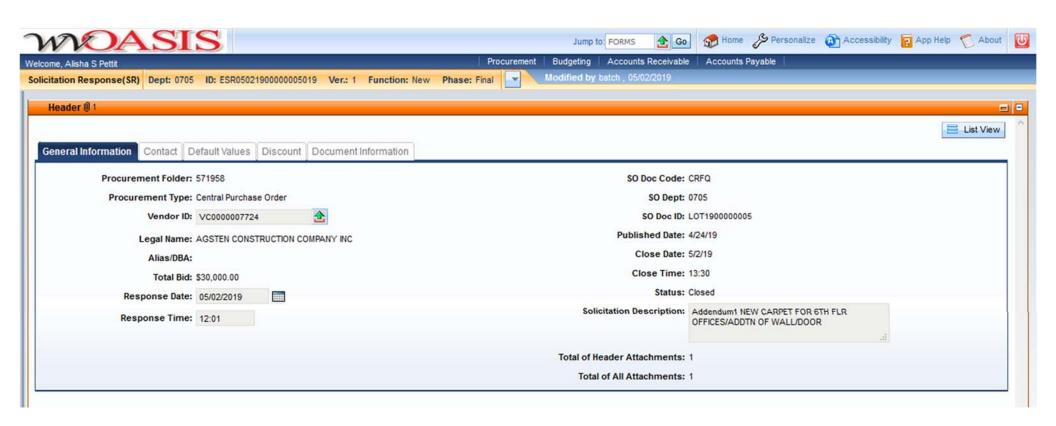
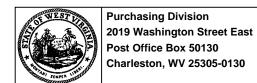


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

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





State of West Virginia Solicitation Response

Proc Folder: 571958

Solicitation Description: Addendum1 NEW CARPET FOR 6TH FLR OFFICES/ADDTN OF WALL/DOOR

Proc Type: Central Purchase Order

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-05-02 13:30:00	SR 0705 ESR05021900000005019	1

VENDOR

VC0000007724

AGSTEN CONSTRUCTION COMPANY INC

Solicitation Number: CRFQ 0705 LOT1900000005

Total Bid: \$30,000.00 **Response Date:** 2019-05-02 **Response Time:** 12:01:06

Comments:

FOR INFORMATION CONTACT THE BUYER

Brittany E Ingraham (304) 558-2157 brittany.e.ingraham@wv.gov

Signature on File FEIN # DATE

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

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Carpet Laying Service & Removal/Installation of Wall/Door	1.00000	JOB	\$30,000.000000	\$30,000.00

Comm Code	Manufacturer	Specification	Model #	
72121100				

Extended Description:

THE WV LOTTERY IS SEEKING SERVICES FOR THE REPLACEMENT OF 2600 SQUARE FEET OF CARPET AND THE REMOVAL AND REPLACEMENT OF ONE WALL

BID BOND

	KNOW ALL MEN BY THESE P	RESENTS, That we, the	undersigned Ags	ten Constructi	on Company Inc
of	Hurricane	WV	. as Princ	cinal and Ohio	Farmers Insurance Company
of	Westfield Center	OH	COMOration organ	nizad and aviation	manufacture to the second
OH	with its principal office	in the City of vvesttle	eld Center 🙎	e Surahi ara hi	ald and Park to the con-
of Wes	and on condect in the bens	is sum of <u>Five Percent</u> of	Amount Bid	/© F	50/- 1 5 41
well an	d truly to be made, we jointly and	severally bind ourselves.	our heirs, adminis	trators evecutor	of the payment of which
				aciors, executor	s, successors and assigns.
	The Condition of the above of	oligation is such that who	ereas the Princina	I has submitted	to the Purchasing Section of the
Departr	A CALITAIN ON OFFICE TO COLUMNIE DI	id or proposal, attached h	e obem bris ofers	nart bereef to o	to the Purchasing Section of the
New C	Carpet for 6th Floor Offices an	d Addition of Wall/Doc			ter into a contract in writing for
Contract of the Contract of th					
-					
	NOW THEREFORE,				
	(a) If said bid shall be reject	ited, or			
attached	(b) If said hid shall he are	cooled and the Date to	shall enter into a	contract in acc	ordance with the bid or proposal
the agree	ement created by the acceptance	of sold hid then this at I	dance by the pin	or proposal, and	shall in all other respects perform
full force	and effect. It is expressly under	retood and agreed that the	gation snall be null e liability of the Si	and void, other	shall in all other respects perform wise this obligation shall remain in I all claims hereunder shall, in no
event, ex	ceed the penal amount of this ob	ligation as herein stated.		ordy for any and	all claims hereunder shall, in no
	The Surety, for the value received	d horoby etimulata a s			
way impa	aired or affected by any extension	n of the time within which	igrees that the oblinee ma	igations of said \$	Surety and its bond shall be in no id, and said Surety does hereby
waive no	tice of any such extension.		and conges into	y accept such b	id, and said Sufety does hereby
1	WITNESS, the following signature	es and spale of Principal a	and Course		
Surety, or	r by Principal individually if Princip	alls an individual this	and Surety, execute	ed and sealed by	a proper officer of Principal and
	, and the same	Cirio ari individual, UNS	cridday of	May	
Principal 3	Seal		Agete	on Construction	- 0
			rigote	(Na	n Company, Inc. me of Principal)
			D		
			_BY	(Must be Pres	ident Vice President, or
				Duly A	uthorized Agent)
				RESIL	DAIL
					(Title)
Surety Sea			0		
	SVHSUPAR		Onio I		ance Company
			/	(Nan	ne of Surety)
	E CHARVEDED C		D. //	1.61	$(V \cap L \cap L)$
	E 1800 E		By:	may.	Villes
	Contract of the second		Kımberiy L.	7	Attorney-in-Fact
IMPORTAN	IT Cumbu and			•	
must attac	IT —Surety executing bonds me h a power of attorney with its se	ust be licensed in West	Virginia to transa	act surety insur	ance, must affix its seal, and
	g Ebul 491				•

