

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) _____

(Printed Name and Title) Benjamin Bragg/ Estimator

(Address) 2950 Charles Ave , Dunbar WV 25064

(Phone Number) / (Fax Number) 304-768-9733/ fax 304-768-9351

(email address) ben.bragg@wvpaving.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

WV Paving Inc.
(Company)

B Bragg Benjamin Bragg Estimator
(Authorized Signature) (Representative Name, Title)

Benjamin Bragg Estimator 5/23/2022
(Printed Name and Title of Authorized Representative) (Date)

304-768-9733/ fax 304-768-9351
(Phone Number) (Fax Number)

ben.bragg@wvpaving.com
(Email Address)

REQUEST FOR QUOTATION
CRFQ AGR220000023
Parking Lot Paving & Repair

EXHIBIT A – Pricing Page

ALL LABOR, MATERIALS, EQUIPMENT, AND SUPPLIES NECESSARY FOR
PARKING LOT PAVING & REPAIR LOCATED AT:

FOOD DISTRIBUTION WAREHOUSE
4496 CEDAR LAKES DRIVE
RIPLEY, WV 25271 (JACKSON COUNTY)

BID FORM

The undersigned, hereafter called the Bidder, being familiar with and understanding the bidding documents; and being familiar with the site and all local conditions affecting the project, hereby proposes to furnish labor, material, equipment, supplies, and transportation to perform the work as described in the bidding documents.

BIDDERS COMPANY NAME: WV Paving Inc.

VENDOR ADDRESS: 2950 Charles ave
Dunbar WV 25064

TELEPHONE: 304-768-9733

FAX NUMBER: 304-768-9351

E-MAIL ADDRESS: ben.bragg@wvpaving.com

WV CONTRACTOR'S LICENSE NO: WV001429

CONTRACT OVERALL TOTAL COST:

Two Hundred Sixty Five Thousand Nine Hundred Fifty Dollars and Zero Cents

(\$ 265,950.00) *** (Contract bid to be written in words and numbers.)

Failure to use this bid form may result in bid disqualification.

SIGNATURE:  DATE: 5/23/2022

NAME: Benjamin Bragg
(Please Print)

TITLE: Estimator

**REQUEST FOR QUOTATION
CRFQ AGR2200000023
Parking Lot Paving & Repair**

11. 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:

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

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

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

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

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

12. MISCELLANEOUS:

12.1. 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: Benjamin Bragg

Telephone Number: 304-768-9733

Fax Number: 304-768-9351

Email Address: ben.bragg@wvpaving.com

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ AGR220000023

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

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

Addendum Numbers Received:
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

WV Paving Inc.

Company

Authorized Signature

5/23/2022

Date

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



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

I, Lori Hall, after being first duly sworn, depose and state as follows:

- I am an employee of West Virginia Paving, Inc.; and,
(Company Name)
- I do hereby attest that West Virginia Paving, 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: Lori Hall
 Signature: Lori Hall
 Title: HR
 Company Name: West Virginia Paving, Inc.
 Date: 5/18/2022

STATE OF WEST VIRGINIA,

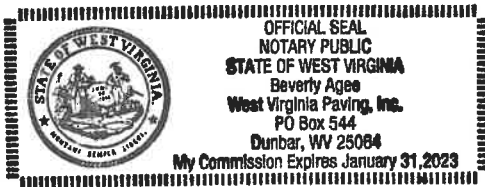
COUNTY OF Kanawha, TO-WIT:

Taken, subscribed and sworn to before me this 23rd day of May, 2022.

By Commission expires January 31 2023

(Seal)

Beverly Agee
 (Notary Public)



Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) West Virginia Paving, Inc.	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) 2950 Charles Ave.	Requester's name and address (optional)
City, state, and ZIP code Dunbar, WV 25064	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								
5	5	0	5	7	0	7	6	9

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person ▶

Victoria M. Mc Grew

Date ▶ **01-02-2022**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding,
- or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV001429

CLASSIFICATION:

GENERAL ENGINEERING
SPECIALTY
ASPHALT
HIGHWAY STRIPING

WEST VIRGINIA PAVING INC
DBA WEST VIRGINIA PAVING INC
PO BOX 544
DUNBAR, WV 25064-0544

DATE ISSUED

AUGUST 15, 2021

EXPIRATION DATE

AUGUST 15, 2022

Authorized Signature

Chair, West Virginia Contractor
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting 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 is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/23/2021

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 Liberty Mutual Insurance Co. National Insurance East
2000 Westwood Dr.
Wausau, WI 54401

