



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

State of West Virginia
 Request for Quotation
 34 – Service - Prof

Proc Folder: 386002

Doc Description: Addendum 1 - Distribution & Transportation for WVABCA

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-10-19	2017-11-14 13:30:00	CRFQ 0708 ABC1800000004	2

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

Vendor Name, Address and Telephone Number:

LB&B Associates Inc.
 9891 Broken Land Parkway, Suite 400
 Columbia, MD 21046
 301-596-2440

11/14/17 13:03:31
 Purchasing Division

FOR INFORMATION CONTACT THE BUYER

Michelle L Childers
 (304) 558-2063
 michelle.l.childers@wv.gov

Signature X

FEIN # 56-1768228

DATE 10 November 2017

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

Addendum

Addendum 1 issued to attach the Memorandum For Vendors Doing Business With The State Of West Virginia.

End of Addendum

Request for Quotation

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Alcohol Beverage Control Administration (WVABCA) to establish an open-end contract for a Vendor to provide distribution and transportation services for liquor from the WVABCA Warehouse located at 97 Independent Ave., Nitro, Putnam County, WV 25143 as specified in the Scope of Work.

		SHIP TO	
ACCOUNTING DEPARTMENT ALCOHOL BEVERAGE CONTROL COMMISSION 4TH FLOOR 900 PENNSYLVANIA AVE CHARLESTON WV25302 US		ABCA WAREHOUSE HUB INDUSTRIAL PARK 97 INDEPENDENT AVE NITRO WV 25143 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Wholesale distribution services - CASE	0.00000	CASE		

Comm Code	Manufacturer	Specification	Model #
80141702			

Extended Description :

The West Virginia Purchasing Division is soliciting bids on behalf of West Virginia Alcohol Beverage Control Administration (WVABCA) to establish an Open-End Contract to provide distributions & transportation for liquor beverages from the WVABCA warehouse located at 97 Independent Avenue, Nitro, WV 25143 per the specifications and instructions contained in the solicitation.

		SHIP TO	
ACCOUNTING DEPARTMENT ALCOHOL BEVERAGE CONTROL COMMISSION 4TH FLOOR 900 PENNSYLVANIA AVE CHARLESTON WV25302 US		ABCA WAREHOUSE HUB INDUSTRIAL PARK 97 INDEPENDENT AVE NITRO WV 25143 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Wholesale distribution services - HOUR	0.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
80141702			

Extended Description :

The West Virginia Purchasing Division is soliciting bids on behalf of West Virginia Alcohol Beverage Control Administration (WVABCA) to establish an Open-End Contract to provide distributions & transportation for liquor beverages from the WVABCA warehouse located at 97 Independent Avenue, Nitro, WV 25143 per the specifications and instructions contained in the solicitation.

ABC1800000004	Document Phase Final	Document Description Addendum 1 - Distribution & Transportation for WWABCA	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

REQUEST FOR QUOTATION
Distribution and Transportation Services

notice to the Vendor, and in its discretion, the WVABCA may purchase said distribution in the open market, or upon competitive bidding, the Vendor to remain liable for all damage sustained on the account of such non-compliance or failure, including the difference, if any, between the cost of distribution or transportation service so purchased and the price for which the Vendor agreed to furnish the same under this contract. In the determination of the question whether there has been such non-compliance by the Vendor with the contract as to warrant either actions above stated, the decision of the WVABCA shall be final.

10.2.4 Any other remedies available in law or equity.

11 MISCELLANEOUS:

11.1 **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: Graham Thompson

Telephone Number: 919-624-6686

Fax Number: 919-773-2873

Email Address: gthompson@lbbncabc.com

Attachment 5

REQUEST FOR QUOTATION Qualified Vendor to provide distribution and transportation services

PRICING PAGE

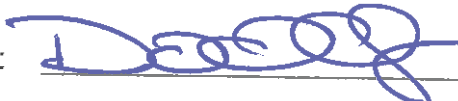
West Virginia Alcohol Beverage Control Administration Distribution and Transportation Services

	Estimated Quantity	Vendor Rate	Extended Rate
Delivery rate per standard case (bids with a sliding scale of rates or index of rates will be disqualified)	690,000	\$ <u>2.28</u> per case	\$ <u>1,573,200</u>
Hourly Rate for transporting supplies & equipment	40 hour	\$ <u>0</u> per hour	\$ <u>0</u>
Total Bid Amount:			\$ <u>1,573,200.00</u>

VENDOR NAME (PRINT): LB&B Associates Inc.