THIS POWER OF ATTORNEY SUPERCEDES ANY PREVIOUS POWER BEARING THIS SAME POWER # AND ISSUED PRIOR TO 09/15/17, FOR ANY PERSON OR PERSONS NAMED BELOW.

General Power of Attorney

CERTIFIED COPY

POWER NO. 4750172 01

Westfield Insurance Co. Westfield National Insurance Co. Ohio Farmers Insurance Co.

Westfield Center, Ohio

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint
ANDREW K. TEFTER, KIMBERLY L. MILES, DOUGLAS P. TAYLOR, GARY R. FREEMAN, KIMBERLY S. BURDETTE, JAIME L.
CARPENTER, TAMMY SELBE, JOINTLY OR SEVERALLY

of CHARLESTON and State of WV its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, suretyship acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY. WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact. may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto

SURARC Corporate Seals Affixed

State of Ohio County of Medina **********

WESTFIELD INSURANCE COMPANY WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

Dennis P. Baus, National Surety Leader and Senior Executive

On this 15th day of SEPTEMBER A.D., 2017, before me personally came Dennis P. Baus to me known, who, being by me duly sworn, did depose and say, that he resides in Wooster, Ohio; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Seal Affixed

State of Ohio County of Medina

SS

David A. Kotnik, Attorney at Law, Notary Public My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

I. Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 2nd day of

May



Frank A. Carrino, Secretary

BPOAC2 (combined) (06-02)

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ LOT19*05

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)								
1	/ 1]	Addendum No. 1	[]	Addendum No. 6		
	[]	Addendum No. 2	[]	Addendum No. 7		
I]]	Addendum No. 3	[]	Addendum No. 8		
I]	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 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.

Authorized Signature

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing. Revised 6/8/2012

WEST VIRGINIA STATE TAX DEPARTMENT BUSINESS REGISTRATION CERTIFICATE

ISSUED TO:
AGSTEN CONSTRUCTION COMPANY INC
1700 STATE ROUTE 34
HURRICANE, WV 25526-7089

BUSINESS REGISTRATION ACCOUNT NUMBER:

This certificate is issued on:

02/15/2019

This certificate is issued by the West Virginia State Tax Commissioner in accordance with Chapter 11, Article 12, of the West Virginia Code.

The person or organization identified on this certificate is registered to conduct business in the State of West Virginia at the location above.

This certificate is not transferrable and must be displayed at the location for which issued.

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them. CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

atL006 v.19 L0076869056



WEST VIRGINIA CONTRACTOR LICENSING BOARD

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

Classification:

GENERAL BUILDING

AGSTEN CONSTRUCTION COMPANY INC DBA AGSTEN CONSTRUCTION COMPANY INC 1700 STATE ROUTE 34 HURRICANE, WV 25526-7089

Date Issued

Expiration Date

MAY 18, 2019

MAY 18, 2020

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.

