



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

Header 1

List View


General Information | Contact | Default Values | Discount | Document Information

Procurement Folder: 565163

SO Doc Code: CRFQ

Procurement Type: Central Purchase Order

SO Dept: 0323

Vendor ID: 

SO Doc ID: WWW1900000005

Legal Name: HORIZON INFORMATION SERVICES INC


Published Date: 4/9/19

Alias/DBA:

Close Date: 4/23/19


Total Bid: \$37,500.00

Close Time: 13:30

Response Date: 

Status: Closed

Response Time:

Solicitation Description: 

Total of Header Attachments: 1

Total of All Attachments: 1



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

**State of West Virginia
 Solicitation Response**

Proc Folder : 565163

Solicitation Description : Installation of Structured cabling pathways and spaces

Proc Type : Central Purchase Order

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-04-23 13:30:00	SR 0323 ESR04221900000004853	1

VENDOR
VC0000031069 HORIZON INFORMATION SERVICES INC

Solicitation Number: CRFQ 0323 WWW1900000005

Total Bid : \$37,500.00 **Response Date:** 2019-04-22 **Response Time:** 14:27:08

Comments:

FOR INFORMATION CONTACT THE BUYER
 Michelle L Childers
 (304) 558-2063
 michelle.l.childers@wv.gov

Signature on File	FEIN #	DATE
--------------------------	---------------	-------------

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Installation of Structured cabling of pathways and spaces				\$37,500.00

Comm Code	Manufacturer	Specification	Model #
43223301			

Extended Description : Installation of Structured cabling of pathways and spaces per the specifications attached herein.



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

State of West Virginia
 Request for Quotation
 09 - Construction

Proc Folder: 565163

Doc Description: Installation of Structured cabling pathways and spaces

Proc Type: Central Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2019-04-09	2019-04-23 13:30:00	CRFQ 0323 WWW1900000005	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:

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN # 251891381

DATE 4/22/19

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

ADDITIONAL INFORMATION:

Request for Quotation

The West Virginia Purchasing Division is soliciting bids on behalf of Workforce West Virginia (WFWV) to establish a construction contract for the installation of structured cabling pathways and spaces systems. The Vendor shall furnish all materials, labor, and equipment necessary to complete all Construction Services. The Vendor shall furnish any incidental work, materials, labor, and equipment that are necessary to complete the Construction Services, even if such incidental work is not explicitly included in the Project Plans.

INVOICE TO		SHIP TO	
FISCAL AND ADMINISTRATIVE MANAGEMENT - 5301 WORKFORCE WEST VIRGINIA 1900 KANAWHA BLVD, EAST BLDG 3, 3RD FLOOR, SUITE 300 CHARLESTON WV25305 US		OFFICE OF ADMIN SUPPORT - 5302 WORKFORCE WEST VIRGINIA 1900 KANAWHA BLVD, EAST BLDG 3, 3RD FLOOR, SUITE 300 CHARLESTON WV 25305 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Installation of Structured cabling of pathways and spaces				

Comm Code	Manufacturer	Specification	Model #
43223301			

Extended Description :

Installation of Structured cabling of pathways and spaces per the specifications attached herein.

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Horizon Information Services Address: 1659 E SuHer Rd

Glenshaw PA 15116

Name of Authorized Agent: WV Walk Force Address: 1900 Kanawha Blvd W Charleston WV 25305

Contract Number: CRF00323 WWV1900000005 Contract Description: Structured Cabling Path ways

Governmental agency awarding contract: WV 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: [Signature]

Date Signed: 4/22/19

Notary Verification

State of Pennsylvania, County of Allegheny:

I, Craig Hasley, 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 22nd day of April, 2019.

[Signature]
Notary Public's Signature

To be completed by State Agency:
Date Received by State Agency: _____
Date submitted to Ethics Commission: _____
Governmental agency submitting Disclosure: _____

Commonwealth of Pennsylvania - Notary Seal
Karla A. Bildhauer, Notary Public
Allegheny County
My commission expires June 29, 2022
Commission number 1225952
Member, Pennsylvania Association of Notaries
Revised June 8, 2018

