



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: 1649322

Procurement Type: Central Master Agreement

Vendor ID: 000000203565

Legal Name: TRI STATE ROOFING & SHEET METAL CO OF WEST VIRGINIA

Alias/DBA:

Total Bid: \$82,900.00

Response Date: 04/23/2025

Response Time: 11:31

Responded By User ID: LizOasis

First Name: Liz

Last Name: Henderson

Email: Charleston@tri-stateservice.i

Phone: 304-755-8135

SO Doc Code: CRFQ

SO Dept: 0926

SO Doc ID: PSC2500000004

Published Date: 4/9/25

Close Date: 4/23/25

Close Time: 13:30

Status: Closed

Solicitation Description: HVAC maintenance and repair services

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: 1649322
Solicitation Description: HVAC maintenance and repair services
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2025-04-23 13:30	SR 0926 ESR04232500000006449	1

VENDOR
000000203565
TRI STATE ROOFING & SHEET METAL CO OF WEST VIRGINIA

Solicitation Number: CRFQ 0926 PSC2500000004
Total Bid: 82900
Response Date: 2025-04-23
Response Time: 11:31:26
Comments:

FOR INFORMATION CONTACT THE BUYER
Larry D McDonnell
304-558-2063
larry.d.mcdonnell@wv.gov

Vendor
Signature X **FEIN#** **DATE**

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	HVAC maintenance and repair services				82900.00

Comm Code	Manufacturer	Specification	Model #
72151207			

Commodity Line Comments: SEE ATTACHED BREAKDOWN ON EXHIBIT C - PRICING PAGE BID FORM

Extended Description:

Vendor to enter lump sum (total cost) and submit completed pricing page.



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
Service - Misc

Proc Folder: 1649322			Reason for Modification: To post Addendum 02
Doc Description: HVAC maintenance and repair services			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2025-04-09	2025-04-23 13:30	CRFQ 0926 PSC2500000004	3

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 000000203565
Vendor Name : TRI-STATE ROOFING & SHEET METAL CO OF WV
Address : PO BOX 1231 CHARLESTON, WV 25324
Street : 321 HARRIS DR
City : POCA
State : WV **Country :** US **Zip :** 25159
Principal Contact : BRANDON MERRIMAN, VICE PRESIDENT
Vendor Contact Phone: 304-755-8135 **Extension:**

FOR INFORMATION CONTACT THE BUYER

Larry D McDonnell
304-558-2063
larry.d.mcdonnell@wv.gov

**Vendor
Signature X**

FEIN# 55-0591156

DATE 04/23/2025

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

ADDITIONAL INFORMATION

Addendum 01:

To attach pre-bid sign-in sheet from mandatory pre-bid meeting held on 4/09/2025 at 10:00AM EST/EDT

Vendor questions due date still remains 04/16/2025 by 2:00PM EST/EDT

Bid opening date and time still remains 04/23/2025 at 1:30PM EST/EDT

No other changes

INVOICE TO				SHIP TO			
PUBLIC SERVICE COMMISSION 201 BROOKS ST				PUBLIC SERVICE COMMISSION 201 BROOKS ST			
CHARLESTON		WV		CHARLESTON		WV	
US				US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	HVAC maintenance and repair services				

Comm Code	Manufacturer	Specification	Model #
72151207			

Extended Description:

Vendor to enter lump sum (total cost) and submit completed pricing page.

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Mandatory Pre-Bid Meeting at 10:00AM EST/EDT	2025-04-09
2	Vendor Questions due by 2:00PM EST/EDT	2025-04-16

REQUEST FOR QUOTATION
Public Service Commission HVAC Maintenance
CRFQ PSC25*04

EXHIBIT C - PRICING PAGE

Preventive Maintenance (cost should include both locations in monthly and yearly totals):

Monthly Charge	x	months	=	Total Yearly Charge
\$ <u>4,250.00</u>	x	12	=	\$ <u>51,000.00</u>

Corrective Maintenance:

Hourly Labor Rate	x	Estimated Hours	=	Total Labor Cost
\$ <u>102.00</u>	x	200	=	\$ <u>20,400.00</u>

Estimated Parts Cost	x	Multiplier (provide % amount)	=	Total Parts Cost
\$10,000.00	x	<u>1.15</u>	=	\$ <u>11,500.00</u>

Total Bid Amount * \$ 82,900.00

* Total Bid Amount is calculated by adding the Total Yearly Cost, Total Labor Cost, and the Total Parts Cost.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ PSC25*04

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.

