



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: 1669507

Procurement Type: Central Purchase Order

Vendor ID: 000000205173

Legal Name: DANHILL CONSTRUCTION COMPANY

Alias/DBA:

Total Bid: \$846,878.00

Response Date: 05/05/2025

Response Time: 15:22

Responded By User ID: CherylDHC

First Name: Cheryl

Last Name: Lawrence

Email: cheryl.lawrence@danhillcons

Phone: 3044448312

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VWF2500000012

Published Date: 4/29/25

Close Date: 5/6/25

Close Time: 13:30

Status: Closed

Solicitation Description: Nurse Call System Upgrades

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:** 1669507  
**Solicitation Description:** Nurse Call System Upgrades  
**Proc Type:** Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2025-05-06 13:30	SR 0613 ESR05052500000006717	1

**VENDOR**  
000000205173  
DANHILL CONSTRUCTION COMPANY

**Solicitation Number:** CRFQ 0613 VNF2500000012  
**Total Bid:** 846878  
**Response Date:** 2025-05-05  
**Response Time:** 15:22:04  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
David H Pauline  
304-558-0067  
david.h.pauline@wv.gov

<b>Vendor</b>		
<b>Signature X</b>	<b>FEIN#</b>	<b>DATE</b>

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	Provide and Install Nursing Call System Upgrades at WVVNF				846878.00

Comm Code	Manufacturer	Specification	Model #
72151600			

**Commodity Line Comments:** Bid Packet is attached

**Extended Description:**

See Exhibit "A" Pricing Page to input pricing  
Provide and Install Nursing Call System Upgrades at WVVNF



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: 1669507

Doc Description: Nurse Call System Upgrades

Reason for Modification:

Addendum No. 2

Proc Type: Central Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2025-04-29	2025-05-06 13:30	CRFQ 0613 VNF2500000012	3

**BID RECEIVING LOCATION**

BID CLERK  
DEPARTMENT OF ADMINISTRATION  
PURCHASING DIVISION  
2019 WASHINGTON ST E  
CHARLESTON WV 25305  
US

**VENDOR**

Vendor Customer Code:

Vendor Name : Danhill Construction Company

Address : P.O. Box 685

Street :

City : Gauley Bridge

State : West Virginia

Country : USA

Zip : 25085

Principal Contact : Robert D. Hill

Vendor Contact Phone: (304) 632-1600

Extension:

**FOR INFORMATION CONTACT THE BUYER**

David H Pauline  
304-558-0067  
david.h.pauline@wv.gov

Vendor  
Signature X

FEIN# 55-0648251

DATE 5/6/2025

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

**ADDITIONAL INFORMATION**

Addendum No. 2

1. To provide responses to additional Vendor Technical Questions, see attached.
  2. To move the Bid Opening date and time May 6, 2025, at 1:30 pm., EST.
  3. No other changes.
- No other changes.

**INVOICE TO**DIVISION OF VETERANS  
AFFAIRS  
1 FREEDOMS WAYCLARKSBURG  
US

WV

**SHIP TO**VETERAN'S NURSING  
FACILITY  
1 FREEDOMS WAYCLARKSBURG  
US

WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Provide and Install Nursing Call System Upgrades at WVVNF			see price sheet	

Comm Code	Manufacturer	Specification	Model #
72151600			

**Extended Description:**

See Exhibit "A" Pricing Page to input pricing

Provide and Install Nursing Call System Upgrades at WVVNF

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Mandatory Prebid Meeting At 10:00 am., est.	2025-04-17
2	Vendor Technical Questions Due By 11:00 am., est.	2025-04-23

EXHIBIT A - PRICING PAGE  
Nurse Call System Upgrades  
CRFQ VNF2500000012

Item #	Qty	Unit	Description	Total Price
1	1	LS	Provide all labor, materials, equipment, fees, bonds, insurance and taxes to perform the work as detailed in the plans and specifications and addenda.	\$846,878.00

Total Bid: Eight Hundred Forty-six Thousand, Eight Hundred Seventy-eight Dollars  
(Written in Words)

NOTE: Bid price amount is to be shown in both words and figures. In case of discrepancy, the amount shown in words will govern. WVNF is sales tax exempt. Bid shall include all other applicable taxes and fees.