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

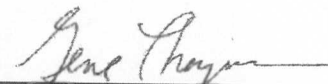
Date Issued

Expiration Date

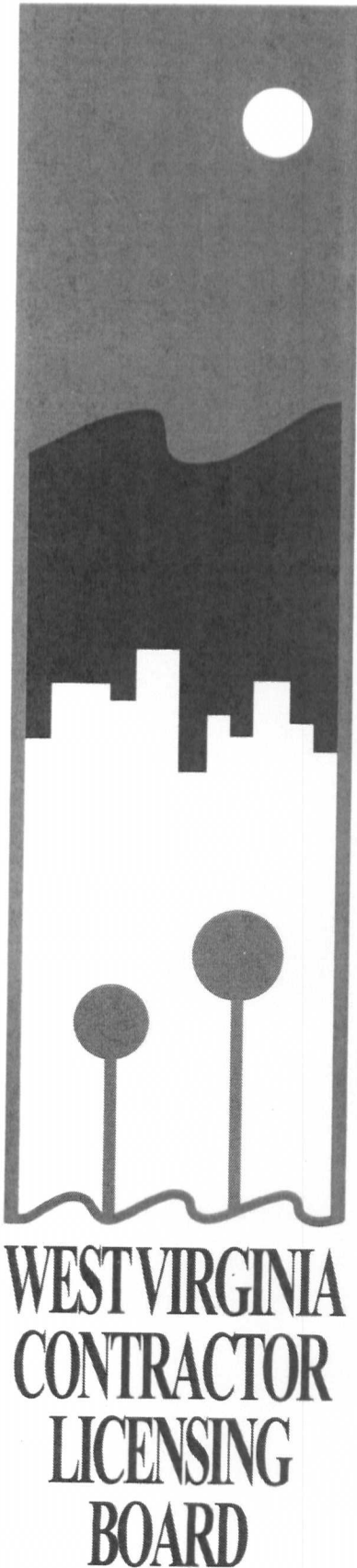
SEPTEMBER 22, 2018

SEPTEMBER 22, 2019


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.



Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Horizon Information Services

Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project.

Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.

Attach additional pages if necessary

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.

10. 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:

10.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.

10.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.

10.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.

10.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.

10.5. Vendor shall inform all staff of Agency's security protocol and procedures.

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: Craig Hasley

Telephone Number: 412 487 7071

Fax Number: 412 487 7072

Email Address: CHasley@Horizonis.com

EXHIBIT A – Pricing Page

Dated: 4/22/19
(Bidder to insert date bid submitted)

SUBMITTED BY:
Horizon Information Services (hereinafter called "Vendor")

SUBMITTED TO:
WorkForce West Virginia (hereinafter called "WFWV")

The Bidder, being familiar with local conditions affecting the cost of the Work and the Contract Documents, including Instructions to Bidders, Bid Form, General Conditions, Drawings, Specifications, and any Addenda or Clarifications issued, hereby propose to furnish all labor, tools, taxes, transportation and expendable equipment necessary for the satisfactory and complete construction of in every detail and ready for operation, all in full accordance with, and in conformity to, the Contract Documents, for the stipulated sums as follows:

TOTAL BID AMOUNT (Show Bid Amount in both words and numbers.)

For the sum of: \$ 37,500.00

thirty seven thousand five hundred and 00 ^{cents} Dollars.

(Show Bid Amount in both words and numbers.)

(In the event of a difference between the written bid amount and the number bid amount, the written bid amount shall govern.)

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: (0) (Zero)
(Check the box next to each addendum received)

- | | |
|---|--|
| <input 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 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.

Horizon Information Services
Company

[Signature]
Authorized Signature

4/22/19
Date

NOTE: This addendum acknowledgement 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.

Craig Hasley VP of Sales
(Name, Title)

Craig Hasley VP of Sales
(Printed Name and Title)

1655 East Sutter Rd Glenshaw PA 15116
(Address)

412 487 7071 412 487 7072
(Phone Number) / (Fax Number)

CHasley@Horizonis.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.

Horizon Information Systems
(Company)


(Authorized Signature) (Representative Name, Title)

Craig Hasley VP of Sales
(Printed Name and Title of Authorized Representative)

4/22/19
(Date)

412 487 7071 ⁴¹² ~~412~~ 487 7072
(Phone Number) (Fax Number)

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: Horizon Information Services

Authorized Signature: [Signature] Date: 4/22/19

State of Pennsylvania

County of Allegheny, to-wit:

Taken, subscribed, and sworn to before me this 22nd day of April, 2019.

My Commission expires June 29, 2022.

AFFIX SEAL HERE

NOTARY PUBLIC Karla A. Bildhauer

Commonwealth of Pennsylvania - Notary Seal
Karla A. Bildhauer, Notary Public **Purchasing Affidavit (Revised 01/19/2018)**
Allegheny County
My commission expires June 29, 2022
Commission number 1225952
Member, Pennsylvania Association of Notaries



PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

BID BOND

KNOW ALL MEN BY THESE PRESENTS: That We, _____ Horizon Information Services, Inc. _____, as Principal, and **Philadelphia Indemnity Insurance Company**, a corporation organized and existing under the laws of the State of Pennsylvania, and authorized to do business in the State of _____ PA _____ as Surety, are held and firmly bound unto the West Virginia Purchasing Department _____, as Obligee, in the sum of Ten Percent of Amount Bid DOLLARS (\$ 10% _____), lawful money of the United States of America, to the payment of which sum well and truly to be made, the said Principal and Surety bind themselves, their and each of their heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that, if the Obligee shall make any award to the Principal for:
Work Force West Virginia - Structured Cabling, Work Force, WV - Kanawha County

according to the terms of the proposal or bid made by the Principal therefor, and the Principal shall duly make and enter into a contract with the Obligee in accordance with the terms of said proposal or bid and award and shall give bond for the faithful performance thereof, with the Surety or with other surety or sureties approved by the Obligee, or if the Principal shall, in case of failure so to do, pay to the Obligee the damages which the Obligee may suffer by reason of such failure not exceeding the penalty of this bond, then this obligation shall be null and void; otherwise it shall be and remain in full force and effect.