TRI-STATE ROOFING & SHEET METAL CO OF WV

Company



Authorized Signature

04/23/2025

Date

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

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Tri-State Roofing & Sheet Metal Company of WV
of P.O. Box 1231, Charleston, WV 25324, as Principal, and Travelers Casualty and Surety Company
of America of 119 Virginia Street W, Charleston, WV 25302, a corporation organized and existing under the laws of the State of Connecticut
with its principal office in the City of Hartford, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligor, in the penal sum of Five Percent of Amount Bid (\$ 5% of Amount Bid) for the payment of which,
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
CRFQ 0926 PSC2500000004, HVAC Maintenance and Repair Services
Charleston, WV
according to plans and specifications.

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 Obligor 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 23 day of April, 2025.

Principal Seal

Tri-State Roofing & Sheet Metal Company of WV
(Name of Principal)

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

VP
(Title)

Surety Seal

Travelers Casualty and Surety Company of America
(Name of Surety)

[Signature]
Taylor R. Johnson 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.**



Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **TAYLOR R JOHNSON** of **CHARLESTON**, West Virginia, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 21st day of April, 2021.



State of Connecticut

City of Hartford SS.

By: _____

Robert L. Raney, Senior Vice President

On this the 21st day of April, 2021, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2026



Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 23 day of April, 2025.



Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.

Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: TRI-STATE ROOFING & SHEET METAL CO OF WV

☒ 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

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) SAM CLEAVENGER, HVAC SERVICE MANAGER

(Address) PO BOX 1231 CHARLESTON, WV 25324

(Phone Number) / (Fax Number) 304-755-8135 / 304-755-5275

(email address) CHARLESTON@TRI-STATESERVICE.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.

TRI-STATE ROOFING & SHEET METAL CO OF WV

(Company) 

(Signature of Authorized Representative)

BRANDON MERRIMAN VICE PRESIDENT, 04/23/2025

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

304-755-8135/304-755-5275

(Phone Number) (Fax Number)

CHARLESTON@TRI-STATESERVICE.COM

(Email Address)



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

STATE OF WEST VIRGINIA,

COUNTY OF PUTNAM, **TO-WIT:**

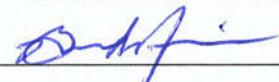
I, BRANDON C MERRIMAN, after being first duly sworn, depose and state as follows:

1. I am an employee of Tri-State Roofing & Sheet Metal Co.; and,
(Company Name)
2. I do hereby attest that Tri-State Roofing & Sheet Metal Co.
(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: BRANDON C MERRIMAN

Signature: 

Title: Vice President

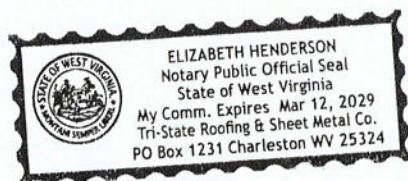
Company Name: Tri-State Roofing & Sheet Metal Co.


Date: APRIL 23 2025

Taken, subscribed and sworn to before me this 23 day of APRIL, 2025.

By Commission expires MARCH 12, 2029

(Seal)




(Notary Public)



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV000104

CLASSIFICATION:

HEATING, VENTILATING & COOLING
SPECIALTY
ROOFING
CRANE

TRI STATE ROOFING & SHEET METAL CO
DBA TRI STATE ROOFING & SHEET METAL CO
PO BOX 1231
CHARLESTON, WV 25324-1231

DATE ISSUED

AUGUST 01, 2024

EXPIRATION DATE

AUGUST 01, 2025

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.



**West Virginia Division of Labor
HVAC TECHNICIAN LICENSE**



License #

[REDACTED]

Classification

1

Expiration Date

4/23/2026

Issued To:

SAMUEL A CLEAVENGER

166 CAMP CREEK RD


BOMONT

WV 25030

Mitchell E. Woodrum

(Authorized Signature)

Issued under the provision of West Virginia Code
§21-16, Regulation of Heating, Ventilating and
Cooling Work.


