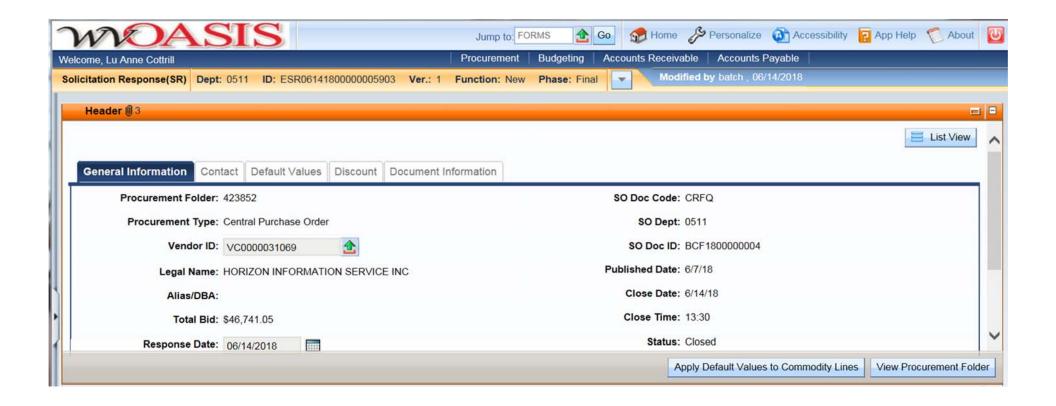
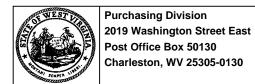


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

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.





## State of West Virginia Solicitation Response

Proc Folder: 423852

Solicitation Description: Addendum No.03, Video Camera System for WV Children's Home

Proc Type: Central Purchase Order

 
 Date issued
 Solicitation Closes
 Solicitation Response
 Version

 2018-06-14 13:30:00
 SR
 0511 ESR06141800000005903
 1

VENDOR

VC0000031069

HORIZON INFORMATION SERVICE INC

Solicitation Number: CRFQ 0511 BCF1800000004

**Total Bid:** \$46,741.05 **Response Date:** 2018-06-14 **Response Time:** 11:31:34

**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

Page: 1 FORM ID: WV-PRC-SR-001

| Line                                  | Comm Ln Desc                                   | Qty                           | Unit Issue    | Unit Price                 | Ln Total Or Contract Amount               |
|---------------------------------------|--|-------------------------------|---------------|----------------------------|---|
| 1                                     | CCTV Digital Video Recorder                    | 3.00000                       | EA            | \$3,235.000000             | \$9,705.00                                |
| Comm Code                             | Manufacturer                                   | Specification                 |               | Model #                    |   |
| 46171622                              |  |                               |               |                            |   |
| Extended Des                          | scription: 13.1 CCTV Digital Video             | Recorder                      |               |                            |   |
| Line                                  | Comm Ln Desc                                   | Qty                           | Unit Issue    | Unit Price                 | Ln Total Or Contract Amount               |
| 2                                     | Indoor CCTV Security Cameras                   | 29.00000                      | EA            | \$234.030000               | \$6,786.87                                |
| Comm Code                             | Manufacturer                                   | Specification                 |               | Model #                    |   |
| 46171622                              |  |                               |               |                            |   |
|                                       |  |                               |               |                            |   |
| Line                                  | Comm Ln Desc Outdoor CCTV Security Cameras     | <b>Qty</b><br>6.00000         | Unit Issue    | Unit Price<br>\$234.030000 | Ln Total Or Contract Amount<br>\$1,404.18 |
|                                       | Comm Ln Desc Outdoor CCTV Security Cameras     |                               |               |                            |   |
| 3<br>Comm Code                        |  |                               |               |                            |   |
| 3                                     | Outdoor CCTV Security Cameras  Manufacturer    | 6.00000 Specification         |               | \$234.030000               |   |
| 3<br>Comm Code<br>46171622            | Outdoor CCTV Security Cameras  Manufacturer    | Specification  Curity Cameras | EA Unit Issue | \$234.030000  Model #      | \$1,404.18  Ln Total Or Contract Amount   |
| Comm Code<br>46171622<br>Extended Des | Manufacturer  Scription: 13.3 Outdoor CCTV Sec | Specification  Curity Cameras | EA            | \$234.030000<br>Model #    | \$1,404.18                                |

