

**CAPITOL
BUSINESS
INTERIORS**

711 Indiana Avenue
Charleston, WV 25302

T. 304.343.7551
F. 304.346.3350
www.cbiwv.com

January 15, 2019

State of West Virginia
Purchasing Division
2019 Washington Street East
PO Box 50130
Charleston, WV 25305

Attn: Mark Atkins

Ref: CRFQ 0212 SWC19000000009

RECEIVED

2019 JAN 15 PM 1:11

WV PURCHASING
DIVISION

Thank You for the opportunity to submit our quotation for the 2019 State of WV Systems Furniture Contract - CRFQ 0212 SWC19000000009.

Capitol Business Interiors has serviced your agencies for almost four decades and we are anxious to continue providing for the needs of the State under this new contract.

Attached please find Exhibit A, our bid with products manufactured by **Hon**, a vendor that has been a partner with the State and Capitol Business Interiors for many years. Hon is a mid market manufacturer with plants throughout the North America.

Respectfully submitted,


Janet Clayman
President Capitol Business Interiors

	A	B	C	D	E	F	G	H	I	J	K	L
1	Exhibit A: CRFQ 0212 SWC190000009 Systems Furniture Pricing Pages											
2	Please complete the below pricing sheet to include with your bid, as follows:											
3	Catalog Name:	Provide the number for the manufacturers catalog from which Catalog Price is taken; must match catalog included with bid.										
4	Catalog Page Number:	Provide the Page Number for the specific catalog item bid for this line; must match page number of catalog included with bid.										
5	Manufacturer:	Provide the name of the manufacturer for item bid for this line.										
6	Manufacturer Part No.:	Provide the manufacturer's part number (or catalog part number) for the item being bid for this line.										
7	Catalog Price:	Provide the price listed in the catalog; must exactly match price found in previously listed catalog number.										
8	Discount %:	Provide the discount percentage being bid for this line's manufacturer; note: vendors may bid only one (1) unique discount percentage for each Type.										
9	Type:	Describes the Type of Item, as specified in the Specifications document of the Request for Quotation										
10	Contract Unit Price:	Provide the price for which this item will be sold under the awarded contract; THIS PRICE MUST MATCH CATALOG PRICE WITH LISTED DISCOUNT %.										
11		Contract Unit Prices for Items whose Description is exactly identical on this Pricing Page must be equal.										
12	Contract Hourly Rate	Contract Hourly Rate of Design or Installation Labor for Reconfigurations Only										
13	Total Bid:	Multiply listed Estimated Quantity by Contract Unit Price or Contract Hourly Rate, as applicable, to calculate Total Bid for this line.										
14	TOTAL FURNITURE BID COST:	Add all Total Bids										
15	TOTAL BID COST:	Add TOTAL FURNITURE BID COST										
16	A hard copy of this form must be included if bidding on paper; an electronic copy (Microsoft Excel preferred) should also be included with any paper bid, but MUST be included as an attachment on any bid submitted through WVOasis.											
17	*Estimated Quantities listed on this Pricing Page are only estimates, included for bid evaluation purposes only. Actual quantities of items listed on this Pricing Page, and items not listed herein but included in the successful vendors catalog(s) may vary.											
18	** Quantity Required section must be completed if the manufacturer does not offer a part number for the complete unit and the items used to make the complete panel unit bid will be ordered and invoiced with separate and individual part numbers on the vendors invoice.											

