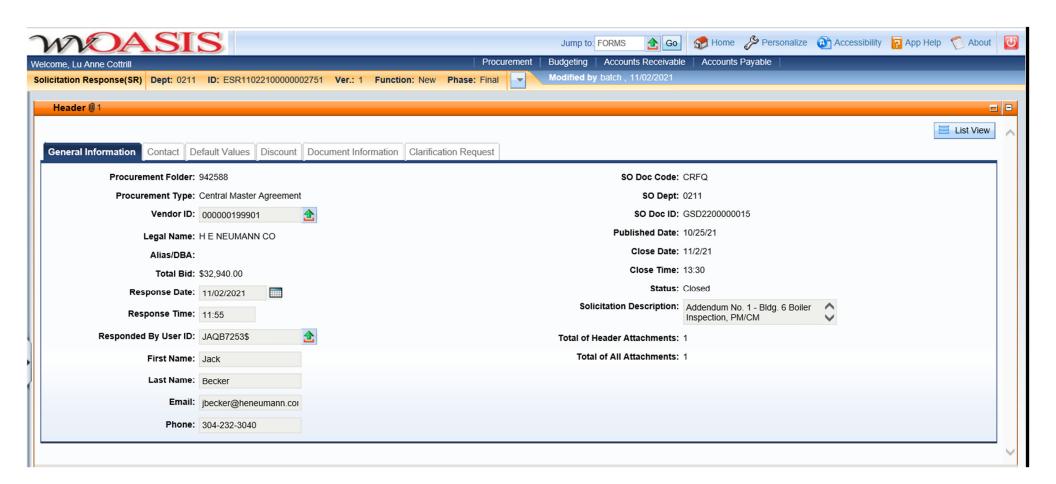


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

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:

942588

Solicitation Description:

Addendum No. 1 - Bldg. 6 Boiler Inspection, PM/CM

Proc Type: Central Master Agreement

 Solicitation Closes
 Solicitation Response
 Version

 2021-11-02 13:30
 SR 0211 ESR11022100000002751
 1

VENDOR

000000199901 H E NEUMANN CO

Solicitation Number: CRFQ 0211 GSD2200000015

Total Bid: 32940 **Response Date:** 2021-11-02 **Response Time:** 11:55:35

Comments:

FOR INFORMATION CONTACT THE BUYER

Melissa Pettrey (304) 558-0094 melissa.k.pettrey@wv.gov

Vendor Signature X

FEIN#

DATE

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

 Date Printed:
 Nov 2, 2021
 Page: 1
 FORM ID: WV-PRC-SR-001 2020/05

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Boiler and furnace construction and				32940.00
	maintenance services				

Comm Code	Manufacturer	Specification	Model #	
72151000				

Commodity Line Comments:

Extended Description:

Vendor must submit Pricing Page included with specifications.

 Date Printed:
 Nov 2, 2021
 Page: 2
 FORM ID: WV-PRC-SR-001 2020/05

REQUEST FOR QUOTATION Annual Comprehensive Inspections, Cleaning and Maintenance for High Pressure Boilers

EXHIBIT A - PRICING PAGES

Preventive Maintenance:

Monthly Charge	x	12 months	=	Total Yearly Charge
\$_245	x	12	=	\$ 2,940.00
Corrective Maintenance:				
Hourly Labor Rate	x	Estimated Hours	=	Total Labor Cost
\$ <u>90</u>	x	200	=	\$ 18,000
Estimated Parts Cost	x	Multiplier	=	Total Parts Cost
\$10,000.00	x	1.2	=	\$ 12,000

Total Cost *

^{*} Total Cost is calculated by adding the Total Yearly Cost, Total Labor Cost, and the Total Parts Cost.



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

I, ROBERT McANINCH , a	fter being first duly sworn, depose and state as follows:
1. I am an employee of	4. E. Neumann Company; and, (Company Name)
	4.E. Neumann Company (Company Name)
maintains a written plan for policy are in compliance wit	a drug-free workplace policy and that such plan and h <i>West Virginia Code</i> §21-1D.
The above statements are sworn t	o under the penalty of perjury.
Pi	inted Name: ROBERT MEANINCH
Si	gnature: Ket Welling 9
Ti	tle: SAFEN DIRECTOR
Co	ompany Name: H. E. Nevmann Company
D	ate:
STATE OF WEST VIRGINIA,	
COUNTY OF Ohio	, TO-WIT:
Taken, subscribed and sworn to be	efore me this and day of November, 2021.
By Commission expires May 3	30,2032
(Seal) OFFICIAL NOTARY E STATE OF WES	ST VIRGINIA
ASHLEY NIC 183 AIRE' WHEELING, My Commission Ex	Y DRIVE

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.