Comments: Included in NVR Purchase

|              | Comm Ln Desc                                 | Qty           | Unit Issue | Unit Price      | Ln Total Or Contract Amount |
|--------------|--|---------------|------------|-----------------|-----------------------------|
| 5            | Miscellaneous Parts                          | 1.00000       | EA         | \$6,646.000000  | \$6,646.00                  |
| Comm Code    | Manufacturer                                 | Specification |            | Model #         |                             |
| 46171622     |  |               |            |                 |                             |
| Extended Des | scription: 13.5 Miscellaneous Parts          |               |            |                 |                             |
| Line         | Comm Ln Desc                                 | Qty           | Unit Issue | Unit Price      | Ln Total Or Contract Amount |
| 6            | Labor  | 1.00000       | EA         | \$20,711.000000 | \$20,711.00                 |
| Comm Code    | Manufacturer                                 | Specification |            | Model #         |                             |
| 46171622     | manuracturer                                 | ореспісатоп   |            | model #         |                             |
| Extended Des | scription: 13.6 Labor                        |               |            |                 |                             |
| Line         | Comm Ln Desc                                 | Qty           | Unit Issue | Unit Price      | Ln Total Or Contract Amount |
| 7            | One (1) Year Warranty on all Parts and Labor | 1.00000       | EA         | \$1,488.000000  | \$1,488.00                  |
|              | Manufacturan                                 | Specification |            | Model #         |                             |
| Comm Code    | Manufacturer                                 |               |            |                 |                             |



# WEST VIRGINIA CONTRACTOR LICENSING BOARD

# **CONTRACTOR LICENSE**

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV039098

Classification:

COMMUNICATION & SOUND

HORIZON INFORMATION SERVICES INC DBA HORIZON INFORMATION SERVICES INC 1659 EAST SUTTER ROAD GLENSHAW, PA 15116

**Date Issued** 

**Expiration Date** 

SEPTEMBER 22, 2017

SEPTEMBER 22, 2018

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.



Allegheny County

Department of Minority, Women & Disadvantaged Business Enterprise 204 County Office Building 542 Forbes Avenue Pittsburgh, PA 15219

Phone: (412) 350-4309 Fax: (412) 350-4915 E-mail: mwdbe@alleghenycounty.us

September 6, 2017

Ms. Lori M. Miller, CEO Horizon Information Services, Inc. 1659 East Sutter Road Glenshaw, PA 15116

RF.

Pennsylvania Unified Certification Program

DBE Certification Approval Letter

for Horizon Information Services, Inc.

Certification I.D. #14286

DBE Certification#14286 Anniversary Date - Annually, on: April 23

Attention: Ms. Lori M. Miller, CEO

The Allegheny County Department of M/W/DBE, a certifying participant in the Pennsylvania Unified Certification Program (PA UCP), has reviewed your Annual Affidavit as a Disadvantaged Business Enterprise (DBE) and is pleased to inform you that your firm appears to meet the requirements established by the United States Department of Transportation in Title 49, Part 26 of the Code of Federal Regulations. Consequently, your firm can continue as a DBE to participate in the program in the following classification(s) only:

Voice/data, sound and communication systems installation.

NAICS Code(s): 238210

If you wish to expand your status to include another type of business, you must contact the PA UCP for reevaluation prior to undertaking any projects as a DBE in the expanded area.

In the event of a change in circumstances affecting your ability to meet size, disadvantage, ownership, and control requirements of Part 26 or any material change in the information provided; you must inform the PA UCP by means of a sworn affidavit by the owners, describing in detail the nature of such changes.

Continued Eligibility September 6, 2017 Page 2

You must provide this written "Notice of Change" within 30 days of the occurrence of the change. Failure to do so will be deemed a failure to cooperate.

We would also remind you that the PA UCP reserves the right to review your firm at any time to ensure compliance with the program.

We are pleased to continue to have you as a Disadvantaged Business Enterprise and wish you continued success in acquiring work within the DBE program. If you have any questions, please contact this office at 412-350-4309.

Sincerely,

Director

Ruth Byrd-Smith

Ruth Byrd-Smith

RBS/dlm



#### Dear Stakeholder:

You are receiving this letter because your agency may be utilizing Disadvantaged Business Enterprise (DBE) firms that are certified by the Pennsylvania Unified Certification Program (PA UCP). The PA UCP certifies all DBE firms in Pennsylvania in accordance with Title 49-Transportation Code of Federal Regulations (CFR) Part 26. The PA UCP is headed by an Oversight Committee which ensures certification procedures are being carried out and mitigates potential barriers to DBE firms seeking to compete on a level playing field.