	A	B	C	D	E	F	G	H	I	J	K	L
19	Description	Estimated Quantity*	Catalog Name (if applicable)	Catalog Page No.	Manufacturer	Manufacturer Part No.	Catalog List Price	Discount %	Type	Contract Unit Price (Each)		Total Bid (Estimated Quantity * Contract Unit Price)
	Panel: 62"H (+/- 5"): 60" Powered Panels - Acoustical Fabric on both sides (price listed must include everything to make one complete unit including but not limited to: top caps, raceways, straight connectors both sides, with 2 Duplex receptacles, and any other hardware to accomplish a complete install)	1000	HON		HON	COMPLETE PANEL	\$ 1,109.00	76.00%	System	\$266.16		\$266,160.00
20												
21	Fabric Panels: 62"H (+/- 5"): 60" Powered Panels Complete Unit shall consist of the following:	**Quantity Required (Complete Unit Bid)									PANEL UNIT PRICE (Each) NOTE: Items listed must add up to the complete unit submitted in bid.	
22	Acoustical Fabric Panel	1	HON	PG 358	HON	HETP6580FP	\$ 477.00	76.00%	System	\$114.48	\$114.48	
23	Top Caps	1	HON	PG 359	HON	HETC80	\$ 81.00	76.00%	System	\$19.44	\$19.44	
24	Raceways	0	HON		HON	INCLUDED	\$ -	76.00%	System	\$0.00	\$0.00	
25	Straight Connectors	2	HON	PG 363	HON	HSCKTPS	\$ 19.00	76.00%	System	\$4.56	\$9.12	
26	ELECTRICAL POWER HARNESS	1	HON	PG 408	HON	HH871260	\$ 208.00	76.00%	System	\$50.16	\$50.16	
27	DUPLEX RECEPTACLE	2	HON	PG 409	HON	HH871601	\$ 41.00	76.00%	System	\$9.84	\$19.68	
28	BASE INFEED	1	HON	PG 459	HON	HH879072	\$ 222.00	76.00%	System	\$53.28	\$53.28	
29	Identify Additional hardware here if needed						\$ -	76.00%	System	\$0.00	\$0.00	
30							TOTAL OF PANEL BID				\$266.16	
31	Panel: 62"H (+/- 5"): 60" Non-powered Panels - Acoustical Fabric on both sides (price listed must include everything to make one complete unit including but not limited to: top caps, raceways, straight connectors both sides, and any other hardware to accomplish a complete install)	1000	HON		HON	COMPLETE PANEL	\$ 596.00	76.00%	System	\$143.04		\$143,040.00
32	Panel: 62"H (+/- 5"): 60" Non-Powered Panels Complete Unit shall consist of the following:	**Quantity Required (Complete Unit Bid)									PANEL UNIT PRICE (Each) NOTE: Items listed must add up to the complete unit submitted in bid.	
33	Acoustical Fabric Panel	1	HON	PG 358	HON	HETP6580FP	\$ 477.00	76.00%	System	\$114.48	\$114.48	
34	Top Caps	1	HON	PG 359	HON	HETC80	\$ 81.00	76.00%	System	\$19.44	\$19.44	
35	Raceways	0	HON		HON	INCLUDED	\$ -	76.00%	System	\$0.00	\$0.00	
36	Straight Connectors	2	HON	PG 363	HON	HSCKTPS	\$ 19.00	76.00%	System	\$4.56	\$9.12	
37	Identify Additional hardware here if needed						\$ -	76.00%	System	\$0.00	\$0.00	
38	Identify Additional hardware here if needed						\$ -	76.00%	System	\$0.00	\$0.00	
39	Identify Additional hardware here if needed						\$ -	76.00%	System	\$0.00	\$0.00	
40	Identify Additional hardware here if needed						\$ -	76.00%	System	\$0.00	\$0.00	
41							TOTAL OF PANEL BID				\$143.04	