183 AIREY DRIVE WHEELING, WV 26003 My Commission Expires May 30, 2022

Exhibit C

Jobsite Safety Handbook

For Contractors

Department of Administration (DOA)

General Services Division (GSD)

112 California Avenue Building Four, 5th Floor Charleston, WV

THIS HANDBOOK IS TO BE POSTED IN A VISIBLE AREA AT ALL CONSTRUCTION PROJECTS AND/OR CONTRACTOR WORKSITES

Contractor Contact:	Tim Simmons	Phone #:	304-650-6968			
EMERGENCY CON	TACTS:					
Project Manager:						
Name: <u>Tim Sim</u>	nons Pho	ne #: <u>384</u>	-650-6968			
Emergency Services	Emergency Services #: 304-232-3040					
GSD Safety Section:						
112 California Ave, Bldg.4 5 th Floor. Charleston, WV 25305						
Jonathan Trout:	Work# 304 352-5522	Cell# 304-	205-2721			
Marsha Bowling	Work# 304-352-5523	Cell# 304-	951-1410			

Revision 8/17/21

REQUEST FOR QUOTATION

Annual Comprehensive Inspections, Cleaning and Maintenance for High Pressure Boilers

13. MISCELLANEOUS:

13.1 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: /m Simmons

Telephone Number: 304-650-6968

Fax Number: 3.4-232 - 7858

Email Address: tsimmons (heneumann, com

I, the undersigned, have read, reviewed and acknowledge my understanding of the General
Services Division safety requirements, as set forth in this handbook. I am also aware that all
applicable rules and regulations are to be followed, regardless of whether they are specifically
mentioned in this handbook.

Contractor Acknowledgement:

Contractor Representative (Print Name):	: Jack Becker	
Contractor Representative Signature: _	Jan Berber	Date: 11/2/21
This signed acknowledgement must be start of project work.	signed and returned to the GSD	Safety Section prior

State of West Virginia Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with **West Virginia Code** § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

<u>Instructions:</u> Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than \$25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of \$25,000 or less, the vendor should mail the report to the public authority issuing the contract.

Contract Identification:
Contract Number:CRFQ_GSD22000000 15
Contract Purpose: Boylex MAINTENANCE
Agency Requesting Work: Department of Administration
Required Report Content: The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report. Information indicating the education and training service to the requirements of West Virginia Code § 21-1D-5 was provided; Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests;
☐ Average number of employees in connection with the construction on the public improvement;
 Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.
Vendor Contact Information:
Vendor Name: <u>Jack Becker</u> Vendor Telephone: <u>304-232-3840</u>
Vendor Address: 100 Middle Creek ROAD Vendor Fax: 304-232-7858 TRIADELPHIA, WV 26059 Vendor E-Mail: jbecker The neumann. co



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

State of West Virginia Centralized Request for Quote Construction

Proc Folder:	040500		1
ALCOHOLOGICA CONTRACTOR CONTRACTOR	942588	Reason for Modification:	
Doc Description:	Addendum No. 1 - Bldg. 6 B	Addendum No. 1	
Proc Type:	Central Master Agreement		
Date Issued	Solicitation Closes	Solicitation No	Version
2021-10-25	2021-11-02 13:30	CRFQ 0211 GSD2200000015	2
BID RECEIVING LO	OCATION		
BID CLERK			
DEPARTMENT OF	ADMINISTRATION		
PURCHASING DIVI			
2019 WASHINGTO			
CHARLESTON	WV 25305		
US			
VENDOR			
Vendor Customer	Code:		
Vendor Name :			
Address :			
Street :			
City:			
State :		Country: Zip:	
Principal Contact :			
Vendor Contact Ph	one:	Extension:	
Melissa Pettrey	CONTACT THE BUYER		
304) 558-0094			
melissa.k.pettrey@w	v.gov		
/endor Signature X	Lad Becker	FEIN# 55-024/340 [DATE 11/2/11

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



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

State of West Virginia Centralized Request for Quote Construction

Proc Folder:	942588		Reason for Modification:
Doc Description:	Bldg. 6 Boiler Inspection	in a mountain.	
Proc Type:	Central Master Agreeme	ent	
Date Issued	Solicitation Closes	Solicitation No	Version
2021-10-18	2021-11-02 13:30	CRFQ 0211 GSD2200000015	5 1
BID RECEIVING L	OCATION		
BID CLERK			
DEPARTMENT OF	ADMINISTRATION		
PURCHASING DIV			
2019 WASHINGTO			
CHARLESTON	WV 25305		
US			
VENDOR			
Vendor Customer	Code:		
Vendor Name :			
Address :			
Street :			
City:			
State :		Country:	Zip:
Principal Contact	:		
Vendor Contact Pl	none:	Extension:	
FOR INFORMATIO	N CONTACT THE BUYE	R	
Melissa Pettrey			
(304) 558-0094 melissa.k.pettrey@v	MV GOV		
v	· · · · · · · · · · · · · · · · · · ·		
Vendor	1 - 1		

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

Date Printed: Oct 18, 2021

Signature X

Page: 1

FEIN#

FORM ID: WV-PRC-CRFQ-002 2020/05

DATE

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ GSD2200000015

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	Addendum No. 1	[]	Addendum No. 6
]]	Addendum No. 2	[]	Addendum No. 7
[]	Addendum No. 3	[]	Addendum No. 8
[]	Addendum No. 4	ſ]	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.