It has come to the attention of the PA UCP Oversight Committee that many DBE firms are being required to provide expiration dates and physical copies of certification letters. Please note that DBE firms do not expire consistent with 49 CFR Part 26.87 and an expiration date should not be requested. Furthermore, physical certification letters should not be requested or required. All verification of DBE firms' eligibility should be done via the PA UCP database which can be found at www.paucp.com. The PA UCP database is updated in real time and represents the most accurate listing of certified DBEs in Pennsylvania. If your agency requires documentation of a DBE firm's eligibility, a dated screen shot of the applicable firm as it appears in the database should be utilized.

Should you have questions or concerns regarding this notice, please contact Ruth Byrd-Smith, Chairperson of the PA UCP Oversight Committee, at (412) 350-4309 or mwdbe@alleghenycounty.us

More information about the PA UCP and the DBE Program can be found at www.paucp.com.

Sincerely

Ruth Byrd-Smith,

Chair of the PA UCP Oversight Committee



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

State of West Virginia Request for Quotation 09 — Construction

|             | Proc Folder: 423852      |                                      |         |  |
|-------------|--------------------------|--------------------------------------|---------|--|
|             | Proc Type: Central Purch | Camera System for WV Children's Home |         |  |
| Date Issued | Solicitation Closes      | Solicitation No                      | Version |  |
| 2018-05-14  | 2018-06-14 13:30:00      | CRFQ 0511 BCF1800000004              | 1       |  |

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

| VENDOR                       |                |  |  |
|------------------------------|----------------|--|--|
| Vendor Name, Address and Tel | ephone Number: |  |  |
|                              |                |  |  |
|                              |                |  |  |
|                              |                |  |  |
| 8                            |                |  |  |
|                              | N155000        |  |  |

Jessica S Chambers
(304) 558-0246
jessica.s.chambers@wv.gov

Signature X

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

Page: 1

FORM ID: WV-PRC-CRFQ-001

### Exhibit "A"Pricing Page

| Section | 20011011                                 | Make and Model           | Unit of Measure | Organita   | TT-14 D    | 77 4 7 7 7           |
|---------|--|--------------------------|-----------------|------------|------------|----------------------|
| 13.1    | CCTV Digital Video Recorders (DVR)       | IWAXSYS-IWXZVIPS-GT      |                 | Quantity   | Unit Price | <b>Extended Cost</b> |
| 13.2    | Indoor CCTV Security Cameras             | TALAYEVE TO VOUS TO      | Each            | 3          | \$0.00     | 9705.00              |
| 13.3    | Outdoor CCTV Security Cameras            | INAXSYS - IWX PK ZDOZIRF | Each            | 29         | \$0.00     | 6786-80              |
| 13.4    | CCTV Viewing Software                    | INAXSYS - IMXPKZ DOZTRE  | Each            | 6          | \$0.00     | 1404.18              |
|         | Miscellaneous Parts                      | INAXSYS-NIA-INCLUDED     | Each            | 1          | \$0.00     | 0.00                 |
|         | Labor                                    | N/A                      | LS              | 1          | \$0.00     | 6646.00              |
| 13.7    | One Year Warranty on all Parts and Labor | N/A                      | LS              | 1 .        | \$0.00     | 70 711 00            |
|         | The state of all late and Labor          | N/A                      | 1               | 1          | \$0.00     | 1488.00              |
|         |  | TOTAL BID AMO            | INT ONG TOO     | CITITATION |            |                      |
|         |  | TOTAL DID AIVIO          | DIAT (INCLUDES  | SHIPPING ( | CHARGES)   | 46741 05             |

Vendor must identify Make and Model at time of submitting Bid Response. Vendor should provide Product Brochures indicating within the specifications that are equal prior to award.