	A	B	C	D	E	F	G	H	I	J	K	L
42	Panel: 62"H (+/- 5"): 60" Powered Panels - Non-Fabric on both sides (price listed must include everything to make one complete unit including but not limited to: top caps, raceways, straight connectors both sides, with 2 Duplex receptacles, and any other hardware to accomplish a complete install)	500	HON		HON	COMPLETE PANEL	\$ 2,510.00	76.00%	System	\$602.40		\$301,200.00
43	Non-Fabric Panels: 62"H (+/- 6"): 60" Powered Panels Complete Unit shall consist of the following:	**Quantity Required (Complete Unit Bid)									PANEL UNIT PRICE (Each) NOTE: Items listed must add up to the complete unit submitted in bid.	
44	Non-Fabric Panel	1	HON	PG 320	HON	HRVF6660P	\$ 341.00	76.00%	System	\$81.84	\$81.84	
45	Top Caps	1	HON	PG320	HON	HRVTC60	\$ 80.00	76.00%	System	\$19.20	\$19.20	
46	Raceways	0	HON		HON	INCLUDED	\$ -	76.00%	System	\$0.00	\$0.00	
47	Straight Connectors	0	HON		HON	INCLUDED	\$ -	76.00%	System	\$0.00	\$0.00	
48	HARDSURFACE TILE AND MOUNTING KIT	4	HON	PG 334	HON	HRVT3060HS2	\$ 394.00	76.00%	System	\$94.56	\$378.24	
49	ELECTRICAL POWER HARNESS	1	HON	PG 408	HON	HH871280	\$ 209.00	76.00%	System	\$50.16	\$50.16	
50	DUPLEX RECEPTACLE	2	HON	PG 461	HON	HH873501	\$ 41.00	76.00%	System	\$9.84	\$19.68	
51	BASE INFEED	1	HON	PG 459	HON	HH879072	\$ 222.00	76.00%	System	\$53.28	\$53.28	
52											TOTAL OF PANEL BID	\$602.40
53	Panel: 62"H (+/- 5"): 60" Non-powered Panels - Non-Fabric on both sides (price listed must include everything to make one complete unit including but not limited to: top caps, raceways, straight connectors both sides, and any other hardware to accomplish a complete install)	500	HON		HON	COMPLETE PANEL	\$ 1,997.00	76.00%	System	\$479.28		\$239,640.00
54	Non-Fabric Panels: 62"H (+/- 5"): 60" Non-Powered Panels Complete Unit shall consist of the following:	**Quantity Required (Complete Unit Bid)									PANEL UNIT PRICE (Each) NOTE: Items listed must add up to the complete unit submitted in bid.	
55	Non-Fabric Panel	1	HON	PG 320	HON	HRVF6660P	\$ 341.00	76.00%	System	\$81.84	\$81.84	
56	Top Caps	1	HON	PG 320	HON	HRVTC60	\$ 80.00	76.00%	System	\$19.20	\$19.20	
57	Raceways	0	HON		HON	INCLUDED	\$ -	76.00%	System	\$0.00	\$0.00	
58	Straight Connectors	0	HON		HON	INCLUDED	\$ -	76.00%	System	\$0.00	\$0.00	
59	HARDSURFACE TILE AND MOUNTING KIT	4	HON	PG 334	HON	HRVT3060HS2	\$ 394.00	76.00%	System	\$94.56	\$378.24	
60	Identify Additional hardware here if needed							76.00%	System	\$0.00	\$0.00	
61	Identify Additional hardware here if needed						\$ -	76.00%	System	\$0.00	\$0.00	
62	Identify Additional hardware here if needed						\$ -	76.00%	System	\$0.00	\$0.00	
63											TOTAL OF PANEL BID	\$479.28

