



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



Header 1

List View

General Information

Contact

Default Values

Discount

Document Information

Clarification Request

Procurement Folder: 1296960

Procurement Type: Central Purchase Order

Vendor ID: 000000113225



Legal Name: J & R LANDSCAPING & TREE EXPERTS INC

Alias/DBA:

Total Bid: \$15,450.00

Response Date: 10/22/2023



Response Time: 21:39

Responded By User ID: jandrexcavating



First Name: Jimmy

Last Name: Lucas

Email: jandrexcavating6260@yahoo

Phone: 304-813-7308

SO Doc Code: CRFQ

SO Dept: 0403

SO Doc ID: DBS2400000001

Published Date: 10/17/23

Close Date: 10/24/23

Close Time: 13:30

Status: Closed

Solicitation Description: WVSDDB Tree Removal

Total of Header Attachments: 1

Total of All Attachments: 1



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

State of West Virginia
Solicitation Response

Proc Folder: 1296960
Solicitation Description: WVSDB Tree Removal
Proc Type: Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2023-10-24 13:30	SR 0403 ESR10222300000001924	1

VENDOR
000000113225
J & R LANDSCAPING & TREE EXPERTS INC

Solicitation Number: CRFQ 0403 DBS2400000001
Total Bid: 15450 Response Date: 2023-10-22 Response Time: 21:39:46
Comments:

FOR INFORMATION CONTACT THE BUYER
Joseph E Hager III
(304) 558-2306
joseph.e.hageriii@wv.gov

Vendor Signature X	FEIN#	DATE
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All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	WVSDB Tree Removal				15450.00

Comm Code	Manufacturer	Specification	Model #
70111503			

Commodity Line Comments:

Extended Description:

WVSDB Tree Removal: The Bidder, being familiar with and understanding the bidding documents and also having examined the site and being familiar with all location conditions affecting the project, hereby proposes to furnish all labor, material, equipment, supplies and transportation and to perform all work in accordance with the Bidding Documents within the time set forth as follows:



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: 1296960

Doc Description: WWSDB Tree Removal

Reason for Modification:

Adendum #1 issued to publish
pre-bid sign in sheet.

Proc Type: Central Purchase Order

Date Issued

Solicitation Closes

Solicitation No

Version

2023-10-17

2023-10-24 13:30

CRFQ 0403 DBS2400000001

2

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON WV 25305

US

VENDOR

Vendor Customer Code: 000000113225

Vendor Name : J & R Landscaping and Tree Experts INC

Address : 375

Street : Timber Ridge Lane

City : Keyser

State : WV

Country : USA

Zip : 26726

Principal Contact : Jimmy Lucas JR

Vendor Contact Phone: 3048137308

Extension:

FOR INFORMATION CONTACT THE BUYER

Joseph E Hager III

(304) 558-2306

joseph.e.hageriii@wv.gov

Vendor
Signature X

FEIN# 205083168

DATE 10/22/2023

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

ADDITIONAL INFORMATION

The West Virginia Department Purchasing Division on behalf of the West Virginia Schools for the Deaf and The Blind (WVSDB), located at 301 East Main Street, Romney, WV 26757, to establish a contract for tree trimming and removal services. The Vendor shall furnish all materials, labor, and equipment necessary to complete all Construction Services per the attached specifications and terms and conditions.

INVOICE TO

SCHOOL FOR THE DEAF &
BLIND

301 EAST MAIN ST

ROMNEY
US

WV

SHIP TO

SCHOOL FOR THE DEAF &
BLIND

301 EAST MAIN ST

ROMNEY
US

WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	WVSDB Tree Removal	1	LS		\$15,450.00

Comm Code**Manufacturer****Specification****Model #**

70111503

Extended Description:

WVSDB Tree Removal: The Bidder, being familiar with and understanding the bidding documents and also having examined the site and being familiar with all location conditions affecting the project, hereby proposes to furnish all labor, material, equipment, supplies and transportation and to perform all work in accordance with the Bidding Documents within the time set forth as follows:

SCHEDULE OF EVENTSLineEventEvent Date

	Document Phase	Document Description	Page 3
DBS2400000001	Final	WWSDB Tree Removal	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

11.1. Vendor must identify principal for personnel who will be performing work on site and for keys to perform service.

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

11.3. Vendor shall notify Agency immediately if card is lost, stolen, or missing card or key.

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

11.5. Vendor shall follow all rules of Agency's security protocol and procedures.

12. TERMINATION

12.1. Termination by Agency: During its performance of this Contract, Vendor must designate and maintain a primary contact person for the purpose of overseeing Vendor's performance under this Contract. The Contract is subject to termination if the primary contact person is unavailable during normal business hours for a period of 30 days or more or if the primary contact person is not listed on this Contract. Vendor should list the Contract manager and his or her contact information below.