## West Virginia Ethics Commission

## Disclosure of Interested Parties to Contracts

| Contracting business entity: WU Children's Itome  |
|---|
| Address: 250 Heavner Aus Elkins Glu 76741   |
| Contracting business entity's authorized agent: JCSS. CC Chambers   |
| Address: 6019 Washington St & Charleston MILZ534  |
| Number of title of contract: CFFQ 0511 BCF [8000000 H   |
| Type or description of contract: Vileo System for Williamsha  |
| Governmental agency awarding contract: State of West Virginia - W Children's Home   |
| Names of each Interested Party to the contract known or reasonably anticipated by the contracting business entity (attach additional pages if necessary):   |
| Dasid Peterson Brandon Fowler   |
| Signature: Date Signed: 6/14/18  Check here if this is a Supplemental Disclosure.   |
| State of Pennsylvania, County of Alleghang, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledges that the Disclosure herein is being made under oath and under the penalty of perjury.                          |
| Taken sworm to and subscribed before me this 14th day of June 2018.  NOTARIAL SEAL Karla A. Bildhauer, Notary Public Shaler Twp., Allegheny County My Commission Expires June 29, 2018  MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES  Notary Public's Signature |
| To be completed by State Agency:  |
| Date Received by State Agency:  |
| Date submitted to Ethics Commission:  |
| Governmental agency submitting Disclosure:  |

#### STATE OF WEST VIRGINIA Purchasing Division

## **PURCHASING AFFIDAVIT**

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: 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 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

"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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: Horizon Information   | Services   |
| Authorized Signature: CHally   | Date: 6/13/18  |
| State of Pennsylvanie  | The state of the s |
| County of Allegheny to-wit:  |  |
| Taken, subscribed, and sworn to before me this 14th day of Jone                  | . 20 /8  |
| My Commission expires June 29 , 20 / 8   | See V Annabadar'   |
|  |  |
| AFFIX SEAL HEREMMONWEALTH OF PENNSYLVANIA NOTARY PUBLIC                          | Lave h. Beldhauer  |
| Karla A. Bildhauer, Notary Public  | -  |
| Shaler Twp., Allegheny County  | Purchasing Affidavit (Revised 01/19/2018)  |
| My Commission Expires June 29, 2018 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES |  |



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

| STATE OF WEST VIRGINIA,  |
|--|
| COUNTY OF BANDOLPH TO-WIT:   |
| I, Craig Hasley, after being first duly sworn, depose and state as follows:  |
| 1. I am an employee of Honzon Intermution Service)   |
| 2. I do hereby attest that forzon Information Services (Company Name)  |
| maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with West Virginia Code §21-1D.  |
| The above statements are sworn to under the penalty of perjury.  |
| Printed Name: Craig Has ley  |
| Signature: Ataley  |
| Title: UP of Salos   |
| Company Name: Horizon Information Services   |
| Date: 6/13/18  |
| Taken, subscribed and sworn to before me this 14th day of June 2018  |
| By Commission expires 6/29/2018  |
| (Seål)  COMMONWEALTH OF PENNSYLVANIA  NOTARIAL SEAL  Karla A. Bildhauer, Notary Public  Shaler Twp., Allegheny County  My Commission Expires June 29, 2018  MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES |

Rev. July 7, 2017

# West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

| Contracting Business Entity: Honzon Information Servi Address: 1659 East Suffer Rd.  |
|--|
| Authorized Agent: Craig Hasley Address: SAMC AS ABOUE  |
| Contract Number: Contract Description: VIDEO CAMPUS System   |
| Contract Number: Contract Description: VIDEO CAMERO System   |
| Governmental agency awarding contract: State of West Virginia-WV Children's Hon  |
| ☐ Check here if this is a Supplemental Disclosure  |
| List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):  |
| 1. Subcontractors or other entities performing work or service under the Contract  |
| Check here if none, otherwise list entity/individual names below.  |
|  |
| 2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)  ☑ Check here if none, otherwise list entity/individual person to be   |
| ☐ Check here if none, otherwise list entity/individual names below.  |
|  |
| 3. Any person or entity that facilitated or personal to the same of the same o |
| 3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal   |
| ☐ Check here if none, otherwise list entity/individual names below.  |
| Signature: Ata Cen Date Signed: 6/3/18   |
| Notary Verification  |
|  |
| State of Mensylvania County of Alleghany   |
| 1, Rarla A. Bildhawer the sutherized great All   |
| State of   |
| penalty of perjury.  Taken, sworn to and subscribed before me this   |
| day of June 2018.  |
| Jala a Biedhaw   |
|  |
| Date submitted to Ethics Commission:   |
| Shaler Twp., Allegheny Country My Commission Expires June 20, 2049   |
| My Commission Expires June 29, 2018  MEMBER, PENNSYLVANIA ASSOCIATION OF NOTABLES  |

| 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.   |
| (Name, Title) Hasley, VP of Sales  |
| Craig Hadey, Vt of Sales   |
| (Printed Name and Title) 1659 East Suffer Rd Glenshaw, Pa 15116 (Address)  |
| 412-487-7071 412-487-7072  |
| (Phone, Number) / (Fax Number)   |
| (email address)  |
| (cinali 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 |
| HORIZON Information Services   |
| Crais Hasley VP. F. Sales  |
| (Authorized Signature) (Representative Name, Title)  |
| Craig Hasley UP of Slan  |
| (Printed Name and Title of Authorized Representative)  |
| 6/13/18  |
| (Date)   |
| 412-487-7071 412-487-7072  |
| (Phone Number) (Fax Number)  |
|  |
|  |