	A	B	C	D	E	F	G	H	I	J	K	L
64	Duplex Receptacles for Panels	5000	HON	PG 461	HON	HH875301	\$ 41.00	76.00%	System	\$9.84		\$49,200.00
65	Panel Connectors: 2-way, straight	2000	HON	PG 363	HON	HSCKTPS	\$ 19.00	76.30%	System	\$4.56		\$9,120.00
66	Panel Connectors: 2-way, 90-degree elbow	1000	HON	PG 363	HON	HEC65PL	\$ 154.00	76.00%	System	\$36.96		\$36,960.00
67	Panel Connectors: 3-way, tee	500	HON	PG 363	HON	HEC65PT	\$ 154.00	76.00%	System	\$36.96		\$18,480.00
68	Panel Connectors: 4-way, tee	500	HON	PG 363	HON	HEC65PX	\$ 154.00	76.00%	System	\$36.96		\$18,480.00
69	Panel Connectors: Panel End Caps (62" h +/- 5" panel)	2000	HON	PG 364	HON	HEFEC65P	\$ 63.00	76.00%	System	\$15.12		\$30,240.00
70	24"d x 36"w laminate work surface	500	HON	PG 467	HON	HWR2436P	\$ 344.00	76.00%	System	\$82.66		\$41,280.00
71	24"d x 36" w laminate corner work surface	500	HON	PG 471	HON	HWSC3624P	\$ 519.00	76.00%	System	\$124.56		\$62,280.00
72	24"d x 48" w laminate work surface	500	HON	PG 467	HON	HWR2448P	\$ 402.00	76.00%	System	\$96.48		\$48,240.00
73	36" w steel flipper door unit with lock	500	HON	PG 438	HON	HEOHRTA1538FD	\$ 451.00	76.00%	System	\$108.24		\$54,120.00
74	48" w steel flipper door unit with lock	600	HON	PG 438	HON	HEOHRTA1548FD	\$ 492.00	76.00%	System	\$118.08		\$59,040.00
75	24"d pedestal full height file cabinet with lock with two (2) file drawers to attach to work surface	1000	HON	PG 490	HON	HVFF23R	\$ 529.00	76.00%	PDU	\$128.96		\$128,960.00
76	24"d pedestal full height file cabinet with lock with two (2) small box drawers position above one (1) file drawer to attach to work surface	1000	HON	PG 490	HON	HVFB23R	\$ 534.00	76.00%	PDU	\$128.16		\$128,160.00
77	11" h x 36" w tackboard	200	HON	PG 145	HON	HLSL36TW	\$ 234.00	76.00%	System	\$56.16		\$11,232.00
78	30" w task light (must be within 6" of the width of flipper door unit)	100	HON	PG 446	HON	HH870930	\$ 226.00	76.00%	System	\$54.24		\$5,424.00
79	42" w task light (must be within 6" of the width of flipper door unit)	100	HON	PG 446	HON	HH870942	\$ 244.00	76.00%	System	\$58.56		\$5,856.00
80	Keyboard Tray	1000	HON	PG 497	HON	H2107	\$ 517.00	76.00%	SysAcc	\$124.08		\$124,080.00
81	Panel Mount Rail Toolbar - 48" metal, includes two (2) supports, one rail with two (2) end caps	100	HON	PG 339	HON	HNPMBSW48	\$ 235.00	76.00%	SysAcc	\$58.40		\$5,840.00
82	Letter Tray: Mounts on elast pad horizontally, supports minimum of five (5) pounds	500	HON	PG 340	HON	HPPMFS	\$ 96.00	76.00%	SysAcc	\$23.04		\$11,520.00
83	Diagonal Tray	500	HON	PG 340	HON	HPPMST	\$ 131.00	76.00%	SysAcc	\$31.44		\$15,720.00
84	Coat hook - one (1) per workstation	100	HON	PG 344	HON	HHPMC	\$ 14.50	76.00%	SysAcc	\$3.48		\$348.00
85	Task Chair	1000	HON	PG 717	HON	HCTM1MM	\$ 387.00	59.00%	STC	\$158.67		\$158,670.00
86	Guest Chair	2000	HON	PG 880	HON	HSS4L-18B SINGLE	\$ 145.00	59.00%	SCG	\$59.45		\$118,900.00
87	Side Chair	1000	HON	PG 885	HON	H4003	\$ 312.00	59.00%	SSC	\$127.92		\$127,920.00
88	Adjustable height arms	1000	HON	PG 88	HON	INCLUDED/WARRANT	\$ -	59.00%	STC	\$0.00		\$0.00