Company

Company

Authorized Signature

Date

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

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: H.E. Neumann		
Check this box if no subcontractors will perform project.	rm more than \$25,000.00 of work to complete the	
Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.	
N/A		

Attach additional pages if necessary

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.
(Name, Title) Jack Becker - Se. Saus Consultant (Printed Name and Title)
(Name, Title)
JACK Decker - Se SALES Consultant
(Printed Name and Title)
100 Middle Creek ROAD TRIBORLAHIA, WV 26059
(Address)
304-232-3040/ 304-232-7858 (Phone Number) / (Fax Number)
(Filotie 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.
By signing below, I further certify that I understand this Contract is subject to the
provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract
clauses that violate State law.
H.F. Neumann Company
(Company)
Jack Becker, Se. Salts Consultant
(Authorized Signature) (Representative Name, Title)
T > 1 - 1
JACK Becker - SR. SALES Consultant
(Printed Name and Title of Authorized Representative)
11/2/21
(Date)
(Date)
304-232-3040/304-232-7858
(Phone Number) (Fax Number)

	Agency WV Purchasing Division REQ.P.O#	
BID BOND		
KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, _	H E Neumann Company	
	, as Principal, and Cincinnati Insurance Company	
	rganized and existing under the laws of the State of	
Ohio with its principal office in the City of Fairfield		
of West Virginia, as Obligee, in the penal sum of Thirty-five thousand dollars	- Some (Anti-Cartes and Anti-Cartes and Anti-C	
well and truly to be made, we jointly and severally bind ourselves, our heirs, adm		
The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for		
Open-end maintenance contract for HVAC		
Open-end maintenance contract for TVAC		
NOW THEREFORE, (a) If said bid shall be rejected, or (b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no event, exceed the penal amount of this obligation as herein stated. The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by any extension of the time within which the Obligee may accept such bid, and said Surety does hereby waive notice of any such extension. WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and Surety, or by Principal individually if Principal is an individual, this 2nd day of November , 20 21.		
Principal Seal	H E Neumann Company (Name of Principal) By Must be President, Vice President, or Duly Authorized Agent) (Title)	

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.

Surety Seal

Cinncinati Insurance Company

(Name of Surety)

Attorney-in-Fact

THE CINCINNATI INSURANCE COMPANY THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

Brett A. Andrews; Brenda Snyder; Erin Ball and/or Nicole Martin

Wheeling, West Virginia their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows: Any such obligations in the United States, up to

Ten Million and No/100 Dollars (\$10,000,000.00).

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or a Senior Vice President this 19th day of December, 2018.





STATE OF OHIO COUNTY OF BUTLER

)SS:

THE CINCINNATI INSURANCE COMPANY THE CINCINNATI CASUALTY COMPANY

On this 19th day of December, 2018 before me came the above-named President or Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.



Keith Collett, Attorney at Law Notary Public - State of Ohio

My commission has no expiration date.

Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this 2nd day of November







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS 12/14/2020 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 PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. miPORTANT: 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 Brenda Snyder Glessner Wharton & Andrews Insurance, LLC PHONE (A/C, No, Ext): E-MAIL (304) 243-9071 (304) 243-9073 2084 National Road brenda@gwainsurance.com ADDRESS: INSURER(S) AFFORDING COVERAGE Wheeling NAIC # WV 26003 Motorists Insurance INSURER A 13331 INSURED INSURER B : Brickstreet 12372 H E Neumann Company INSURER C: 100 Middle Creek Rd INSURER D : INSURER E Triadelphia WV 26059-1109 INSURER F: COVERAGES CL20121407169 CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD REVISION NUMBER: 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. ADDLISUBR TYPE OF INSURANCE POLICY EFF (MM/DD/YYYY) INSD WVD POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED 1,000,000 CLAIMS-MADE | OCCUR 300,000 PREMISES (Ea occurrence) 10,000 MED EXP (Any one person) 5000079822 01/01/2021 01/01/2022 PERSONAL & ADV INJURY 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE POLICY X PRO-2,000,000 PRODUCTS - COMP/OP AGG S OTHER: **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea accident) s 1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED AUTOS ONLY 5000079822 01/01/2021 01/01/2022 AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE AUTOS ONLY S UMBRELLA LIAB OCCUR 10,000,000 **EACH OCCURRENCE EXCESS LIAB** 5000080002 CLAIMS-MADE 01/01/2021 01/01/2022 AGGREGATE 10,000,000 RETENTION \$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below WCB1026048 1.000.000 E.L. EACH ACCIDENT 01/01/2021 01/01/2022 1,000,000 E.L. DISEASE - EA EMPLOYEE 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN EVIDENCE OF COVERAGE ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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