Client#: 1114657

AGSTECON1

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2019

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 any rights to the certificate holder in lieu of such endorsement(s)

this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER USI Ins Svcs C/L Charleston		CONTACT Donna Waggoner	FAX 055 0			
1 Hillcrest Drive East		PHONE (A/C, No, Ext): 304.710.3680	31.1259			
Charleston, WV 25311		E-MAIL ADDRESS: donna.waggoner@usi.com				
304 347-0611		INSURER(S) AFFORDING COVERAGE				
INC. INC.		INSURER A: Westfield Insurance Company	24112			
Agsten Construction	a Co. Inc	INSURER B : BrickStreet Mutual Insurance Company		12372		
1700 State Route 34		INSURER C:				
Hurricane, WV 2552	6	INSURER D:				
110000000000000000000000000000000000000		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	RED.			

7.	THE IS TO SEPTEN THE THE TWO IS NOT								
- 11	115	S TO CERTIFY THAT THE POLICIES	OF	INSU	RANCE LISTED BELOW HAVE BEE	NISSUED TO	THE INSURED	NAMED ABOVE FOR THE	BOLICY DEDICE
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH					POLICY PERIOL				
C	ERTI	FICATE MAY BE ISSUED OF MAY F	COT	101	THE MOUBLANCE AND THOM OF ANY	CONTRACTO	K OTHER DO	CUMENT WITH RESPECT	TO WHICH THIS
	-10111	FICATE MAY BE ISSUED OR MAY F	EKIA	AIIN,	THE INSURANCE AFFORDED BY T	HE POLICIES	DESCRIBED	HEREIN IS SUBJECT TO A	ALL THE TERMS
E	KCLU	SIONS AND CONDITIONS OF SUCH	POL	ICIES.	. LIMITS SHOWN MAY HAVE BEE	N REDUCED	BY PAID CLA	IMS	TEL TELLINO
INSR LTR				SUBR					
LTR		TYPE OF INSURANCE		WVD		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	
A	V	COMMERCIAL GENERAL LIABILITY		24					3
A		OOMMERCIAL GENERAL LIABILITY	X	X	CMM3907572	04/26/2019	04/26/2020	EACH OCCURRENCE	\$1,000,000
		V					OTIZOIZOZO		\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500.000
	V	PD Ded:500				l		PREMISES (Ea occurrence)	\$300,000
	^	FD Dea.500						MED EXP (Any one person)	\$5,000
						1		med Extr. (7 th) one person)	Ψ3,000

PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 POLICY X PRO-PRODUCTS - COMP/OP AGG | \$2,000,000 OTHER A AUTOMOBILE LIABILITY 04/26/2019 04/26/2020 COMBINED SINGLE LIMIT (Ea accident) CMM3907572 \$1,000,000 ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED OWNED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) HIRED AUTOS ONLY X X PROPERTY DAMAGE (Per accident) X UMBRELLA LIAB A X OCCUR CMM3907572 04/26/2019 04/26/2020 EACH OCCURRENCE \$2,000,000 **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$2,000,000 DED X RETENTION \$0 WORKERS COMPENSATION B WCB1019272 04/26/2019 04/26/2020 X PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$1,000,000 N/A N

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

CMM3907572

CERTIFICATE HOLDER	
CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	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
	Camos & Crouse

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(Mandatory in NH)

Leased/Rented

Equipment

Α

If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$1,000,000

E.L. DISEASE - POLICY LIMIT \$1,000,000

04/26/2019 04/26/2020 300,000



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

STATE OF WEST VIRGINIA, COUNTY OF Kanawha To-WIT: $_{ m I,}$ Sam Hull ______, after being first duly sworn, depose and state as follows: I am an employee of Agsten Construction Company, Inc. ; and, 1. (Company Name) I do hereby attest that Agsten Construction Company, Inc. 2. (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: Sam Hull Signature: Company Name: Agsten Construction Company, Inc. Date: May 2, 2019 Taken, subscribed and sworn to before me this 2nd day of May By Commission expires April 13, 2022 Casey E. Miller (Seal) NOTARY PUBLIC OFFICIAL SEAL CASEY E MILLER State of West Virginia

My Commission Expires
April 13, 2022
6 Holly Circle, Winfield, WV 25213

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 exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

April 13, 2022 6 Holly Circle, Winfield, WV 25213

Vendor's Name: Agsten Construction Company Inc.	
Authorized Signature:	Date: May 2, 2019
State of West Virginia	
County of Putnam to-wit:	
Taken, subscribed, and sworn to before me this 2 day of May	, 20 <u>19</u> .
My Commission expires April 13 , 2022.	
AFFIX SEAL NOTARY PUBLIC OFFICIAL SEAL NOTARY PUBLIC State of West Virginia	Casy E. Milli

Purchasing Affidavit (Revised 01/19/2018)