	A	B	C	D	E	F	G	H	I	J	K	L
89	Sofa - Upholstered in vinyl, , minimum 72" (+/- 3"), minimum of four (4) stationary legs - no casters.	100	HON	PG767	HON	HML3S	\$ 2,806.00	59.00%	FSF	\$1,150.48		\$115,048.00
90	Lounge Chairs - Upholstered in vinyl, with arms not to exceed 32"w, minimum of four (4) stationary legs - no casters	200	HON	PG 766	HON	HML1S	\$ 1,627.00	59.00%	FSF	\$826.07		\$128,214.00
91	Credenzas 20"d x 72"w x 29" with two (2) storage cabinets full to the floor, laminate, locking	50	HON	PG 186	HON	H105493	\$ 1,636.00	59.00%	FSF	\$870.78		\$33,538.00
92	Round Table: 48"w x 29"h with laminate top, metal column with cross base	500	HON	PG 645/646	HON	HTLD48-HTXLEG	\$ 984.00	59.00%	FSF	\$396.24		\$197,620.00
93	Rectangle Table: 30"d x 72"w with laminate tops with steel base and four (4) legs on casters	500	HON	PG 611/613	HON	HMT3072E-HMBPOS	\$ 796.00	59.00%	FSF	\$326.38		\$183,180.00
94	Conference Table: 96"l x 48"w with laminate top with two (2) round laminate pedestal bases	300	HON	PG 644/645	HON	HTLC4896-HTLR96	\$ 2,333.00	59.00%	FSF	\$966.53		\$286,959.00
95	Desk: 60"l x 30w x 29"h full laminate with laminate top, no steel, single pedestal box/box/file free standing design. Drawers open with side pulls. Full leg end panels and modesty panel.	500	HON	PG 175/187	HON	H10578-H10502	\$ 1,350.00	59.00%	FSF	\$553.50		\$276,750.00
96	Bookcase: 12"d x 36"w x 48"h laminate with finished back, one (1) stationary shelf and two (2) adjustable shelves, maximum 1.25" increment between adjustable shelving	100	HON	PG 156	HON	HLSL1336B3	\$ 700.00	59.00%	CG	\$287.00		\$28,700.00
97	Storage Cabinet: 36"w x 18"d x 72"h Laminate with one (1) stationary shelf and four (4) adjustable shelves, maximum 1.25" increment	100	HON	PG 46	HON	HNL243679SC	\$ 2,240.00	59.00%	CG	\$918.40		\$91,840.00
98	Personal Wardrobe/Storage Cabinet: 18"w x 24"d x 77"h, Left or right door, four (4) adjustable shelves, coat rod and core-removeable lock, standard back	100	HON	PG 207	HON	HNL241879WLL	\$ 1,688.00	59.00%	CG	\$892.08		\$89,208.00
99	Lateral File Cabinet non-pedestal: 2 Drawer Laminate 35"w x 22"d x 29"h	500	HON	PG 205	HON	H105690	\$ 1,015.00	59.00%	FC	\$416.15		\$208,075.00
100	Lateral File Cabinet non-pedestal: 4 Drawer Steel 38"w x 19"d x 63"h	500	HON	PG 510	HON	H684	\$ 1,348.00	59.00%	FC	\$552.88		\$276,340.00
101	Reconfiguration Design: Hourly Rate (see Specification 3.11.1.1)	100	CBI				\$ 50.00			\$6,000.00		\$6,000.00
102	Reconfiguration Labor: Regular Rate (see specification 3.11.1.2)	100	CBI				\$ 35.00			\$3,500.00		\$3,500.00
103	Reconfiguration Labor: Overtime Rate (see Specification 3.11.1.3)	100	CBI				\$ 75.00			\$7,500.00		\$7,500.00
104	TOTAL BID COST											\$4,108,380.00

	SYSTEM TYPE	DISCOUNT %
105	System	76.00%
106	System Accessories	76.00%
107	PDU	76.00%
108	Seating - STC,STG,SCG	59.00%
109	FSF	59.00%
110	CG	59.00%
111	FC	59.00%
112		
113		

NOTE: The Discount Percentage entered will automatically populate the field corresponding to the system type in the spread sheet and calculate the bid totals.

Company Name:	CAPITOL BUSINESS INTERIORS
Contact:	KELLI BRAGG
Phone:	304-343-7551
Email:	KBRAGG@CHAMPION-INDUSTRIES.COM



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

State of West Virginia
 Request for Quotation
 18 -- Furniture

3 pgs

Proc Folder: 530203

Doc Description: SYSFURN19 - Statewide Contract for Systems Furniture & Acc.

Proc Type: Statewide MA (Open End)

Date Issued	Solicitation Closes	Solicitation No	Version
2019-01-02	2019-01-15 13:30:00	CRFQ 0212 SWC1900000009	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:

Capitol Business Interiors
 711 Indiana Avenue
 Charleston, WV 25302

304.343.7551

FOR INFORMATION CONTACT THE BUYER

Mark A Atkins
 (304) 558-2307
 mark.a.atkins@wv.gov

Signature X

Kelli D. Bragg

FEIN #

55-0422766

DATE

1-14-19

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



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

State of West Virginia
 Request for Quotation
 18 - Furniture

Proc Folder: 530203

Doc Description: ADDENDUM_1: SYSFURN19 - SWC for Systems Furniture & Acc.