CONTACT NAME: Jon Helegda
PHONE (A/C, No, Ext): 513-867-3822 FAX (A/C, No):
E-MAIL ADDRESS: Oldcastle.certs@LibertyMutual.com

www.LibertyMutual.com

INSURED
West Virginia Paving, Inc. (163-DUN)
2950 Charles Avenue
Dunbar WV 25064

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Liberty Mutual Fire Insurance Company	23035
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 63502752

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary/Non-Contributory <input checked="" type="checkbox"/> Separation of Insured GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	TB2-C81-004095-111 XCU Coverage Included	9/1/2021	9/1/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$50,000 PERSONAL & ADV INJURY \$2,000,000 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	<input checked="" type="checkbox"/>	AS2-C81-004095-121 AS2-C81-054502-521 Physical Damage only: Comprehensive Ded \$10,000 Collision Ded \$10,000	9/1/2021	9/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Project: Beatrice Street recreation Area Charleston WV
Tempo Construction, LLC is named as additional insured.

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

Jon Helegda

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ACORD 25 (2016/03)

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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.

Instructions: 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: _____

Contract Purpose: _____

Agency Requesting Work: _____

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: WV Paving

Vendor Telephone: 304-768-9733

Vendor Address: 2950 Charles ave
Dunbar WV 25064

Vendor Fax: 304-768-9351

Vendor E-Mail: ben.bragg@wvpaving.com

Drug-Free Workplace

Course Length: 20 minutes

This course explains the importance of and principles behind a drug-free workplace. It describes the serious problem of drug and alcohol abuse in the workplace and includes content that highlights real-world compliance issues that employees should learn to spot and respond to appropriately.

It is certainly no secret that drug and alcohol abuse is one of our nation's most serious problems. This holds true in the workplace, as well. Almost 40% of industrial fatalities and 50% of work-related injuries are linked to drug and alcohol impairment. According to the U.S. Department of Labor, more than 70% of illegal drug-users are employed. That means an estimated 9.4 million workers are illegal-drug users. Without a doubt, drug and alcohol abuse in the workplace has significant negative effects. It is the main cause of increased accident and illness rates. It has also brought about an increase in medical and hospitalization costs, employee turnover, and workers' compensation claims. On top of these facts, drug and alcohol abuse reduces productivity and is detrimental to the workplace environment. This 20-minute drug-free workplace training course explains the importance of and principles behind a drug-free workplace in simple, understandable terms. It includes pop quizzes, news clippings and a final quiz highlighting real-world compliance issues that employees should learn to spot and respond to.

The topics covered in this course include:

- Overview of drug-free workplace compliance
- Commitment to a drug-free workplace
- Substance-abuse testing
- Substance-abuse awareness
- What employees can do
- Employee Assistance Program
- Drug-free workplace policy violations

WEST VIRGINIA PAVING, INC. & SUBSIDIARIES
DRUG – FREE WORKPLACE POLICY

SUBSTANCE ABUSE POLICY

PURPOSE: The purpose of this policy is to provide employees with the company's position regarding alcohol and drug usage situations. It is the intention of West Virginia Paving, Inc., and its subsidiaries to provide a safe work environment, and to improve an employee's health and job performance when affected by substance abuse.

POLICY:

1. Use of Alcohol and Drugs

- a. Employees shall not possess, sell or use controlled substance, or illegal drugs, while on the job, on company property or in company vehicles or machinery.
- b. Employees shall not work or report to work under the influence of alcohol, controlled substances or illegal drugs.
- c. Employees shall not operate Company owned vehicles or machinery while under the influence of alcohol, controlled substances or illegal drugs.
- d. If an employee is taking a medication prescribed by a physician and is having a reaction to such medication which could affect his/her performance on the job he/she should report this to his/her supervisor.
- e. Anyone involved in the trafficking of illegal drugs or controlled substances whether on or off the premises will be subject to disciplinary action. Trafficking includes the actual sale or distribution of drugs or controlled substances, or possessing a quantity of drugs that is more than would be expected for personal use. Trafficking also includes having in possession illegal drugs or controlled substances that are packaged in a way which indicates an intent to distribute.

2. Dependency Treatment

- a. Employees are urged to request assistance with any drug or alcohol problem before disciplinary action becomes necessary. If an employee seeks assistance with such a problem from his/her supervisor, that employee will be offered every opportunity to receive treatment or counseling. Any costs of such treatment not covered by company health insurance or that of a union health insurance policy will be the responsibility of the employee.

- b. All requests for assistance will be confidential. However the company cannot prevent disclosures by outside sources of an employee's dependency or treatment.