VENDOR ADDRESS: 9891 Broken Land Parkway, Suite 400

Columbia, MD 21046

VENDOR SIGNATURE: 

DATE: 10 Nov 2017

The contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost.

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.

Fred W. Jones

(Name, Title)

Fred W. Jones, Contracts Administrator

(Printed Name and Title)

9891 Broken Land Parkway, Suite 400

(Address)

301-596-2440/301-596-7879

(Phone Number) / (Fax Number)


fjones@lbbassociates.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.

LB&B Associates Inc.

(Company)



(Authorized Signature) (Representative Name, Title)

David P. Van Scoyoc, Chief Operating Officer

(Printed Name and Title of Authorized Representative)

10 Nov 2017

(Date)

301-596-2440/301-596-7879

(Phone Number) (Fax Number)

**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.

LB&B Associates Inc.

Company



Authorized Signature

10 Nov 2017

Date

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

West Virginia Ethics Commission



Disclosure of Interested Parties to Contracts

Pursuant to *W. Va. Code* § 6D-1-2, a state agency may not enter into a contract, or a series of related contracts, that has/have an actual or estimated value of \$100,000 or more until the business entity submits to the contracting state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

"Business entity" means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation.

"Interested party" or *"Interested parties"* means:

- (1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
- (2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
- (3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

"State agency" means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of *W. Va. Code* § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the contracting state agency prior to contract award and to complete another form within 30 days of contract completion or termination.

This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: ethics@wv.gov; website: www.ethics.wv.gov.

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Contracting Business Entity: LB&B Associates Inc. **Address:** 9891 Broken Land Parkway, Suite 400
Columbia, MD 21046

Authorized Agent: David P. Van Scoyoc **Address:** same as above

Contract Number: ABC1800000004 **Contract Description:** Distribution & Transportation

Governmental agency awarding contract: West Virginia Purchasing Division

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 names below.

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherwise list entity/individual names below.


Signature:  Date Signed: 10 Nov 2017

Notary Verification

State of Maryland, County of Carroll:

I, David P. Van Scoyoc, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this November day of 9, 2017


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

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: LB&B Associates Inc.

Authorized Signature:  Date: 10 Nov 2017

State of Maryland

County of Carroll, to-wit:

Taken, subscribed, and sworn to before me this 10th day of November, 2017.

My Commission expires August, 16, 2021.

AFFIX SEAL HERE

NOTARY PUBLIC 

PERFORMANCE BOND

Bond No. 30BSEHM0853

KNOW ALL MEN BY THESE PRESENTS:

That LB&B Associates, Inc., 9891 Broken Land Parkway, Suite 400, Columbia, MD 21046, a Corporation

(Contractor name, complete address including ZIP Code and legal title)

as Principal, hereinafter called Contractor, and Hartford Fire Insurance Company, One Hartford Plaza, Hartford CT 06115

(Surety name and complete address including ZIP Code)

_____ a corporation organized and existing under the laws of the State of Connecticut, with its principal office in the City of Hartford

as Surety, hereinafter called Surety, are held firmly bound unto West Virginia Alcohol Beverage Control Administration

(Owner name, complete address including ZIP Code and legal title)

900 Pennsylvania Avenue, 4th Floor, Charleston, West Virginia 25302

as Obligee, hereinafter called Owner, in the amount of One Hundred Thousand and 00/100

Dollars (\$100,000.00), for the payment whereof Contractor and Surety bind themselves, their heirs, executors,

administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, Contractor has by written agreement dated _____

_____ entered into a contract with Owner for distribution and transportation services

in accordance with drawings and specifications prepared by State of West Virginia Department of Administration Purchasing Division

which contract is by reference made a part hereof, and is hereinafter referred to as the CONTRACT.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is such that if Contractor shall, promptly and faithfully Perform and CONTRACT, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

The Surety hereby waives notice of any alteration or extension of time made by the Owner.

Whenever Contractor shall be, and declared by Owner to be in default under the CONTRACT, the Owner having performed Owner's obligations thereunder, the Surety may promptly remedy the default, or shall promptly:

1. Complete the CONTRACT in accordance with its terms and conditions, and
2. Shall save the Owner harmless from any claims, judgments, or liens arising from the Surety's failure to either remedy the default or to complete the CONTRACT in accordance with its terms and conditions in a timely manner.

No right of action shall accrue on this bond to or for the use of any person or corporation other than the Owner named herein or the successors of Owner.