Proc Type: Statewide MA (Open End)

Date Issued	Solicitation Closes	Solicitation No	Version
2019-01-09	2019-01-15 13:30:00	CRFQ 0212 SWC1900000009	2

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

Vendor Name, Address and Telephone Number:

Capitol Business Interiors
 711 Indiana Avenue
 Charleston, WVa - 25302

304.343.7551

FOR INFORMATION CONTACT THE BUYER

Mark A Atkins
 (304) 558-2307
 mark.a.atkins@wv.gov

Signature X *Kevin D. Pragg*

FEIN # 55-0422766

DATE 11/14/19

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0212 SWC190000009

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 type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input 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 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.

Capitol Business Interiors

Company

Kelli D. Bragg

Authorized Signature

1-14-19

Date

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

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.

Kelli Bragg / Janet Joseph Clayman
(Name, Title)

Kelli Bragg / Janet Joseph. Clayman
(Printed Name and Title)

711 Indiana Avenue, Charleston, WV. 25302
(Address)

304-343-7551 304-346-3350
(Phone Number) / (Fax Number)

kbragg@Champion-industries.com / jclayman@Champion-industries.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.

Capitol Business Interiors
(Company)

Kelli D. Bragg, Sr. Sales
(Authorized Signature) (Representative Name, Title)

Kelli D. Bragg, Sr. Sales
(Printed Name and Title of Authorized Representative)

1-14-19
(Date)

304-343-7551 304-346-3350
(Phone Number) (Fax Number)

**REQUEST FOR QUOTATION
CRFQ 0212 SWC1900000009
Furniture and Accessories - Statewide Contract
(SYSFURN19)**

- 9.4 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: Kelli Bragg
Telephone Number: 304.343.7551
Fax Number: 304.346.3350
Email Address: Kbragg@Champion-Industries.com

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 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: (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: Capital Business Interiors

Authorized Signature: Kenn D. Perry Date: 1-14-19

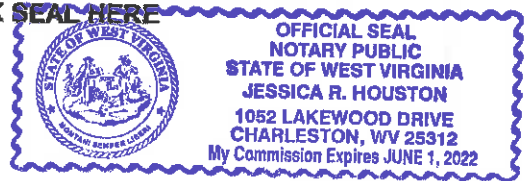
State of West Virginia

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 14 day of January, 2019.

My Commission expires June 1, 2022.

AFFIX SEAL HERE



NOTARY PUBLIC Jessica R. Houston

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, 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; or,
 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.
- 8. Application is made for reciprocal preference.
 Bidder is a West Virginia resident and is requesting reciprocal preference to the extent that it applies.

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: Capitol Business Interiors

Signed: Kenn D Brumby

Date: 1-14-19

Title: St. Sales

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/11/2019

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 Centurion Insurance Services 201 Pennsylvania Ave. N 3rd Floor Charleston WV 25302	CONTACT NAME: Diane Clyburn	
	PHONE (A/C, No, Ext): (304) 877-8984	FAX (A/C, No):
	E-MAIL ADDRESS: diane.clyburn@centinssvc.com	
INSURED Capitol Business Interiors 711 Indiana Avenue Charleston WV 25302		INSURER(S) AFFORDING COVERAGE INSURER A: Phoenix Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 25623

COVERAGES **CERTIFICATE NUMBER:** CL1911100513 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	830-9L002715-PHX-18	11/01/2018	11/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 <input type="checkbox"/> AUTOS ONLY	Y	810-9L004223-18-43-G	11/01/2018	11/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$ \$
	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					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Insured With Regards to Furniture Contract. 30 Days Notice of Cancellation Provided.

CERTIFICATE HOLDER State of West Virginia 1900 Kanawha Blvd Charleston WV 25305	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/12/2019

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 Centurion Insurance Services 201 Pennsylvania Ave. N 3rd Floor Charleston WV 25302	CONTACT NAME: Diane Clyburn
	PHONE (A/C, No. Ext): (304) 935-2530 FAX (A/C, No.): (304) 935-2508 E-MAIL ADDRESS: diane.clyburn@centinssvc.com
INSURED Capitol Business Equipment, Inc. P. O. Box 2968 Huntington WV 25728	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: BrickStreet Mutual Insurance Company 12372
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

CERTIFICATE NUMBER: CL1911200514

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
	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 - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						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		WCB1023644	04/02/2018	04/02/2019	PER STATUTE 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

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

See attached form regarding cancellation notice

CERTIFICATE HOLDER**CANCELLATION**

State of West Virginia 1900 Kanawha Blvd Charleston WV 25305	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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HON FULL LIFETIME WARRANTY