3. Testing Procedures

Drug and/or alcohol test will be conducted according to pertinent U.S. D.O.T. rules and regulations (as set out in 49 CFR Part 40, 382, 391, and 395). Tests are required as follows:

- a. Pre-employment company physical, including alcohol and/or controlled substance screening, may be required if deemed necessary by the company management.
- b. If a regulatory agency or company requires alcohol and/or controlled substance screening prior to the admission of company employees on their property or work site.
- c. When there is reasonable suspicion that an employee is using or possessing illegal drugs, controlled substances or alcohol at work or is working under the influence of said substances, that employee will be required to consent to a drug/alcohol test immediately. Reasonable suspicion may be based upon, but not limited to, substantiated reports that the employee uses, or is under the influence of alcohol or drugs during work, the odor of alcoholic beverages or marijuana on an employee, or unusual behavior such as slurred speech or lack of coordination.
- d. Every employee shall submit to random alcohol and controlled substance screening.

Any time an employee is required to take a drug and/or alcohol test, he/she will be required to sign an authorization form permitting the physician or lab to conduct the test and release the results to the employer. Refusal to sign the authorization form or to submit immediately to a requested test will be considered insubordination and could result in the discharge of said employee.

All drug test samples will be collected by a licensed facility or doctor's office chosen by the company. Test samples will be collected using the split sample method. All alcohol tests will be administered by a Breath Alcohol Technician (BAT). Test results will be treated confidentially and will be distributed within company management on a need-to-know basis.

Any positive test result will result in suspension and further disciplinary action. The company management will discuss the problem with the employee and may offer a plan to reinstate the employee which will require further testing.

4. Disciplinary Action

Disciplinary action is defined as action by the Safety Committee and approved by the employee's immediate supervisor which may include but is not limited to: 1) dismissal 2) suspension without pay until provisions of Section 5 of this policy are met and results evaluated.

Disciplinary action is appropriate in the following instances:

- a. The employee violates the Company policy on substance abuse as described in Section 1 of this policy.
- b. Any employee that has returned to work and is subject to retesting provision of this policy shall be disciplined if he/she fails a random drug/alcohol test within one year of a previous positive test result.
- c. Refusal to sign the authorization form associated with a drug/alcohol test or refusal to take a requested drug/alcohol test immediately is considered insubordination and shall subject the employee to disciplinary action.

Any employee whose employment is subject to a union agreement shall have recourse to the appropriate grievance procedure in the event he/she disagrees with the application of this policy.

Employees may appeal action taken by the company under this policy directly to the Safety Committee and Division Manager.

This plan will be distributed and made available to all employees, both salaried and hourly.

5. POLICY FOR PERSONNEL VIOLATING THE COMPANY SUBSTANCE ABUSE POLICY.

Company Rule. Any employee violating Section 1 of the Company's substance abuse policy is subject to disciplinary action including immediate discharge. After suspension or discharge, the individual may be eligible for reinstatement if the individual:

- a. Receives the assistance of a substance abuse professional (SAP);
- b. Satisfactorily follows and completes the recommendations for treatment of the SAP;
- c. Agrees with the SAP, the drug treatment agency or individual conducting the drug treatment program to release to the Safety Committee pertinent information concerning the individual's consultation, treatment, recommendations, and participation in any drug treatment program.
- d. Agrees to follow up drug and/or alcohol screening for one year in the event the individual is reinstated.

The rehabilitation of an employee suspended or discharged as a result of a positive test must be to the satisfaction of the Safety Committee before the individual can be considered for reinstatement by the company.

If an employee is suspended as a result of a violation of the substance abuse policy and does not seek the assistance of a SAP within 30 days of his/her suspension, he/she will be terminated.

Nothing in this policy shall be construed to mean that West Virginia Paving, Inc., and/or its subsidiaries is anything other than an at-will employer.



**JOE BOGGS &
ASSOCIATES, INC.**

P.O. Box 771

Charleston, West Virginia 25323-0771

(304) 345-8985

(304) 345-8986

(304) 345-1396

1-800-321-7694

FAX (304) 345-8907

DATE: May 19, 2022
TO: West Virginia Paving, Inc.

ATTN: Lori Hall

FAX#: 304-720-6425

FROM: Linda

RE: Random drug and alcohol testing program for West Virginia Paving, Inc.

This message is to advise you that West Virginia Paving, Inc. is participating in our drug and alcohol testing program. This program is set up for compliance with US DOT regulations as found in Title 49 of the Code of Federal Regulations, Parts 40 & 382. This program is set up for pre-employment, random, reasonable suspicion/cause and follow-up.

THE MRO IS: Dr Glen Wright, MRO
1703 Woodvale Drive Ste 202
Charleston, WV 25314
304-345-6119

THE LAB IS: Medtox Laboratories, Inc.
402 W County Rd D
St Paul, MN 55112

THE THIRD PARTY ADMINISTRATOR IS:
Joe Boggs & Associates, Inc.
PO Box 771
Charleston, WV 25323
304-345-1396

West Virginia Paving, Inc. is in a random selection pool as required by federal regulations.