Contract Manager: Jeremy Lucas

Telephone Number: 3047935204

Fax Number: 3047935202

Email Address: lucasj@wv.gov

**REQUEST FOR QUOTATION
TREE TRIMMING & REMOVAL**

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: Jimmy Lucas JR

Telephone Number: 3048137308

Fax Number: 3047885832

Email Address: Jandrexcavating6260@yahoo.com

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.

(Printed Name and Title) Jimmy Lucas JR- President

(Address) 375 Timber Ridge Lane Keyser WV 26726

(Phone Number) / (Fax Number) 3048137308 / 3047885832

(email address) Jandrexcavating6260@yahoo.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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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.

J & R Landscaping and Tree Experts INC

(Company)

(Signature of Authorized Representative)

Jimmy Lucas JR- President- 10/22/2023

(Printed Name and Title of Authorized Representative) (Date)

3048137308 / 3047885832

(Phone Number) (Fax Number)

Jandrexcavating6260@yahoo.com

(Email Address)

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: J & R Landscaping and Tree Experts INC

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

[illegible]

Attach additional pages if necessary

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ DBS24*01

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 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.

J+R Landscaping and Tree Experts Inc
Company

[Signature]
Authorized Signature

10/22/23

Date

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, J & R Landscaping and Tree Experts, Inc.
of 75 Timber Ridge Lane, Keyser, WV 26726, as Principal, and NGM Insurance Company
of 55 West Street, Keene, NH 03431, a corporation organized and existing under the laws of the State of Florida
with its principal office in the City of Jacksonville, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligee, in the penal sum of Five Percent (5%) of the (\$ 5%) for the payment of which,
Total Amount of the Bid
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

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
West Virginia Schools for the Deaf and The Blind (WVSD) Tree Removal

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 24th day of October, 2023.

Principal Seal



J & R Landscaping and Tree Experts, Inc.
(Name of Principal)

By [Signature]
(Must be President, Vice President, or
Duly Authorized Agent)

President
(Title)

Surety Seal



NGM Insurance Company
(Name of Surety)

[Signature]
John D. Weissbrodt, Attorney-in-Fact

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.



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"Article IV, Section 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them. "

does hereby make, constitute and appoint **John D. Weisbrot, Nancy Nigro, Melissa McDade, Steven Varga** -----

its true and lawful Attorneys-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed, bonds, undertakings, recognizances, contracts of indemnity, or other writings obligatory in nature of a bond subject to the following limitation:

1. No one bond to exceed Five Million Dollars (\$5,000,000)

and to bind NGM Insurance Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of NGM Insurance Company; the acts of said Attorney are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such office and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Assistant Secretary and its corporate seal to be hereto affixed this 24th day of August, 2023.

NGM INSURANCE COMPANY By:

Lauren K. Powell
Assistant Secretary



State of Wisconsin,
County of Dane.

On this 24th day of August, 2023, before the subscriber a Notary Public of State of Wisconsin in and for the County of Dane duly commissioned and qualified, came Lauren K. Powell of NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Madison, Wisconsin this 24th day of August, 2023.



I, Andrew Rose, Vice President of NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Madison, Wisconsin this
24th day of October, 2023.

Andrew Rose, Vice President

WARNING: Any unauthorized reproduction or alteration of this document is prohibited.
TO CONFIRM VALIDITY of the attached bond please call 1-603-354-5281.
TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431
Attn: Bond Claim Dept. or call our Bond Claim Dept. at 1-603-358-1437.





I certify that at the Annual Meeting of the Directors of the NGM Insurance Company duly called and held at Jacksonville, Florida on March 9th, 2023, the following officers were elected and remain in office:

CHRISTOPHER R. LISTAU..... CHIEF EXECUTIVE OFFICER AND PRESIDENT
KIMBERLY K. LAW..... VICE PRESIDENT, GENERAL COUNSEL & SECRETARY
JOSEPH D. FREITAS..... TREASURER
NANCY L. GIORDANO-RAMOS, ANDREW S. ROSE, THERESA E. BREUNIG-SILBERNAGEL, RICHARD C VAUGHN,
J. DAVID RANDLE..... VICE PRESIDENTS

I further certify that the following statement of the Company is true as taken from the records of said Company as of December 31, 2022.