Vendor shall be responsible for all mileage and travel costs, including travel time and incidentals, associated with performance of this Contract. These costs may be included in the lump sum listed on Vendor's bid, but such costs will not be paid by the Agency separately.

**Vendor Information**

Vendor: Danhill Construction Company Printed Name: Robert D. Hill

Address: P.O. Box 685, Gauley Bridge, WV 25085 Title: President

Office  
Phone: (304) 632-1600

\*Signature



Cell  
Phone: (304) 663-5761

*\*I hereby certify I am authorized by the  
Vendor to sign this document.*

Fax: (304) 632-1501

Email: Dan.Hill@Danhillconstruction.com



# AIA® Document A310™ – 2010

## **Bid Bond**

### **CONTRACTOR:**

*(Name, legal status and address)*

Danhill Construction Company  
P.O. Box 685  
Gauley Bridge, WV 25085

### **OWNER:**

*(Name, legal status and address)*

Clarksburg VA Nursing Facility  
1 Freedom Way  
Clarksburg, WV 26301

**BOND AMOUNT:** \$

### **PROJECT:**

*(Name, location or address, and Project number, if any)*

Nurse Call System Upgrades - According to Plans and Specifications

### **SURETY:**

*(Name, legal status and principal place of business)*

Ohio Farmers Insurance Company  
One Park Circle  
P.O. Box 5001  
Westfield Center, OH 44251-5001

### **ADDITIONS AND DELETIONS:**

The author of this document has added information needed for its completion. The author may also have revised the text of the original AIA standard form. An *Additions and Deletions Report* that notes added information as well as revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added necessary information and where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner 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. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Init.



28th April, 2025

Signed and sealed this day of ,

*Cheryl Lynn Lawrence*  
(Witness) Cheryl Lynn Lawrence

*Patricia A. Moyer*  
(Witness) Patricia a. Moyer

Danhill Construction Company

*Robert D. Hill*  
(Contractor as Principal) (Seal)

Robert D. Hill, President  
(Title)

Ohio Farmers Insurance Company  
(Surety) (Seal)

*Kimberly J. Wilkinson*  
(Title) Kimberly J. Wilkinson, WV Resident Agent  
Attorney-in-fact

Init.

General  
Power  
of Attorney

CERTIFIED COPY

POWER NO. 4752152 06

**Westfield Insurance Co.**  
**Westfield National Insurance Co.**  
**Ohio Farmers Insurance Co.**  
Westfield Center, Ohio

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint  
**GREGORY T. GORDON, KIMBERLY J. WILKINSON, PATRICIA A. MOYE, JEREMY B. STANLEY, TERRI L. DODRILL,**  
JOINTLY OR SEVERALLY

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

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

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

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

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

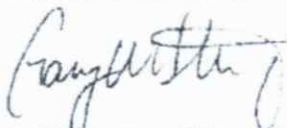
"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall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

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their **National Surety Leader and Senior Executive** and their corporate seals to be hereto affixed this **03rd** day of **OCTOBER** A.D., **2022**.

Corporate  
Seals  
Affixed



WESTFIELD INSURANCE COMPANY  
WESTFIELD NATIONAL INSURANCE COMPANY  
OHIO FARMERS INSURANCE COMPANY

By   
**Gary W. Stumper, National Surety Leader and Senior Executive**

State of Ohio  
County of Medina ss.:

On this **03rd** day of **OCTOBER** A.D., **2022**, before me personally came **Gary W. Stumper** to me known, who, being by me duly sworn, did depose and say, that he resides in **Medina, OH**; that he is **National Surety Leader and Senior Executive** of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial  
Seal  
Affixed



State of Ohio  
County of Medina ss.:



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

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

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this **28th** day of **April** A.D. **2025**



 **Secretary**  
**Frank A. Carrino, Secretary**

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ VNF2500000012**

**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 checked="" 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 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.