Signed, sealed and dated this 23rd day of _____ April _____, 2019.

Horizon Information Services, Inc.

(Principal) _____ (Seal)

By: _____

Philadelphia Indemnity Insurance Company

(Surety) _____ (Seal)

By: _____

Barbara A. Leeper, Attorney-In-Fact



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 Purchasing Department

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 **Barbara A. Leeper** its true and lawful Attorney-in-fact 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.

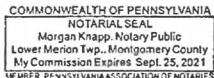
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.



(Seal)

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.



(Notary Seal)

Notary Public: Morgan Knapp
residing at: Bala Cynwyd, PA
My 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 23rd day of April, 2019.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

**NOTICE OF SMALL BUSINESS SELF-CERTIFICATION
AND SMALL DIVERSE BUSINESS VERIFICATION**



pennsylvania

DEPARTMENT OF GENERAL SERVICES

The Department is pleased to announce that

HORIZON INFORMATION SERVICES INC

has successfully completed the Pennsylvania Department of General Services' process for self-certification as a small business under the Commonwealth's Small Business Contracting Program, and is verified as a Small Diverse Business with the following designation(s):

BUSINESS TYPE(s): Construction Contractor

CERTIFICATION NUMBER: 214636-2012-11-SB-W

CERTIFICATION TYPE: Woman Business Enterprise

ISSUE DATE: 11/29/2012

EXPIRATION DATE: 08/31/2020

RECERTIFIED DATE: 8/7/2018

Kerry L. Kirkland, Deputy Secretary
Diversity, Inclusion, and Small Business Opportunities



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

June 4, 2018

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

RE: 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 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 an 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.

Certifying Participants

Allegheny County
Department of Minority, Women &
Disadvantaged Business Enterprise

Philadelphia
International Airport
Office of Business Diversity
Office

PENNDOT
Bureau of Equal
Opportunity

Port Authority of
Allegheny County
Office of Equal
Opportunity

SEPTA
DBE Program
Office

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

June 4, 2018

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

Dear Lori M. Miller, CEO:

Please be advised that Allegheny County has a goal of 13% Minority and 2% Woman business participation and tracks MBE/WBE participation on all county contracts. This is in accordance with the Allegheny County Administrative Code.

The designation of Minority, Woman or Minority/Woman will no longer appear on the official PA UCP certification approval letters. Therefore, this letter serves as a secondary letter to reflect your designation as a Woman Business Enterprise (WBE) for tracking purposes only.

After the annual affidavit has been processed and approved, you will receive this letter in addition to the official PA UCP certification letter.

Sincerely,

Ruth Byrd-Smith
Director

RBS/tm

RUTH BYRD-SMITH, DIRECTOR

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 • WWW.ALLEGHENYCOUNTY.US



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/22/2019

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 Seubert & Associates Inc. 225 North Shore Drive Suite 300 Pittsburgh PA 15212	CONTACT NAME:	
	PHONE (A/C, No., Ext): 412-734-4900	FAX (A/C, No): 412-734-5725
E-MAIL ADDRESS: certs@seubert.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Harleysville Insurance Company		23582
INSURER B : Brickstreet Insurance		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED Horizon Information Services 1659 E. Sutter Road Glenshaw PA 15116	HORIN	COVERAGES	CERTIFICATE NUMBER: 684540439	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
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 checked="" type="checkbox"/> LOC OTHER:			SPP00000077650S	3/23/2019	3/23/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> 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			BA00000077649S	3/23/2019	3/23/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CMB00000077647S	3/23/2019	3/23/2020	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
A B	<input checked="" type="checkbox"/> 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	WC00000077648S WCN6001932	3/23/2019 3/23/2019	3/23/2020 3/23/2020	<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
A A	<input type="checkbox"/> Installation Floater <input checked="" type="checkbox"/> Physical Damage			SPP00000077650S BA00000077649S	3/23/2019 3/23/2019	3/23/2020 3/23/2020	\$500,000 Limit \$1,000 Comp Ded. \$500 Deductible \$1,000 Coll Ded.

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

CERTIFICATE HOLDER Workforce WV 1900 Kanawha Blvd East Bldg 3 3rd Floor Suite 300 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 