDENT): \$ PROPERTY DAMAGE: \$ BODILY INJURY AND PROPERTY DAMAGE COMBINED: \$ 1,000,000
<input type="checkbox"/>	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$ 1,000	Q35 5570012	11/5/16	11/5/17	EACH OCCURRENCE: \$ 1,000,000 AGGREGATE: \$ 1,000,000 \$ \$
	WORKERS COMPENSATION & EMPLOYERS LIABILITY				STATUTORY BODILY INJURY ACCIDENT \$ EACH ACCIDENT DISEASE \$ POLICY LIMIT BY DISEASE \$ EACH EMPLOYEE
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

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.

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).

NAME AND ADDRESS OF CERTIFICATE HOLDER	AUTHORIZED REPRESENTATIVE <i>Inez C. Gellert</i>
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**Professional Nursing Service, Inc.
709 Simmons Street
Goldsboro, North Carolina 27530**

Phone: (919) 735-0094

E-Mail pnsa@pnsi.biz

Month Day, Year

Name, Title

Company Name *J+R Landscaping + Tree Expert*

Company Address *Rt 1 Box 112 F*

Somewhere, North Carolina 21111 *Kyles, WV 26726*

Re: Proposal For Substance Abuse / Employment Screening Services

Dear Whomever:

Professional Nursing Service, Inc., proposes to assume total responsibility for screening, chain of custody processing, laboratory analysis, medical review and provide reporting services for your company's substance abuse testing program.

The scope of this proposal will apply to all of your company locations throughout the country. Testing will be provided under the following circumstances:

- a. Pre-employment testing
- b. Random testing
- c. Reasonable suspicion testing
- d. Return to duty and follow up testing on a required basis, and
- e. Regulatory commercial drivers license requirements (DOT testing and program management.)

A detailed proposal is provided as an attachment to this letter.

Sincerely yours,

A handwritten signature in cursive script that reads "Derek Walls".

**Derek Walls
Territory Manager**

F:\wpdocs\subabuse\newprop
Effective 03-10-04
Revised 03/01/07



Professional Nursing Service, Inc.

709 Simmons Street
Goldsboro, NC 27530
Phone: (919) 735-0094 E-Mail: pnssa@pnsi.biz

"Absolute Assurance"
for your
Workplace Substance Abuse Needs

Agreement

Professional Nursing Service, Inc. agrees to provide substance abuse testing and related services to J+R Landscaping + Tree Experts (Company Name) hereafter referred to as the Company, and as the Company has requested such services on this the 17 day of AUGUST, 2000.

The Company agrees to pay for the substance abuse testing and related services set out in the proposal; PNSI shall promptly bill the Company for the sums due and the sums shall be due upon receipt of the invoice. All unpaid balances, after 30 days, shall accrue interest at a rate of 1.5% per month.

The Company agrees to notify PNSI sites, if utilized, for appointment times.

The Company agrees to adhere to the HIPAA, State and Federal regulations pertaining to their Substance Abuse Program needs. If the Company becomes noncompliant, the Company will be removed from our program and that will terminate this agreement.

PNSI will e-mail all results to your designated employer representative. The Company will need to provide the name, code name, and e-mail address to which results are to be sent. The Company shall assign an alternate in case of absence or illness.

The Company shall notify PNSI if it has not received communication in a timely manner, as PNSI will not be able to determine if such has been received. This is due to the fact that technology has not yet been provided that would allow for acknowledgment. For example, if the company was expecting test results within three days and none had been received, the company representative would contact PNSI and PNSI would investigate. PNSI could determine from the program history data that the results were or were not E-mailed from