#### REQUEST FOR QUOTATION Closed Circuit Television System

- 10.4.1. Final Cleanup: Vendor shall perform all final cleanup activities normally associated with the work performed under this Contract, prior to final inspection.
- 10.4.2. Final Inspection: Vendor shall participate in a final inspection with the Agency's project manager. The purpose of the final inspection will be to identify deficiencies that need to be remedied prior to Agency's final acceptance of the work. Vendor shall at all times be obligated to perform in accordance with the Contract and must take all actions necessary to ensure that work complies with requirements of Contract prior to final acceptance. Final acceptance does not waive or release Vendor from its obligation to ensure that work complies with the Contract requirements. Vendor shall submit any warranty documents to the Agency project manager at final inspection.
- 11. FACILITIES ACCESS: Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:
  - 11.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.
  - 11.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
  - 11.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
  - 11.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
  - 11.5. Vendor shall inform all staff of Agency's security protocol and procedures.

#### 12. MISCELLANEOUS:

12.1. Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

| Contract Manager: | Craig + | lasley |
|-------------------|---------|--------|
| /07/17            | J       |        |

Revised 07/07/17

# REQUEST FOR QUOTATION Closed Circuit Television System

Telephone Number: 4125768186

Fax Number: 412-487-7072

Email Address: C Hasley@ Horizonis. Com

## Subcontractor List Submission (Construction Contracts Only)

Horizon Information Services

Bidder's Name:

Attach additional pages if necessary

Revised 02/16/2018

| project,<br>ubcontractor Name |  | orm more than \$25,000.00 of work to complete the |
|-------------------------------|--|---|
| occorn actor Name             |  | License Number if Required by                     |
|                               |  | W. Va. Code § 21-11-1 et. seq.                    |
|                               |  |   |
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# **CONTRACTOR LICENSE**

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV039098

Classification:

COMMUNICATION & SOUND

HORIZON INFORMATION SERVICES INC DBA HORIZON INFORMATION SERVICES INC 1659 EAST SUTTER ROAD GLENSHAW, PA 15116

**Date Issued** 

**Expiration Date** 

SEPTEMBER 22/2017

SEPTEMBER 22, 2018

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.

## DIVISION OF PROTECTIVE SERVICES CAPITOL POLICE

Building 1, Room 152-A 1900 Kanawha Boulevard, East

Fax: 304-558-5604

Charleston, West Virginia 25305 Telephone: 304-558-9911

Kevin J. Foreman Director Jack C. Chambers Deputy Director

#### **Application for Background Inquiry**

Pursuant to West Virginia Code 15-2D-3 (e) The Director of the Division of Protective Services shall require any service providers whose employees are regularly employed on the grounds or in the buildings of the Capitol complex or who have access to sensitive or critical information submit to a fingerprint based background inquiry through the state repository. To comply with this mandate applicants are required to complete this application and forward the same to the Division of Protective Services before fingerprints are submitted at IdentoGo (Idemia)

Applicants are required to undergo a fingerprint based criminal history investigation completed by both the West Virginia State Police and Federal Bureau of Investigation.

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

#### (PRINT ALL INFORMATION IN FULL OR APPLICATION WILL BE RETURNED)

| Name of Applicant:     | David J Stephens                          |
|------------------------|---|
| Mailing Address:       | 111 Harley Lane                           |
|                        | Tella Alta WU 26764                       |
| Home Phone:            | 304 860 0419 Cellular Phone: 304 860 6419 |
| Company Name:          | Horizon \$5 Business Phone: 412 487 7071  |
| Contact:               | Craig Hasley Business Phone: 412 487 7071 |
| Type of work:          | Sewrity Cameras Installation              |
| Location of work:      | WU Childrens Home Elkins WV               |
| Agency awarding contra | et: WV Purchasing Division                |
|                        | per: Jessica Chambers 3045580246          |
| Applicant Signature:   | 0 9 Date: 5/31/18                         |