Signed and sealed this * 1st

day of August 20 17

Principal Raised Corporate Seal (MUST BE AFFIXED)

LB&B Associates, Inc. (Seal)

(Contractor Name)

BY: [Signature] (Seal)

(Must be President, Vice President, Owner, Partner, Manager or Member)

EXECUTIVE SENIOR VICE PRESIDENT

(Title)

Surety Raised Corporate Seal (MUST BE AFFIXED)

Hartford Fire Insurance Company

(Surety)

NOTE: Raised Corporate Seals are mandatory.
Please attach Power of Attorney.

BY: [Signature] (Seal)

Matthew Rankin, Attorney-In-Fact

NOTE: Applicable sections of attached acknowledgments must be completed and returned as part of the bond.

*Power of Attorney must be certified on this date or later.

APPROVED AG 08-20-09

ACKNOWLEDGMENTS

Acknowledgment by Principal if individual or Partnership

1. STATE OF _____
2. County of _____ to-wit:
3. I, _____, a Notary Public in and for the
4. county and state aforesaid, do hereby certify that _____
whose name is signed to the foregoing writing, has this day acknowledged the same before me in my said county.
5. Given under my hand this _____ day of _____ 20 _____
6. Notary Seal
7. _____
(Notary Public)
8. My commission expires on the _____ day of _____ 20 _____

Acknowledgment by Principal if Corporation

9. STATE OF Maryland
10. County of Howard to-wit:
11. I, W. S. HONG, a Notary Public in and for the
12. county and state aforesaid, do hereby certify that Frederick J Franz
13. who as, Executive Senior Vice President signed the foregoing writing for
14. LB & B Associates Inc a corporation,
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
15. Given under my hand this 21 day of July 20 17
16. Notary Seal
17. [Signature]
(Notary Public)
18. My commission expires on the 2 day of July 20 19

Acknowledgment by Surety

19. STATE OF Maryland
20. County of Baltimore to-wit:
21. I, Rebecca Poremski, a Notary Public in and for the
22. county and state aforesaid, do hereby certify that Matthew Rankin
23. who as, Attorney-In-Fact signed the foregoing writing for
24. Hartford Fire Insurance Company a corporation,
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
25. Given under my hand this 1st day of August 20 17
26. Notary Seal
REBECCA E. POREMSKI
Notary Public - Baltimore Co., Maryland
My Commission Expires December 22, 2020
27. [Signature]
(Notary Public)
28. My commission expires on the 22nd day of December 20 20

Sufficiency in Form and Manner
of Execution Approved

Attorney General

This _____ day of _____ 20 _____

By: _____

(Deputy Attorney General)

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-12
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 or fax: 860-767-5836

Agency Name: **HMS INSURANCE ASSOCIATES INC**
Agency Code: **30-720307**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

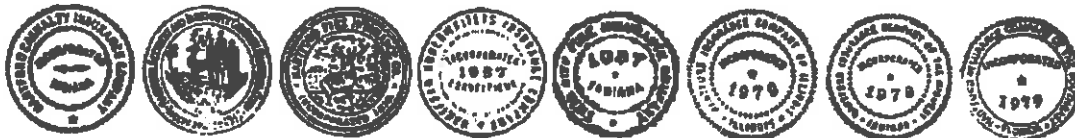
- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited :**

Craig Bancroft, Gary L. Berger, Shari Bowers, William Francik, Joshua B. Hauserman, Jonathan Kibler, Stephen M. Mutscheller, R Nelson Oster, Matthew Rankin, Robert F. White of HUNT VALLEY, Maryland

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT }
COUNTY OF HARTFORD } ss. Hartford

On this 11th day of January, 2016, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Nora M Stranko
Notary Public
My Commission Expires March 31, 2018

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of August 1, 2017
Signed and sealed at the City of Hartford.



Kevin Heckman, Assistant Vice President

EFFECTIVE DATES:

January 01, 2017 - December 31, 2017

2017 - 2017



LICENSE NUMBER

00-P-110-000265

State of West Virginia

Office of West Virginia Alcohol Beverage Control Commissioner

This is to certify that the undersigned, in pursuance of the authority vested in the Commissioner by

CHAPTER 60, ARTICLE 6, SECTION 12

has this day granted in the name and for the place of business set out below this

**LICENSE TO ENGAGE IN THE BUSINESS OF
TRANSPORTATION PERMIT
TO TRANSPORT ALCOHOLIC LIQUORS WITHIN, INTO AND THROUGH THE STATE OF WEST VIRGINIA**

LB&B ASSOCIATES, INC.
LB&B ASSOCIATES
9891 BROKEN LAND PARKWAY
SUITE 400
COLUMBIA, MD 21046

Notice: This license is issued only to the Licensee named above for use as specified, and cannot be abandoned, loaned, rented, or leased, and is not assignable or transferable. **IT MUST BE RETURNED UPON SALE OR CLOSURE OF OUTLET!**

Physical Address:
8991 BROKEN LAND PARKWAY
SUITE 400
COLUMBIA, MD 21046

Given under my hand on
Monday, December 19, 2016

Commissioner



00P110000265

VALID ONLY IF IMPRESSION SEAL IS PRESENT

Post in a **CONSPICUOUS** place at the location for which issued.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/2/2017

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).