Danhill Construction Company

Company



Authorized Signature

April 29, 2025

Date

NOTE: This addendum acknowledgement 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, Robert D. Hill, after being first duly sworn, depose and state as follows:

1. I am an employee of Danhill Construction Company; and,  
 (Company Name)
2. I do hereby attest that Danhill Construction Company  
 (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: Robert D. Hill

Signature: Robert D. Hill

Title: President

Company Name: Danhill Construction Company

Date: May 5, 2025

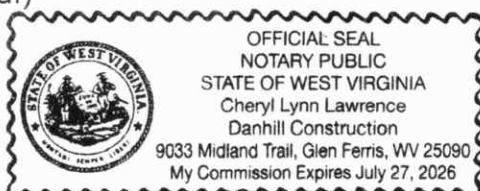
STATE OF WEST VIRGINIA,

COUNTY OF Fayette, TO-WIT:

Taken, subscribed and sworn to before me this 5th day of May, 2025.

By Commission expires July 27, 2026

(Seal)



Cheryl Lynn Lawrence  
 (Notary Public)

**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) Danhill Construction Company

(Address) P.O. Box 685, Gauley Bridge, WV 25085

(Phone Number) / (Fax Number) (304) 632-1600 / (304) 632-1501

(email address) Dan.Hill@Danhillconstruction.com

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through WV OASIS, 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.

Danhill Construction Company  
(Company)

Robert D. Hill  
(Signature of Authorized Representative)

Robert D. Hill, President 04/29/2025  
(Printed Name and Title of Authorized Representative) (Date)

(304) 663-5761 / (304) 632-1501  
(Phone Number) (Fax Number)

Dan.Hill@Danhillconstruction.com  
(Email Address)

**Subcontractor List Submission (Construction Contracts Only)**

Bidder's Name: Danhill Construction Company

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

Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.
Electronic Specialty Company	#010229

Attach additional pages if necessary



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/26/2024

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>		<b>CONTACT</b>	
McGriff Insurance Services LLC		PHONE (A/C, No, Ext): 304 346-0806	FAX (A/C, No):
300 Summers Street, Suite 150		E-MAIL: certificatesvaww@mcgriff.com	
Charleston, WV 25301		ADDRESS:	
304 346-0806		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Westfield National Insurance Company	NAIC #: 24120
		INSURER B: NorthStone Insurance Company	13045
		INSURER C: Berkley Assurance Company	39462
		INSURER D:	
		INSURER E:	
		INSURER F:	

**INSURED**

Danhill Construction Company  
P O Box 685  
Gauley Bridge, WV 25085-0685

## COVERAGES

## CERTIFICATE NUMBER:

## 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 INSR 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"/> XCU Included <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	TRA0548113	07/01/2024	07/01/2025	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED DEVICES (EA accident) \$500,000 MED EXP (Any one person) \$5,000 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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	TRA0548113	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$0			TRA0548113	07/01/2024	07/01/2025	EACH OCCURRENCE \$7,000,000 AGGREGATE \$7,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A DESCRIPTION OF OPERATIONS below	X	WCN6010562	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000	
C	Pollution Liab.		PCAB50252800724	07/01/2024	07/01/2025	\$1,000,000 Each Claim	
C	Professional Liab		PCAB50252800724	07/01/2024	07/01/2025	\$1,000,000 Each Claim	

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

## \*\* Workers Comp Information \*\*

Voluntary Compensation ; Other States Coverage

Proprietors/Partners/Executive Officers/Members Excluded:

Rebecca Hill, President

Rebecca Hill, Secretary/Treasurer

(See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

Danhill Construction Company  
P O Box 685  
Gauley Bridge, WV 25085

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

*James B. Stanley*

## DESCRIPTIONS (Continued from Page 1)

Blanket Additional Insured with Waiver of Subrogation included with respects to General Liability and Automobile Liability where required by written contract. Waiver of Subrogation included with respects to Workers Compensation where required by written contract.

Evidence of Coverage



# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER:

WV001196

CLASSIFICATION:

ELECTRICAL  
GENERAL BUILDING  
HEATING, VENTILATING & COOLING  
MULTIFAMILY  
PIPING  
PLUMBING  
RESIDENTIAL  
SPECIALTY

DANHILL CONSTRUCTION COMPANY  
DBA DANHILL CONSTRUCTION COMPANY  
PO BOX 685  
GAULEY BRIDGE, WV 25085-0685

DATE ISSUED

AUGUST 06, 2024

EXPIRATION DATE

AUGUST 06, 2025

*Robert D. Hill*

Authorized Signature

*John A. Hill*

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.