WVDPS Form 26



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/12/2018

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 have ADDITIONAL INSURED provisions or 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  |       | CONTACT<br>NAME:                          |                                |  |  |  |
|---|-------|---|--------------------------------|--|--|--|
| Seubert & Associates Inc.                           |       | PHONE<br>(A/C, No, Ext): 412-734-4900     | FAX<br>(A/C, No): 412-734-5725 |  |  |  |
| 225 North Shore Drive<br>Suite 300                  |       | E-MAIL<br>ADDRESS: certs@seubert.com      |                                |  |  |  |
| Pittsburgh PA 15212                                 |       | INSURER(S) AFFORDING COVERAG              | E NAIC#                        |  |  |  |
|   |       | INSURER A: Harleysville Insurance Company | 64327                          |  |  |  |
| INSURED   | HORIN | INSURER B:                                |                                |  |  |  |
| Horizon Information Services<br>1659 E. Sutter Road |       | INSURER C:                                |                                |  |  |  |
| Glenshaw PA 15116                                   |       | INSURER D:                                |                                |  |  |  |
|   |       | INSURER E:                                |                                |  |  |  |
|   |       | INSURER F:                                |                                |  |  |  |
|   |       | DEL MOION I                               | u manen                        |  |  |  |

**REVISION NUMBER: COVERAGES CERTIFICATE NUMBER:** 631621924 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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE LIMITS POLICY NUMBER INSD WVD 04 000 000 COMMEDIAL CENEDAL LIABILITY SPP00000077650S 3/23/2018 3/23/2019 FAOU GOODENOE

| _ ^ | V COMMENCIAL GENERAL FIABILITY                            |     | <br>011000000110000              | 0,20,2010              | 0,20,20.0              | EACH OCCURRENCE                              | \$ 1,000,000   |
|-----|---|-----|----------------------------------|------------------------|------------------------|--|--|
|     | CLAIMS-MADE X OCCUR                                       |     |                                  |                        |                        | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ 500,000   |
|     |   |     |                                  |                        |                        | MED EXP (Any one person)                     | \$ 15,000  |
|     |   |     |                                  |                        |                        | PERSONAL & ADV INJURY                        | \$1,000,000  |
|     | GEN'L AGGREGATE LIMIT APPLIES PER:                        |     |                                  |                        |                        | GENERAL AGGREGATE                            | \$ 2,000,000   |
|     | POLICY X PRO- X LOC                                       |     |                                  |                        |                        | PRODUCTS - COMP/OP AGG                       | \$ 2,000,000   |
|     | OTHER:  |     |                                  |                        |                        |  | \$   |
| Α   | AUTOMOBILE LIABILITY                                      |     | BA00000077649S                   | 3/23/2018              | 3/23/2019              | COMBINED SINGLE LIMIT (Ea accident)          | \$1,000,000  |
|     | X ANY AUTO  |     |                                  |                        |                        | BODILY INJURY (Per person)                   | \$   |
|     | OWNED SCHEDULED AUTOS ONLY                                |     |                                  |                        |                        | BODILY INJURY (Per accident)                 | \$   |
|     | X HIRED X NON-OWNED AUTOS ONLY                            |     |                                  |                        |                        | PROPERTY DAMAGE<br>(Per accident)            | \$   |
|     | ACTOC CILET   |     |                                  |                        |                        |  | \$   |
| А   | X UMBRELLA LIAB X OCCUR                                   |     | CMB00000077647S                  | 3/23/2018              | 3/23/2019              | EACH OCCURRENCE                              | \$6,000,000  |
|     | EXCESS LIAB CLAIMS-MADE                                   |     |                                  |                        |                        | AGGREGATE                                    | \$ 6,000,000   |
|     | DED X RETENTION \$ 0                                      |     | e                                |                        |                        |  | \$   |
| Α   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY             |     | WC0000077648S                    | 3/23/2018              | 3/23/2019              | X PER OTH-<br>STATUTE ER                     | And the second of the second o |
|     | ANYPROPRIETOR/PARTNER/EXECUTIVE                           | N/A |                                  |                        |                        | E.L. EACH ACCIDENT                           | \$ 1,000,000   |
|     | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                | N/A |                                  |                        |                        | E.L. DISEASE - EA EMPLOYEE                   | \$ 1,000,000   |
|     | If yes, describe under<br>DESCRIPTION OF OPERATIONS below |     |                                  |                        |                        | E.L. DISEASE - POLICY LIMIT                  | \$ 1,000,000   |
| A   | Blanket Bld & Contents                                    |     | SPP00000077650S<br>BA0000077649S | 3/23/2018<br>3/23/2018 | 3/23/2019<br>3/23/2019 | \$2,700,053<br>Special, \$500 Ded.           | Agreed Amount  |
| A   | Physical Damage   |     | BA000000110400                   | 5/20/2010              | 0/20/2010              | \$250 Comp Ded.                              | \$500 Coll Ded.  |
|     |   |     |                                  |                        |                        |  |  |

