

State of West Virginia Request for Quotation 09 — Construction

Proc Folder: 524008

Doc Description: ADDENDUM #3 - OPEN END CONTRACT FOR HVAC MAINTENANCE

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2019-01-15	2019-01-23 13:30:00	CRFQ 0511 HHR1900000002	4

BID RECEIVING LOCATICN

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV

25305

US

VENDOR

Vendor Name, Address and Telephone Number:

Nitro Construction Services, Inc.

4300 First Avenue

Nitro, West Virginia 25143

RECEIVED
2019 JAN 23 PM 1: 160
WWW PLUMBERS NO.

FOR INFORMATION	CONTACT	THE BU	YER
-----------------	---------	--------	-----

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

Signature X

FEIN#

20 8844160

DATE /-22-/9

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

Page: 1

FORM ID: WV-PRC-CRFQ-001

ADDITIONAL INFORMATION:

ADDENDUM #3 IS ISSUED TO FIX THE DESCRIPTION OF ADDENDUM #2.

NO OTHER CHANGES.

INVOICE TO	SHIP TO
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF OPERATIONS ONE DAVIS SQUARE, RM 115	BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OPERATIONS DIAMOND PROJECT 350 CAPITOL ST
US WV25301	CHARLESTON WV 25301

Line	Comm Ln Desc	Ofer			
1		Qty	Unit Issue	Unit Price	Total Price
'	Corrective Maintenance - flat hourly	200.00000	HOUR	92	18,400.00
L	rate				,

Comm Code Manufacturer 72151003	Specification Model #

Extended Description:

Corrective Maintenance - flat hourly rate.

INVOICE TO		SHIP TO		
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OFFICE OF OPERATIONS		BUYER - 304-957-0209 HEALTH AND HUMAN RE	BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OPERATIONS DIAMOND PROJECT	
ONE DAVIS SQUARE, RM	115	350 CAPITOL ST	NOVEOT	
CHARLESTON	WV25301	CHARLESTON	WV 25301	
US		US		

	Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
	2	Parts plus % markup	1.00000	EA		
Į						- 1

- 1	Comm Code 40101800	Manufacturer	Specification	Model #
l				

Extended Description:

Cost of Oarts 10,000.00 X markup (15_%) = PARTS PLUS

INVOICE TO		SHIP TO	SHIP TO	
BUYER - 304-957-0209 HEALTH AND HUMAN RES OFFICE OF OPERATIONS ONE DAVIS SQUARE, RM		BUYER - 304-957-0209 HEALTH AND HUMAN RES OPERATIONS DIAMOND F 350 CAPITOL ST		
CHARLESTON WV25301		CHARLESTON	CHARLESTON WV 25301	
US		us		

Line	Comm Ln Desc	Qtv	II. la I		
3			Unit Issue	Unit Price	Total Price
	Preventative Maintenance Monthly Cost	12.00000	МО	8,840.00	106,080.00
					,

72151003	Manufacturer	Specification	Model #
	_		

Extended Description :

2

Preventative Maintenance Mionthly Cost per attached listing.

SPUEDOF	E UF EVENTS	
<u>Line</u>	<u>Event</u>	
1	Pre-Bid Meeting	

 Event
 Event Date

 Pre-Bid Meeting
 2019-01-08

 Questions Due
 2019-01-14

	Document Phase	Document Description	Page 4
HHR1900000002	Final	ADDENDUM #3 ~ OPEN END CONTRACT	of 4
		FOR HVAC MAINTENANCE	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