YOUR HON FULL LIFETIME WARRANTY

Every time you purchase a HON product, you're making an investment in your future. We're proud to play a part in that future, and you can trust us to do our best for as long as you need us. The HON Full Lifetime Warranty is our assurance to you that the HON desks, workstations, seating, tables, or storage you purchase will be free from defective material or workmanship for the life of the product. In the unlikely event that any HON product or component covered by the HON Full Lifetime Warranty should fail under normal workplace use as a result of defective material or workmanship, HON shall repair or replace with comparable product (at HON's discretion), free of charge.

WHAT'S COVERED BY THE HON FULL LIFETIME WARRANTY?

Your HON Full Lifetime Warranty applies to product manufactured after January 1, 2011. All HON product lines, materials, and components are covered by the HON Full Lifetime Warranty except for the items described below.

The specific product lines, materials, and components listed below are covered under HON's Full 12-Year, Full 10-Year, and Full 5-Year Warranties (from date of purchase).

HON'S FULL 12-YEAR WARRANTY

- Electrical components (LED task lights, lamps and ballasts are not covered)
- Seating ilira®-stretch
- Seating controls
- Pneumatic cylinders
- Wood seating
- Accessories
- Laminate surfaces
- Veneer Surfaces

HON'S FULL 10-YEAR WARRANTY

- Soothe Patient Recliner Mechanism
- Signal seating upholstery fabric

HON'S FULL 5-YEAR WARRANTY

- All LED task lights
- Panel and seating textiles
- Electric Height Adjustable Table Bases (Including Memory Control)
- Directional Desktop Sit-to-Stand Risers
- Soothe Patient Recliner Central Lock Mechanism
- Soothe Patient Recliner Pivoting Arm

These warranties apply to HON products sold within the United States of America, U.S. Territories, and Canada, as well as U.S. Military and Federal Agency purchases (regardless of location).

IS ANYTHING NOT COVERED?

There are a few exclusions to the HON Full Lifetime Warranty and to the 12, 10 and 5-year warranties. These exclusions are:

- All *basyx* by HON® products (these products are covered under a separate *basyx* by HON warranty).
- Color-fastness or matching of colors, woodgrains, or textures occurring in wood, leather, or other materials that naturally exhibit inherent color variations.
- Customer's own materials (COM) selected by and used at the request of the user.
- Modifications or attachments to the product that are not approved by The HON Company and product failures resulting from such modifications or attachments.
- Product normal wear and tear, which are to be expected over the course of ownership.
- Products that were not installed, used or maintained in accordance with product instructions and warnings.
- Products used for rental purposes.
- Damage caused by cleaning chemicals.
- Dye transfers caused by external contaminants (including clothing and accessory dyes such as those used on denim jeans) may migrate to lighter colors. This phenomenon is increased by humidity and temperature and is irreversible.

WARRANTY REQUESTS OR QUESTIONS?

Your HON Dealer is our mutual partner in supporting your warranty requests. To obtain service under this warranty, please contact your HON dealer. If you are not sure who your dealer is, please call HON Customer Support at 800.833.3964.

THAT'S YOUR HON FULL LIFETIME WARRANTY AS AN OWNER OF HON PRODUCT, THE WARRANTY EXPLAINED HERE IS YOUR SOLE AND EXCLUSIVE REMEDY. THERE ARE SOME EXCEPTIONS IF YOU PURCHASED THE PRODUCT FOR HOME OR PERSONAL USE WHICH ARE EXPLAINED BELOW. TO THE EXTENT ALLOWED BY LAW, THE HON COMPANY MAKES NO OTHER WARRANTY, EITHER EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. THE HON COMPANY WILL NOT BE LIABLE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES.

A WORD ABOUT PURCHASES FOR HOME OR PERSONAL USE

Please note, this section only applies if you purchased your HON product for your home or for your own personal or family use. HON's warranties give you specific legal rights and you may have other rights, which vary from state to state. As a consumer purchaser, the complete exclusion of implied warranties noted in the above paragraph does not apply to you, however, to the extent allowed by applicable state law, the implied warranties are limited to the applicable term of the warranty. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above exclusion or limitation may not apply to you.