 West Virginia Division of Labor
PLUMBER LICENSE

License # [REDACTED]


Classification
JOURNEYMAN

Expiration Date
11/7/2025

Issued To:
SAMUEL A CLEAVENGER
166 CAMP CREEK RD
BOMONT WV 25030

 (Authorized Signature) Issued under the provision of West Virginia Code §21-14, Supervision of Plumbing Work.


esco institute
Program EPA Approved
December 28, 1993

 **EPA**

CERTIFICATE NO. [REDACTED]

NAME: SAMUEL CLEAVENGER

Has been certified as a
UNIVERSAL
technician as required by 40CFR part 82 subpart F


 West Virginia Division of Labor
HVAC TECHNICIAN LICENSE


License # [REDACTED]

Classification
1

Expiration Date
3/27/2025

Issued To:
SAMUEL A CLEAVENGER
166 CAMP CREEK RD
BOMONT WV 25030

 (Authorized Signature) Issued under the provision of West Virginia Code §21-16, Regulation of Heating, Ventilating and Cooling Work.

 **R-410A**
Safety

CERTIFICATE NO. [REDACTED]

SAMUEL A. CLEAVENGER

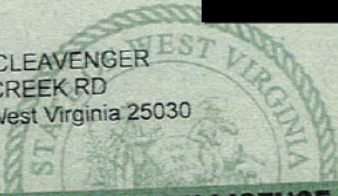
Has successfully completed training and is certified in the safe handling of R-410A.
R-410A is known as "AZ-20", "Suva 410A", and "Puron".
(The above in the trade names of Honeywell, Dupont, and Carrier, respectively.)

Certificate of Completion

 American Red Cross

Samuel Cleavenger has completed the requirements for:
Adult First Aid/CPR/AED
conducted by
Assured Partners
Date Completed: 2021-03-19
Valid Period: 2 Years
Certificate ID: [REDACTED]

Scan or visit: redcross.org/confirm

 **ELECTRICIAN LICENSE**

SAMUEL A CLEAVENGER
166 CAMP CREEK RD
BOMONT, West Virginia 25030

PLACC: HVAC Electrician

SAMUEL A CLEAVENGER
166 CAMP CREEK RD
BOMONT, West Virginia 25030

ELECTRICIAN LICENSE

CLASS HVAC Electrician

ISSUED: 2/7/2025 EXP DATE: 6/30/2028

RESTRICTIONS: See back



ACORD™**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/29/2024

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).

PRODUCER Marsh & McLennan Agency LLC 360 East Vine Street, Ste 200 Lexington, KY 40507 859 254-8023	CONTACT NAME: Brenda S Stickrod AAI	FAX (A/C, No): 859-254-8020
	PHONE (A/C, No, Ext): 800-796-3567	
	E-MAIL ADDRESS: Brenda.Stickrod@MarshMMA.com	
INSURED Tri-State Roofing & Sheet Metal Company of West Virginia P.O. Box 1231 Charleston, WV 25234	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Westfield Insurance Company	NAIC # 24112
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CMM5942244	04/30/2024	04/30/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Drive Oth Car <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CMM5942244	04/30/2024	04/30/2025	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0		CMM5942244	04/30/2024	04/30/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				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)

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATION PURPOSES ONLY

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

Chri P. Barnett



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/31/2024

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.

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PRODUCER	CONTACT NAME: Jennifer Drake
Mountain State Insurance Agency	PHONE (A/C, No, Ext): (304) 720-2000 FAX (A/C, No): (304) 720-2002
1206 Kanawha Blvd. E.	E-MAIL ADDRESS: jdrake@mountainstateinsurance.com
Suite 100	INSURER(S) AFFORDING COVERAGE
Charleston WV 25301-2949	INSURER A: Brickstreet Mutual Insurance Co NAIC # 12372
INSURED	INSURER B:
Tri-State Roofing & Sheet Metal Co of WV	INSURER C:
PO Box 1231	INSURER D:
Charleston WV 25324	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 24 25 TSR WV Charleston

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						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		WCB1037746	06/01/2024	06/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER WV Code 23-4-2
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

CANCELLATION

Verification of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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