STATE OF WEST VIRGINIA,
COUNTY OF PUTNAM TO-WIT:
I, GABE HOLSTEIN , after being first duly sworn, depose and state as follows:
1. I am an employee of NITRO CONSTRUCTION SERVICES, INC.; and,
(Company Name) 1 do hereby attest that NITRO CONSTRUCTION SERVICES, INC.
(Company Name) maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with West Virginia Code §21-1D.
The above statements are sworn to under the penalty of perjury.
Printed Name: GABE HOLSTEIN
Signature: Sahe Hoth.
Title: VICE PRESIDENT
Company Name: NITRO CONSTRUCTION SERVICES, INC
Date: 1.23.19
Taken, subscribed and sworn to before me this $\frac{23}{200}$ day of $\frac{2019}{2024}$. By Commission expires $\frac{2019}{2024}$.
(Seal) OFFICIAL SEAL AMY PAYNE (Notary Public)
NOTARY PUBLIC STATE OF WEST VIRGINIA MY COMMISSION EXPIRES MAY 19, 2024 92 LAKE SHORE DRIVE CROSS LANES, WV 25313 Rev. July 7, 2017

STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

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

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

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

DEFINITIONS:

STATE OF WEST VIRGINIA MY COMMISSION EXPIRES MAY 19, 2024 92 LAKE SHORE DRIVE CROSS LANES, WV 25313

"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 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 exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE: NITRO CONSTRUCTION SERVICES INC. Vendor's Name: **Authorized Signature:** Date: WEST VIRGINIA State of **PUTNAM** County of Taken, subscribed, and sworn to before me this My Commission expires **AFFIX SEAL HERE NOTARY PUBLIC** OFFICIAL SEAL AMY PAYNE Purchasing Affidavit (Revised 01/19/2018) NOTARY PUBLIC

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ 0511 HHR1900000002

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)	ved)
Addendum No. 1 Addendum No. 2 Addendum No. 3 Addendum No. 4 Addendum No. 5	☐ Addendum No. 6 ☐ Addendum No. 7 ☐ Addendum No. 8 ☐ Addendum No. 9 ☐ Addendum No. 10
i further understand that any verbal representa	t of addenda may be cause for rejection of this bidation made or assumed to be made during any oral ives and any state personnel is not binding. Only the specifications by an official addendum is
Company Authorized Signature 1-22-19	
Date	

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

SOLICITATION NUMBER: CRFQ 0511 HHR1900000002 Addendum Number: 3

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable	Addendum	Category:
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	Modify bid opening date and time
[]	Modify specifications of product or service being sought
[]	Attachment of vendor questions and responses
[]	Attachment of pre-bid sign-in sheet
[X]	Correction of error
[]	Other

Description of Modification to Solicitation:

1) To fix the description of Addendum #2.

No other changes.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

- 1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
- 2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ 0511 HHR1900000002

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received: (Check the box next to each addendum received)							
[/] Addendum No. 1 [] Addendum No. 6							
[] Addendum No. 2 [] Addendum No. 7							
[] Addendum No. 3 [] Addendum No. 8							
[] Addendum No. 4 [] Addendum No. 9							
[] Addendum No. 5 [] 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. Mile Construction Services, Inc. Company							
James /Le							
Authorized Signature							

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

Date

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.

Jamie Ruhn Project Manager	
(Name, Title) JAMIE KUHN, PROJECT MANAGER	-
(Printed Name and Title) 4300 FIRST AVENUE NITRO, WV 25143	
(Address) 304-204-1500	/ = =
(Phone Number) / (Fax Number)	
(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.

NITRO CONSTRUCTION SERVICES, INC.

(Company)	oder um a venerativ vi i i in
Jani-/ll	
(Authorized Signature) (Representative Name, Title)	
JAMIE KUHN, PROJECT MANAGER	
(Printed Name and Title of Authorized Representative)	
O1/23 19 (Date)	
304-204-1500 / 304-204-1350	
(Phone Number) (Fax Number)	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/24/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

tina certificate does not confer f	ignts to the certificate holder in lieu of s	such endorsement(s).					
PRODUCER		CONTACT					
Willis of Pennsylvania, Inc.		NAME:					
c/o 26 Century Blvd		(A/C. No. Ext): 1-8/7-945-7378	FAX (A/C, No): 1-888-467-2378	8			
P.O. Box 305191		E-MAIL ADDRESS: certificates@willis.com					
Nashville, TN 372305191 USA		Probleto,					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
ING. town		INSURER A: Arch Insurance Company	11150	,			
Nitro Construction Services, Inc.		INSURER B: XL Specialty Insurance Compan	y 37885	ś			
4300 1st Avenue Nitro, WV 25143		INSURER C: Western World Insurance Compa	ny 13196				
NICTO, WV 25143		INSURER D:					
		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: W9626003	REVISION NUI	MBER-				