ADMITTED ASSETS

Bonds at Amortized Values.....	\$116,798,405
Stocks at Market Value.....	\$126,706,473
First Mortgage Loans.....	0
Real Estate.....	\$2,782,171
Cash in Office and Banks.....	(3,387,785)
Short Term Investments.....	\$3,871,410
Agent's Balance (Less than 90 Days).....	\$326,236,450
Accrued Interest.....	\$872,443
Other Assets.....	\$316,485,941
TOTAL ADMITTED ASSETS.....	\$890,365,508

LIABILITIES

Reserve for Losses.....	0
Reserve for Loss Adjustment Expenses.....	0
Reserve for Unearned Premiums.....	0
Reserve for Other Underwriting Expenses.....	\$48,512,561
Reserve for Taxes, Licenses, and Fees.....	\$3,616,620
Loss Drafts in Transit.....	0
Other Liabilities.....	\$238,213,124
Total Liabilities.....	\$290,342,305
Policyholders' Surplus.....	\$600,023,203
TOTAL.....	\$890,365,508

Securities as deposited by law, included above = \$5,440,621

I further certify that the following is true and exact excerpt from Article IV, Section 2 of the By-Laws of NGM Insurance Company which is still valid and existing.

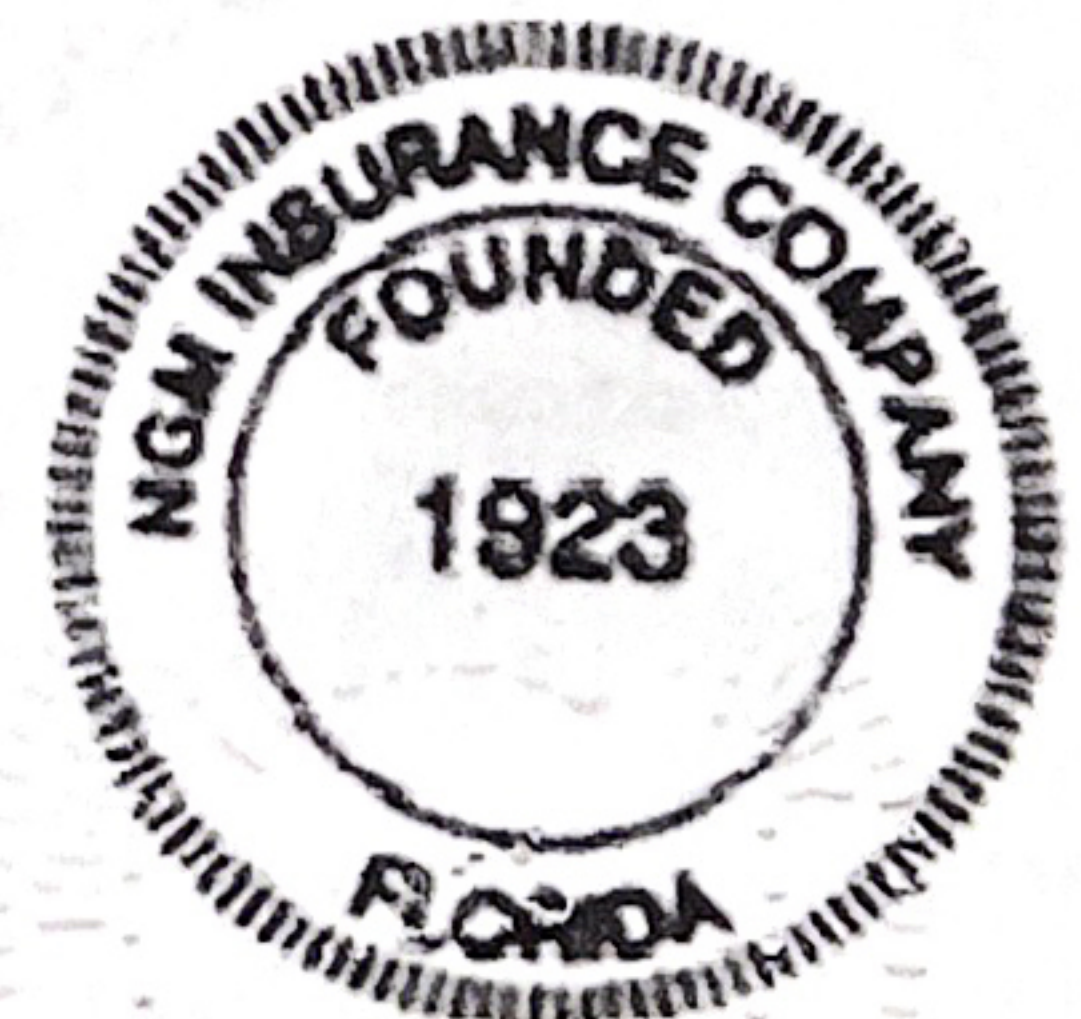
The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