If you have any questions regarding this testing program, please feel free to call us.

Sincerely,

Linda Boggs, Office Manager

(1)



**JOE BOGGS &
ASSOCIATES, INC.**

P.O. Box 771
Charleston, West Virginia 25323-0771

(304) 345-8985
(304) 345-8986
(304) 345-1396
1-800-321-7694
FAX (304) 345-8907

Below is the Report Summary for West Virginia Paving in Dunbar, WV for the year 01-01-2021 to 12-31-21.

The laboratory that we use is Medtox Laboratories, Inc. at 402 W County Rd D in St Paul, MN 55112.

Joe Boggs & Associates, Inc at 1703 Woodvale Dr in Charleston, WV 25314 is the Third Party Administrator.

01/01/2021 to 12/31/2021

Report Summary

		Pre-Employment	Random	Total
Non-DOT	Alcohol	Negative	0	7
		Total	0	7
	Drug	Negative	40	40
		Positive	1	0
		Total	41	40
	Total		41	47
	Grand Total		41	47

Example

May 16, 2022

Re: West Virginia Drug-Free Workplace Act

The West Virginia Alcohol and Drug-Free Workplace Act requires that all new hires participate in a drug free workplace employee education program. Enclosed you will find a copy of our drug free workplace policy, a list of community resources, and “The Drug-Free Workplace” booklet. In addition, to help satisfy the requirements of this act, you are required to complete an online training module. The website, user name and password for this module are listed below.

Website: <https://www.jjktrainingportal.com/>

User Name:

Password:

Date training must be completed by: May 30, 2022

Please contact me at 304-720-6441 if you do not have access to a computer with internet services, or if you require an accommodation. This training may be completed on your personal computer, at a public library or at a company branch office.

Please note that employment will be suspended if the training module is not completed by the above listed date. If you have any questions, please do not hesitate to contact me.

Kind Regards,

Christina Waugh, Human Resources

Enclosure: West Virginia Paving, Inc. Drug-Free Workplace Policy
List of Community Resources
“The Drug Free Workplace: It’s the Law”



West Virginia Paving, Inc.
Contractor #WV001429
2950 Charles Avenue
Dunbar, WV 25064

T+1 (304) 768 9733
F+1 (304) 768 9351
www.wv-paving.com
An equal opportunity employer

The average number of employees in connection with the construction on the public improvement is seven.



Interchange Corporate Center
450 Plymouth Road, Suite 400
Plymouth Meeting, PA. 19462-1644
Ph. (610) 832-8240

BID BOND

Bond Number: 8205148-014140

KNOW ALL MEN BY THESE PRESENTS, that we West Virginia Paving, Inc.

_____ as principal (the "Principal"),
and LIBERTY MUTUAL INSURANCE COMPANY, a Massachusetts stock insurance company, as surety
(the "Surety"), are held and firmly bound unto Agriculture Department of Administrative Services

_____ as obligee (the "Obligee"), in
the penal sum of *****FIVE PERCENT*****

_____ Dollars (\$ _____),
for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our
heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for: Paving Parking Lot

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal within the period specified therein, or, if no period be specified, within sixty (60) days after opening, and the Principal shall enter into a contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or contract documents, or in the event of the failure of the Principal to enter into such contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference in money not to exceed the penal sum hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void; otherwise to remain in full force and effect. In no event shall the liability hereunder exceed the penal sum thereof.

PROVIDED AND SUBJECT TO THE CONDITION PRECEDENT, that any claim by Obligee under this bond must be submitted in writing by registered mail, to the attention of the Surety Law Department at the address above, within 120 days of the date of this bond. Any suit under this bond must be instituted before the expiration of one (1) year from the date of this bond. If the provisions of this paragraph are void or prohibited by law, the minimum period of limitation available to sureties as a defense in the jurisdiction of the suit shall apply.

DATED as of this 23rd day of May 2022.

WITNESS / ATTEST

B. B. [Signature]

West Virginia Paving, Inc.
(Principal)

By: Bob Brookover [Signature] (Seal)

Name: Bob Brookover
Title: Vice President



LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: Victoria W. McGrew [Signature] (Seal)

Attorney-in-Fact
Victoria W. McGrew



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205148-014140

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Benjamin Bragg, Chet Rodabaugh, John Hambel, Matthew Campbell, Robert Brookover, Roger Hite, Victoria W. McGrew

all of the city of Dunbar state of WV each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all bid bonds on behalf of West Virginia Paving, Inc. and the execution of such bid bonds, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 1st day of April, 2021.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 1st day of April, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1128044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 23rd day of May, 2022.



By: Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.