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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EXP	· - ·			
	X COMMERCIAL GENERAL LIABILITY	III	1110	T OCIOT NOMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIM	T		
	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000,		
A			1				PREMISES (Ea occurrence)	\$ 2,000,	000	
				ZAGLB9222202	01 /01 /201 0	01/01/2020	MED EXP (Any one person)	\$ 5,	000	
	OF NIL ACCORDANCE AND ADDRESS OF THE PARTY O				01/01/2019	01/01/2020	PERSONAL & ADV INJURY	\$ 2,000,	000	
	POLICY X PRO-		ŀ				GENERAL AGGREGATE	\$ 4,000,	000	
							PRODUCTS - COMP/OP AGG	\$ 4,000,	000	
	OTHER:							\$		
	AUTOMOBILE LIABILITY X ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,	000	
A	OWNED SCHEDULED						BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS			ZACAT9243302	01/01/2019	01/01/2020	BODILY INJURY (Per accident)	\$	_	
	X AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
\dashv	34 (1960)		\rightarrow					\$		
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMO MARE						EACH OCCURRENCE	\$ 10,000,0	000	
-	CLAIMS-MADE				US00077260LI19A	01/01/2019	01/01/2020	AGGREGATE	\$ 10,000,0	000
- 1	DED X RETENTION \$ 10,000 WORKERS COMPENSATION	_						s		
- [AND EMPLOYERS' LIABILITY						X PER OTH-		_	
i li	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		ZAWC19402602	01/01/2019	01/01/2020	E.L. EACH ACCIDENT	\$ 1,000,0	000	
- li	If yes, describe under				' ' ' ' '		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,0	000	
	DESCRIPTION OF OPERATIONS below	-	-				E.L. DISEASE - POLICY LIMIT	\$ 1,000,0	100	
_	Auto Buffer			GLX1000037-01	01/01/2019	01/01/2020	Each Occurrence:	\$1,000,000	\neg	
	Occurrence Basis					Į.	Aggregate:	\$1,000,000		
			l_							
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 10	1, Additional Remarks Schedule, may	be attached if more	space is require	d)		\dashv	

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

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BATCH: 1000578



WEST VIRGINIA CONTRACTOR LICENSING BOARD

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WY042601

Classification:

ELECTRICAL
GENERAL BUILDING
HEATING, VENTILATING & COOLING
PIPING
LOW VOLTAGE SYSTEMS
SPRINKLER AND FIRE PROTECTION

MITRO CONSTRUCTION SERVICES INC DRA MITRO MECHANICAL SERVICES 4300 1ST AVE #2 MITRO, WV 25143-1001

Date Issued

Expiration Date

JUNE 13, 2018

JUNE 13, 2019

Chair, West Virginia Contractor

Licensing Board

This license, or a copy thereof, must be posted in a complexous place at every construction site where work is being performed. This license number must appear in all advertisements, on all this submissions and on all fully executed and binding contracts. This license canast be assigned or transferred by licenses. Issued under provisions of West Virginia Code, Chapter 21, Article 11.