Subscribed and sworn to before me on
this 9th day of March, 2023

IN WITNESS THEREOF I hereunto subscribe
my name and affix the seal of said company
this 9th day of March, 2023

[Signature]

[Signature]
Kimberly K. Law
Vice President, General Counsel & Secretary





CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV031662

CLASSIFICATION:

EXCAVATION
LANDSCAPING
ASPHALT
DEMOLITION

J & R LANDSCAPING TREE EXPERTS INC
DBA J & R LANDSCAPING TREE EXPERTS INC
375 TIMBER RIDGE LANE
KEYSER, WV 26726

DATE ISSUED

JANUARY 13, 2023

EXPIRATION DATE

JANUARY 13, 2024

Authorized Signature

Chair, West Virginia Contractor
Licensing Board



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)

8/29/23

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 EE4007 CHANEY - BUSKIRK AGENCY INC PO BOX 50 WILEY FORD, WV 26767	CONTACT NAME: Kelly Courtney PHONE (A/C, No, Ext): 304-721-4733 E-MAIL ADDRESS: kelly@chaneybuskirk.com FAX (A/C, No): 304-460-8556														
INSURED J & R Landscaping & Tree Experts Inc 375 Timber Ridge Ln Keyser, WV 26726	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Erie Insurance Company</td><td>26263</td></tr><tr><td>INSURER B: Erie Insurance Property & Casualty Company</td><td>26830</td></tr><tr><td>INSURER C: Erie Insurance Exchange</td><td>26271</td></tr><tr><td>INSURER D: Erie Insurance Company of New York</td><td>16233</td></tr><tr><td>INSURER E: Flagship City Insurance Company</td><td>35585</td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Erie Insurance Company	26263	INSURER B: Erie Insurance Property & Casualty Company	26830	INSURER C: Erie Insurance Exchange	26271	INSURER D: Erie Insurance Company of New York	16233	INSURER E: Flagship City Insurance Company	35585	INSURER F:	
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INSURER D: Erie Insurance Company of New York	16233														
INSURER E: Flagship City Insurance Company	35585														
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: N/A

REVISION NUMBER: N/A

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Q35 5500014	11/5/22	11/5/23	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTO ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Garage			Q09 5730068	9/7/22	9/7/23	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q35 5570012	11/5/22	11/5/23	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	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 OTH-ER 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)

Walmart Inc., its Subsidiaries & Its Affiliates are listed as Additional Insureds in regards to General Liability and Auto.

CERTIFICATE HOLDER

CANCELLATION

Walmart Inc., Its
Subsidiaries and Affiliates
702 SW 8th St.,
Bentonville, AR 72716-0145

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

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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/23

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 EE4007

CHANEY - BUSKIRK AGENCY INC
PO BOX 50
WILEY FORD, WV 26767

CONTACT NAME: Kelly Courtney

PHONE (A/C, No, Ext): 304-721-4733

FAX (A/C, No): 304-460-8556

E-MAIL ADDRESS: kelly@chaneybuskirk.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Erie Insurance Company

26263

INSURER B: Erie Insurance Property & Casualty Company

26830

INSURER C: Erie Insurance Exchange

26271

INSURER D: Erie Insurance Company of New York

16233

INSURER E: Flagship City Insurance Company

35585

INSURER F:

INSURED

J & R Landscaping &
Tree Experts Inc
375 Timber Ridge Ln
Keyser, WV 26726

COVERAGES

CERTIFICATE NUMBER: N/A

REVISION NUMBER: N/A

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X	Q35 5500014	11/5/23	11/5/24	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
B	AUTOMOBILE LIABILITY	X		Q09 5730068	9/7/23	9/7/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTO ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			Q35 5570012	11/5/23	11/5/24	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Divisions Inc. dba Divisions Maintenance Group along with any other persons or entities required by written contract between the named insured and the certificate holder shall be listed as additional insured as respects to general liability for ongoing and completed operations and auto liability.