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

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|--------------|

WV Children's Home School House 230 Heavner Avenue Elkins WV 26241

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



A Member of the Tokio Marine Group

### **BID BOND**

, as Principal,

KNOW ALL MEN BY THESE PRESENTS: That We, Horizon Information Services, Inc.

| 5  |  | Surety, are held and firm<br>ent of Amount Bid                               | nly bound unto the   |
|--|--|--|--|
| DOLLARS (\$ 10% ), lawful money of the to be made, the said Principal and Surety bind successors and assigns, jointly and severally by t   | themselves, their and each of  |  | 50 oc oc   |
| THE CONDITION OF THIS OBLIGATION IS  | SUCH, that, if the Obligee shal  | I make any award to the  | Principal for:   |
| Solicitation/Contract #CRFQ 0511 1800000004  | 1, Video Camera Systems for V  | VV Childrens Home, El  | kins, WV   |
| according to the terms of the proposal or bid mainto a contract with the Obligee in accordance with faithful performance thereof, with the Sure Principal shall, in case of failure so to do, pay to failure not exceeding the penalty of this bond, the in full force and effect. | with the terms of said proposal<br>ety or with other surety or su<br>the Obligee the damages which | or bid and award and s<br>reties approved by the<br>h the Obligee may suffer | shall give bond for<br>Obligee, or if the<br>by reason of such   |
| Signed, sealed and dated this 14th day of  | June , 2018.   |  | * ***  |
| Ho   | rizon Information Services, I  | nc.  |  |
| <del></del>  | rincipal)  | (Seal)   |  |
| Б,   |  |  |  |
| Phi  | ladelphia Indemnity Insuran  | ce Company   | WILLIAM TY   |
| (St  | v: Darbarae.   | (Seal)   | TOPOGRATE SEA OF THE PARTY OF T |
|  | Barbara A. Leeper  | , Attorney-In-Fact   | A ANTHON   |

#### PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004-0950

#### Power of Attorney

Surety Bond Number: Bid Bond

Principal: Horizon Information Services, Inc. Obligee: West Virginia Childrens Home

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$75,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED:

That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED:

That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27<sup>TH</sup> DAY OF OCTOBER, 2017.



(Seal)

Common H

Robert D. O'Leary Jr., President & CEO Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

| COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Morgan Knapp. Nolary Public Lower Merion Twp Montgomery County My Commission Expires Sept. 25, 2021 | Notary Public:      | Morejan Knopp   |
|--|---------------------|---|
| NEWBER, PENNSYLVANIA ASSOCIATION OF NOTABLES   | residing at:        | Bala Cynwyd, PA   |
| (Notary Seal)  |                     | M 100 MM 2010 |
| Mv   | commission expires: | September 25, 2021  |

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto on this 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY,

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 14th day of June, , 2018.



Edward Sayago, Corporate Secretary

PHILADELPHIA INDEMNITY INSURANCE COMPANY



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/12/2018

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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  | rights to the certificate fielder in field of e | CONTACT<br>NAME:  |        |  |  |  |
|---|---|---|--------|--|--|--|
| Seubert & Associates Inc.<br>225 North Shore Drive  |   | PHONE (A/C, No, Ext): 412-734-4900 FAX (A/C, No): 412-734 |        |  |  |  |
| Suite 300   |   | E-MAIL<br>ADDRESS: certs@seubert.com                      |        |  |  |  |
| Pittsburgh PA 15212                                 |   | INSURER(S) AFFORDING COVERAGE                             | NAIC#  |  |  |  |
|   |   | INSURER A: Harleysville Insurance Company                 | 64327  |  |  |  |
| INSURED   | HORIN   | INSURER B:  |        |  |  |  |
| Horizon Information Services<br>1659 E. Sutter Road |   | INSURER C:  |        |  |  |  |
| Glenshaw PA 15116                                   |   | INSURER D:  |        |  |  |  |
|   |   | INSURER E :   |        |  |  |  |
|   |   | INSURER F:  |        |  |  |  |
|   | OFFICIOATE NUMBER : 004004004                   | DEVISION N  | IMRER. |  |  |  |