1831 Pain De Charleston, W. Stort

ELECTRICIAN LICENSE

BID BOND

	KNOW	ALL MEN BY	THESE PRESI	ENTS, That	we, the	undersig	ned, <u>Nitro</u>	<u>Constr</u>	ruction Se	ervices,	Inc.	
of		<u>Nitro</u>			<u>wv_</u>		_ as Princ	ipal, and	<u>Philadelph</u>	ia Indemni	ity Insurance	e Company
		a Cynwyd		<u>PA</u>	, a	corpora	tion organ	ized and	existing u	nder the l	aws of the	State of
<u>PA</u>		_with its princ	ipal office in th	e City of	<u>Bala</u>	Cynwy	<u>1</u> , a:	s Surety,	are held	and firmly	y bound un	ito the State
of West	t Virginia,	as Obligee, in	the penal sum	of <u>Five</u> Pe	ercent of	<u>Amoun</u>	t Bid		(\$ <u> </u>) for	the payme	ent of which,
		be made, we jo										
. .		ondition of the										
Departr	nent of A	dministration a	certain bid or	proposal, at	ttached h	ereto an	d made a p	part here	of, to ente	r into a co	ontract in w	riting for
HVAC	MAINTI	ENANCE OP	EN-ENDED									
	NOW T	HEREFORE,										
	(a)	If sald bid sha	all be rejected,	or								
me agre full force	e and effe	If said bid shand shall furnis reated by the a ect. It is expre e penal amoun	cceptance of sessive understoo	onds and in: aid bid, the od and agre	surance i n this obl ed that t	required ligation s he liabili	by the bid hall be nul	or propo	sal, and sl id otherwi	hall in all (se this ob	other respe	ects perform
way imp waive no	Daired or	ety, for the val affected by ar ny such extens	iy extension ol	ereby stipui f the time v	ates and vithin wh	agrees	that the ob Obligee ma	ligations ay accep	of said Su t such bio	irety and i, and sai	its bond st id Surety d	nall be in no loes hereby
	WITNES	SS, the followin	g signatures a	nd seals of	Principal	and Su	etv. execu	ted and	sealed by	a proper	officer of P	rincinal and
Surety,		icipal Individua							uary		19	inisipai una
Principa	i Seal						Nitro	Const	ruction S			
								1	(Nan	ne of Prin	icipal)	
							By_	(u	n	N		
								(Mus			President	, or
								1-	Duly Ac	thorized.	Agent	
								10	<u> </u>	(Title)	<u> </u>	
										(1.0.0)		
Surety S	Seal						<u>Phila</u>	adelphia	a Indemn	ity Insur	ance Con	npany
								1	(Nan	ne of Sure	ety)	
							By:	My L. Miles, Lic	censed WV Re	sident Agent	Attorney	-in-Fact
									- 1/	•		

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.

PHILADELPHIA INDEMNITY INSURANCE COMPANY

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

Power of Attorney

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 <u>Douglas P. Tavlor, Andrew K. Teeter, Kimberly L. Miles, Kimberly S. Burdette, Jaime L. Carpenter and Tammy S. Selbe of USI Insurance Services, LLC 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 \$100.000,000.00.</u>

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

RESOLVED:

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

FURTHER RESOLVED:

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

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



(Seal)

Hommes

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 Public:

Mospan Kinger, Notary Public

Lower Mening May, Monitoring County

lay Commission Expira Sept. 15, 2021

We commission Expira Sept. 15, 2021

Why Commission Expira Sept. 15, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 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 JANUARY . 20 19

1327

Edward Sayago, Corporate Secretary

PHILADELPHIA INDEMNITY INSURANCE COMPANY

EXHIBIT C - PRICING PAGES [PAGE 1 OF 7]

PREVENTATIVE MAINTENANCE:

1. Facility Location: 350 Capitol Street, Charleston, WV 25301 [Diamond Building]

	Type of Equipment	# of Units	Manufacturer			
<u>1-1</u>	Computer Room Water Cooled AC	. 2		Size	Model Number	Monthly Cost,
2-1	Computer Room Steam Humidifiers	2	Data Aire, Inc	17 ton	O&M 10/89	508 00
3-1	Water Source Heat Pumps	192	Nortec Industries	N/A	Mes-u Mes-p	79.30
4-1	Programmable Thermostats	190/4	Trane	1-5 tons	WPHD	1275:1
5-1	Cooling Tower & Water Treatment	1	Honeywell Trane / Varirac II	N/A_	VAV-ION-8	SER L
3-1	Closed Recovery System and Separator	 	Baltimore Aire Coil	600 ton	M248/1-OBA PP-5m-8/96	733.00
7-1	Plate Frame Heat Exchanger		Lakos	N/A	CRS-360-C/LS-574/LS-301N	1 37.46
3-1	Centrifugal Pumps	3	Armstrong	N/A	PFX85	- 64·34
<u>)-1</u>	Flow Combination Valves	3	Armstrong	NVA	4030 Series	- 24:5C
0-1	Rooftop Gas Fired Makeup Air Units	3	Armstrong	N/A	FLO-TREX	1 - GU - PQ
1-1	Honeywell Damper Motor	3	Trane	NA	120 BPH	
2-1	Power Roof Ventilators	- 3	Honeyweil	N/A	M436A/MK36A_B	219.00
3-1	Centrifugal Roof Ventilator		Loren Cook Company	N/A	H-Series-M-A	
4-1	Propeller Wall Fan	2	Loren Cook Company	N/A	AC-Series-AC-M-8	- 20.CC
5-1	Motorized Outside Air Louvers	2	Loren Cook Company	N/A	30-XLHP S/X-Stream 5/97	53.00
6-1	Hot Water Boiler Heater	<u>2</u>	Siebe	· N/A	MA-305/F-06491/22BK	-11.50
7-1	Water Treatment	2	Lochinvar Copper-Fin	N/A	CB00985/MNL7019 REV A	-, 21: AD
8-1	Filter Service External Units	<u> </u>	N/A	N/A	N/A	145.00
9-1	Filter Service Internal Units	3	N/A	N/A	N/A	383.30
0-1	Filter Service Computer Room	192	N/A	N/A	N/A	117.00
1-1	Wall Resistant Heaters	2	Data Aire, Inc	N/A	N/A	<u> </u>
2-1	Onfared Radiant Heater	3/1	Qmark / Ray Wall	N/A	N/A	11.4.00
3-1	DDC Controls Traces Building 14	1	Re Verber Ray	N/A		54.00
	DDC Controls Tracer Building Mgnt System	1 1	Trane	N/A	Tracer 100 Series	<u>54.0</u> C
				18/1	Tracer 100 Series / EMTB-OG-15 Facility 1 Total	455.00

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PREVENTATIVE MAINTENANCE:

2. Facility Location: 500 Capitol Street, Charleston, WV 25301 [Parking Building]

Type of Equipment		TONS IN TESSOT [LAIK	ms wanning	J				
	# of Units	Manufacturer	Size	Model Number	11. 41. 6			
3- 1-1111111111111111111111111111111111	1	Trane	N/A		Monthly Cost, \$			
3-13-11-11-11-11-11-11-11-11-11-11-11-11	1	Island Air	N/A	N/A	39.00			
3-2 Package Terminal A/C	1	Sanyo		N/A	39.00			
		Caryo	N/A	N/A	33.50			
Facility 2 Total / / O. 50								

EXHIBIT C - PRICING PAGES [PAGE 3 OF 7]

PREVENTATIVE MAINTENANCE:

3. Facility Location: 619 Virginia Street, Charleston, WV 25302 [Office of the Chief Medical Examiner]

	Type of Equipment	# of Units	Manufacturer	Size		
1-3	Outdoor Makeup Air DX Cooling &	2	Agon		Model Number	Monthly Cost, \$
	Dehumidification Unit	-	ABUIT	5 ton	RM-013-8-0AB02-349-	
				1 1	MoooYoBoCE0B00A0-	117 - 00
-3	Outdoor Makeup Air DX Cooling &	 	Agen	10.	A0B0000AC0000B	130.00
	Dehumidification Unit		Aaon	10 ton	RM-010-8-0-AA02-339-	
		! !		1 1	A000D0B0CD0B00A0-	151100
-3	Outdoor Makeup Air DX Cooling, Gas	1			A9B0000AC00000B	104.00
	Heat Unit w/Condenser	! ' [Aaon	13 ton	RM-005-8-0-AA01-329-	
		1			A000D0B0GC0B00H0A0-	17-00
-3	Outdoor Makeup Air DX Cooling, Gas	 		 	B0000AC00000B	130.00
	Heat Unit w/Condenser	1 '	Aaon	13 ton	RM-005-8-0-AA01-329-	
		i i			M000U0B0GC0B00H0A0-	12000
-3	Administration Rooftop Unit	1	Trane	- -, -	B0000AC00000B	1130.
-3	Belt Driven Exhaust Fan w/Backward	2		N/A	YCD150D3HABB	1133.90
	Inclined Centrifugal Wheel	_	Greenheck	N/A	SWB-215-30	50.00
-3	Centrifugal Roof Exhaust Fan	1	Greenheck			52.00
.3	Belt Driven Exhaust Fan w/Backward	1		N/A	GB-071-6	53.00
	Inclined Centrifugal Wheel	•	Greenheck	N/A	SWB-210-7	
-3	Centrifugal Roof Exhaust Fan	1	Greenheck	 		53.00
0-3	Centrifugal Roof Exhaust Fan	1	Greenheck	N/A	GB-081-6	53.00
1-3	Lay-In Electric Ceiling Heater	1		N/A	\$Q-70-G	53.00
2-3	Wall Mount Electric Heater		Qmark	_ N/A _	CDF-548	33.50
3-3	Canopy Hood	4	Qmark	N/A	AWF-4404	33.50
4-3	Air Control Valve		Labcrafters	N/A _	H-466	39.00
5-3	Filter Service [excluding HEPA filters]		N/A	N/A	N/A	(05,00
3-3	DDC Control System		N/A	N/A	N/A	7800
-3	Cooler Compressor		Johnson	N/A	Metasys	a60.00
	Octor Compressor	4	Heatcraft	N/A	M02045L63CF	7300
					Facility 3 Total	1.534.90

EXHIBIT C - PRICING PAGES [PAGE 4 OF 7]

PREVENTATIVE MAINTENANCE:

4. Facility Location: 167 11th Avenue, South Charleston, WV 25303 [Office of Laboratory Services Main Building]

	Type of Equipment	# of Units	Manufacturer	Size	Model Number	
1-4	Rooftop Unit	1	York			Monthly Cost, \$
2-4	Rooftop Unit	1	York	7.5 ton	DF090N10PAAA4	58.50
3-4	Rooftop Unit		York	5 ton	DM060N08P2AAJ1	58.50
4-4	Rooftop Unit			5 ton	DM060N08P2SSJ1	59.50
5-4	Rooftop Unit		York	4 ton	DM048N06P2AAJ1	58.50
6-4	Rooftop Unit		York	6 ton	DF072N08P2AAJ1A	58.50
7-4	Rooftop Unit		York	6 ton	DF)72N08P2AAJ1	56.50
8-4	Rooftop Unit		York	10 ton	DF120N15P2AAA3C.	58.50
9-4	Rooftop Unit		York	6 ton	DF072N08P2AAJ1A	58.50
10-4	Rooftop Unit		York	8.5 ton	DF102N10P2AAA4	58.50
11-4	Centrifugal Roof Exhaust Fan		York	5 ton	DM060ZN08P2AAJ1	58.50
12-4	Centrifugal Roof Exhaust Fan		Cook	N/A	ACE135C4B 33	33.50
13-4	Centrifugal Roof Exhaust Fan		Cook	N/A	ACE 165C5B	33.50
14-4	Centrifugal Roof Exhaust Fan		Cook	N/A	ACE 135C5B	39.50
15-4	Centrifugal Roof Exhaust Fan	1	Cook	N/A	ACE 120C3B 33	33.50
16-4	Centrifugal Roof Exhaust Fan		Cook	N/A	ACE 135C4B	33.50
17-4	Rooftop Unit		Cook	N/A	ACE 602B	33.50
18-4	Rooftop Unit	1	Aaon	10 ton	RM-010-8-0AA02-334	34.50
		11	Aaon	6 tons	RM-006-8-0-AA01-322	33.50
19-4	Rooftop Unit	11	Aaon	13 ton	RM-013-8-0-AA02-334	38.50
20-4	Server Closet Cooling	1	Goodman	N/A	N/A	38.30
21-4	HIV Split Unit	1	Trane	N/A	N/A	
22-4	Filter Service	15	N/A	N/A	N/A	141.30
23-4	Cooler Compressor	1	Tecumseh	N/A	2AJ201GT-188-J7	130.00
24-4	Cooler Compressor	1	Cofelametic	N/A		105,00
25-4	Cooler Compressor	1	Unknown	NA.	KAE2-0050-CAV	45.00
				INVEN .	AH256RT-169	65.00