CERTIFICATE HOLDER

Divisions Inc. DBA Divisions Maint.
One Riverfront Place
300 Dave Cowens Dr, St 510
Newport, KY 41070

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/02/23

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 MID-ATLANTIC GROUP PO Box 700 Petersburg, WV 26847 License #:	CONTACT NAME: Bill Deadrick PHONE (A/C, No, Ext): (304)257-4616 FAX (A/C, No): (304)257-2069 E-MAIL ADDRESS: billd@midatlanticgroup.com														
INSURED J & R Landscaping and Tree Experts, Inc J & R Tree Service 375 Timber Ridge Lane Keyser, WV 26726 WV 26726	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Travelers</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES**CERTIFICATE NUMBER: 1002202301****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 <input type="checkbox"/>	N/A	6JUB-6R08783-6-22	10/08/23	10/08/24	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

First Energy
76 South Main Street
Akron, OH 44308

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

Bill Deadrick



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

I, Jimmy Lucas JR, after being first duly sworn, depose and state as follows:

1. I am an employee of J & R Landscaping and Tree Experts INC; and,
 (Company Name)
2. I do hereby attest that J & R Landscaping and Tree Experts 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: Jimmy Lucas JR

Signature: _____

Title: President

Company Name: J & R Landscaping and Tree Experts INC

Date: 10/22/2023

STATE OF WEST VIRGINIA,

COUNTY OF Mineral, TO-WIT:

Taken, subscribed and sworn to before me this 22 day of October, 2023.

By Commission expires NOV 17, 2025

(Seal)



Shauna R Cook
 (Notary Public)



Quest
Diagnostics®

Professional Nursing Service, Inc.
709 Simmons Street
Goldsboro, North Carolina 27530

Phone: (919) 735-0094

E-Mail pnssa@pnsi.biz

Month Day, Year

Name, Title

Company Name J + R Landscaping + Tree Expert

Company Address Rt 1 Box 112 F

Somewhere, North Carolina 21111 Kyser, WV 26726

Re: Proposal For Substance Abuse / Employment Screening Services

Dear Whomever:

Professional Nursing Service, Inc., proposes to assume total responsibility for screening, chain of custody processing, laboratory analysis, medical review and provide reporting services for your company's substance abuse testing program.

The scope of this proposal will apply to all of your company locations throughout the country. Testing will be provided under the following circumstances:

- a. Pre-employment testing
- b. Random testing
- c. Reasonable suspicion testing
- d. Return to duty and follow up testing on a required basis, and
- e. Regulatory commercial drivers license requirements (DOT testing and program management.)

A detailed proposal is provided as an attachment to this letter.

Sincerely yours,

Derek Walls
Territory Manager

F:\wpdocs\subabuse\newprop
Effective 03-10-04
Revised 03/01/07



Professional Nursing Service, Inc.

709 Simmons Street

Goldsboro, NC 27530

Phone: (919) 735-0094 E-Mail: pnssa@pnsi.biz

"Absolute Assurance"
for your
Workplace Substance Abuse Needs

Agreement

Professional Nursing Service, Inc. agrees to provide substance abuse testing and related services to J+R Landscaping + Tree Experts (Company Name) hereafter referred to as the Company, and as the Company has requested such services on this the 17 day of AUGUST, 2000.

The Company agrees to pay for the substance abuse testing and related services set out in the proposal; PNSI shall promptly bill the Company for the sums due and the sums shall be due upon receipt of the invoice. All unpaid balances, after 30 days, shall accrue interest at a rate of 1.5% per month.

The Company agrees to notify PNSI sites, if utilized, for appointment times.

The Company agrees to adhere to the HIPAA, State and Federal regulations pertaining to their Substance Abuse Program needs. If the Company becomes noncompliant, the Company will be removed from our program and that will terminate this agreement.

PNSI will e-mail all results to your designated employer representative. The Company will need to provide the name, code name, and e-mail address to which results are to be sent. The Company shall assign an alternate in case of absence or illness.

The Company shall notify PNSI if it has not received communication in a timely manner, as PNSI will not be able to determine if such has been received. This is due to the fact that technology has not yet been provided that would allow for acknowledgment. For example, if the company was expecting test results within three days and none had been received, the company representative would contact PNSI and PNSI would investigate. PNSI could determine from the program history data that the results were or were not E-mailed from

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.