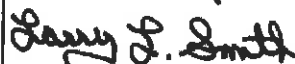
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 115 Central Island Street, Suite 100 Charleston SC 29492	CONTACT NAME: Alex Fierszt PHONE (A/C, No, Ext): 843-972-4729 E-MAIL ADDRESS: Alex_Fierszt@ajg.com	FAX (A/C, No): 843-577-5062
	INSURER(S) AFFORDING COVERAGE	
INSURED LB&B ASS-01 LB&B Associates Inc. 9891 Broken Land Parkway, Suite 400 Columbia, MD 21046	INSURER A: The Travelers Indemnity Company of CT 25682	
	INSURER B: Starr Indemnity & Liability Company 38318	
	INSURER C: Hartford Fire Insurance Company 19682	
	INSURER D: Charter Oak Fire Insurance Company 25615	
	INSURER E: Travelers Casualty and Surety Company 19038	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 371096320 **REVISION NUMBER:**

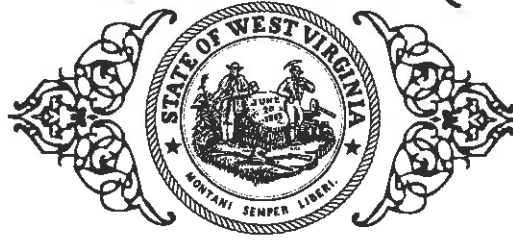
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	6609J364496COF17	10/1/2017	10/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			810-9J503593-TCT-17	10/1/2017	10/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	1000584654171	10/1/2017	10/1/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
E	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	N/A	TC2KUB-2H52672-5-17	10/1/2017	10/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Motor Truck Cargo			22MSNL8685	10/1/2017	10/1/2018	\$150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured: State of West Virginia, WV Alcohol Beverage Control Administration with regard to the performance of Distribution and Transportation Services.

CERTIFICATE HOLDER State of West Virginia WV Alcohol Beverage Control Administration 900 Pennsylvania Ave 4th Floor Charleston WV 25302	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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State of West Virginia



Certificate

I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

L B & B ASSOCIATES INC.

a corporation formed under the laws of North Carolina filed an application to be registered as a foreign corporation authorizing it to transact business in West Virginia. The application was found to conform to law and a "Certificate of Authority" was issued by the West Virginia Secretary of State on January 04, 2012.

I further certify that the corporation has not been revoked by the State of West Virginia nor has a Certificate of Withdrawal been issued to the corporation by the West Virginia Secretary of State.

Accordingly, I hereby issue this Certificate of Authorization

CERTIFICATE OF AUTHORIZATION

Validation ID:6WV2C_E3B8J



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of*

November 09, 2017

Mac Warner

Secretary of State



STATE OF WEST VIRGINIA
State Tax Department, Taxpayer Services Division
P. O. Box 885
Charleston, WV 25323-0885



Jim Justice, Governor

Dale W. Steager, State Tax Commissioner

L B & B ASSOCIATES INC.
9891 BROKEN LAND PKWY STE 400
COLUMBIA MD 21046-3005

Letter Id: L1054420160
Issued: 04/25/2017

00001601010000



West Virginia State Tax Department

Statement of Good Standing

EFFECTIVE DATE: April 25, 2017

A review of tax accounts indicates that the above named taxpayer is in good standing as of the effective date of this document.

The issuance of this Statement of Good Standing shall not bar any audits, investigations, assessments, refund or credits with respect to the taxpayer named above and is based only on a review of the tax returns and not on a physical audit of records.

Sincerely,

Nicole Grant, Tax Unit Supervisor
Taxpayer Services Division

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

AEC

ISSUED TO:
**L B & B ASSOCIATES INC.
97 INDEPENDENT AVE
NITRO, WV 25143-2508**

BUSINESS REGISTRATION ACCOUNT NUMBER: 2261-5674

This certificate is issued on: **05/31/2012**

*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.