COVERAGES

CERTIFICATE NUMBER: 631621924

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.

| SR<br>TR |       |  | ADDL SUBR<br>INSD WVD | POLICY NUMBER                     | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  | 3                                |              |
|----------|-------|--|-----------------------|-----------------------------------|----------------------------|----------------------------|---|----------------------------------|--------------|
| A        | Х     | COMMERCIAL GENERAL LIABILITY                       | INSD WVD              | SPP00000077650S                   | 3/23/2018                  | 3/23/2019                  | DAMAGE TO RENTED                                      | \$ 1,000,000                     |              |
|          |       | CLAIMS-MADE X OCCUR                                |                       |                                   |                            |                            | PREMISES (Ea occurrence)                              | \$ 500,000<br>\$ 15.000          |              |
|          |       |  |                       |                                   |                            |                            | PERSONAL & ADV INJURY                                 | \$ 1,000,000                     |              |
|          | GEN   | N'L AGGREGATE LIMIT APPLIES PER:                   |                       |                                   |                            |                            | GENERAL AGGREGATE                                     | \$ 2,000,000                     |              |
|          |       | POLICY X PRO- X LOC                                |                       |                                   | 1.2                        |                            | PRODUCTS - COMP/OP AGG                                | \$ 2,000,000                     |              |
|          | AUT   | OTHER:   |                       | BA0000077649S                     | 3/23/2018                  | 3/23/2019                  | COMBINED SINGLE LIMIT<br>(Ea accident)                | \$1,000,000                      |              |
|          | Х     | ANY AUTO   |                       |                                   |                            |                            | BODILY INJURY (Per person)                            | \$                               |              |
|          |       | OWNED SCHEDULED AUTOS                              |                       |                                   |                            |                            | BOBILI IIIOOIII (i al alaanaani)                      | \$                               |              |
|          | Х     | AUTOS ONLY HIRED AUTOS ONLY  X AUTOS ONLY          |                       |                                   |                            |                            | PROPERTY DAMAGE<br>(Per accident)                     | \$                               |              |
|          |       | AUTOS ONLY AUTOS ONLY                              |                       |                                   |                            |                            |   | \$                               |              |
| A X      | Х     | UMBRELLA LIAB X OCCUR                              |                       | CMB00000077647S                   | 3/23/2018                  | 3/23/2019                  | EACH OCCURRENCE                                       | \$ 6,000,000                     |              |
|          |       | EXCESS LIAB CLAIMS-MADE                            |                       |                                   |                            |                            | AGGREGATE   | \$ 6,000,000                     |              |
|          |       | DED X RETENTION \$ 0                               |                       |                                   |                            |                            | L OTH   | \$                               |              |
|          |       | RKERS COMPENSATION                                 |                       | WC00000077648S                    | 3/23/2018                  | 3/23/2019                  | X PER OTH-<br>STATUTE ER                              |                                  |              |
|          |       | DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE | 1                     | N/A                               |                            |                            |   | E.L. EACH ACCIDENT               | \$ 1,000,000 |
|          |       | ICER/MEMBEREXCLUDED?                               | N/A                   |                                   |                            | E.L. DISEASE - EA EMPLOYEE |   | \$ 1,000,000                     |              |
|          | If ve | s, describe under<br>SCRIPTION OF OPERATIONS below |                       |                                   |                            |                            | E.L. DISEASE - POLICY LIMIT                           |                                  |              |
| A        | 25555 | nket Bld & Contents<br>rsical Damage               |                       | SPP00000077650S<br>BA00000077649S | 3/23/2018<br>3/23/2018     | 3/23/2019<br>3/23/2019     | \$2,700,053<br>Special, \$500 Ded.<br>\$250 Comp Ded. | Agreed Amount<br>\$500 Coll Ded. |              |

| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | CERTIFICATE HOLDER                                  |   | CANCELLATION                |                  |  |
|--|---|---|-----------------------------|------------------|--|
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) |   |   |                             |                  |  |
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| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) |   |   |                             |                  |  |
|  | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A | ACORD 101, Additional Remarks Schedule, | may be attached if more spa | ace is required) |  |

WV Children's Home School House 230 Heavner Avenue Elkins WV 26241 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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