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PREVENTATIVE MAINTENANCE:

5. Facility Location: 167 11th Avenue, South Charleston, WV 25303 [Bio-Safety Level III Laboratory]

	Type of Equipment	# of Units	Manufacturer	Size	Model Number	Monthly Cost, \$
1-5	Makeup Air	1	Aaon	16 ton	49207 200312-AKCH011201	13'0
2-5	Makeup Air	1	Aaon	8 ton	49206 200312-AKCH07823	175.50
3-5	Exhaust with HEPA Filtration	1	Acme	3 HP	165CPS 235SD421180000007011110	78.00
4-5	Exhaust with HEPA Filtration	1	Acme	3 HP	165CPS 235SD421180000033011110	7800
5-5	Control System	1	Trane		Tracer Summit	1.35.80
6-5	Filter Service [excluding HEPA filters]	2	N/A	N/A	N/A	105.00
					Facility 5 Total	5910.70

MONTHLY PREVENTATIVE MAINTENANCE TOTAL (A):

Facility Facility	Facility Number	Monthly Cost, \$
Facility Location: 350 Capitol Street, Charleston, WV 25301 [Diamond Building]	1	S 21 110
Facility Location: 500 Capitol Street, Charleston, WV 25301 [Parking Building]	2	1-1811-18
Facility Location: 619 Virginia Street, Charleston, WV 25302 [Office of the Chief Medical Examiner]	3	1 4 30 30
Facility Location: 167 11th Avenue, South Charleston, WV 25303 [Office of Laboratory Services Main Building]	4	10-30-7-90
167 11th Avenue, South Charleston, WV 25303 [Bio-Safety Level III Laboratory]	5	1,50,00
MONTHLY PERVENTATIVE M (Sum of Facility Monthly Costs for Facilities 1-5 entered as Unit Price for Commodity Lin	AINTENANCE TOTAL (A) = e 1 if responding in w/Oasis)	B. 840°C

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CORRECTIVE MAINTENANCE (B):

В	CORRECTIVE MAINTENANCE Flat Hourly Rate Bid of	s 9a.00	CORRECTIVE MAINTENANCE TOTAL as \$ per hour (B) = per hour (Hourly Rate should be entered as Unit Price for	
· L			Commodity Line 2 if responding in wvOasis)	
Ī	PARTS PLUS PERCENTAGE	MARKUP (C):		
C	PARTS (Plus Percentage Markup)			
	Bld Percentage markup which w	fill be applied to parts, per the specifica	tions: 15 %	
	Convert bid markup percentage For example, a 10% markup wo	to a decimal (e.g., 10% markup becomud become a multiplier of 1.10.	es 0.10 as a decimal), add to 1.00 to calculate multiplier.	
	(Enter as the Contract Amount of	of Commodity Line 3 if responding in wy	PARTS TOTAL (C) =	

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PREVENTATIVE MAINTENANCE:

Monthly Charge (A) 9,840,000 12 months Total Yearly Charge

\$8,840.00 \$104,080.00 12 X

CORRECTIVE MAINTENANCE (B):

Hourly Labor Rate Χ **Estimated Hours Total Labor Cost**

200 Х

PARTS PLUS PERCENTAGE MARKUP (C):

Estimated Parts Cost Multiplier X **Total Parts Cost** =

\$25,000.00 1.15 Х

= \$\frac{38,750.00}{5153,230.00} **Total Cost ***

^{*} Total Cost is calculated by adding the Total Yearly Cost (A), Total Labor Cost (B), and the Total Parts Cost (C).