



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 @ 14

List View

General Information [Contact](#) [Default Values](#) [Discount](#) [Document Information](#) [Clarification Request](#)

Procurement Folder: 1793417

SO Doc Code: CRFQ

Procurement Type: Central Purchase Order

SO Dept: 0310

Vendor ID: VS0000026943

SO Doc ID: DNR2600000008

Legal Name: COUNTRYMEN COMMUNICATIONS INC

Published Date: 12/30/25

Alias/DBA:

Close Date: 1/8/26

Total Bid: \$222,569.03

Close Time: 13:30

Response Date: 01/07/2026

Status: Closed

Response Time: 12:43

Solicitation Description: Babcock State Park Broadband Distribution REBID

Responded By User ID: Countrymen

Total of Header Attachments: 14

First Name: Richard

Total of All Attachments: 14

Last Name: Scott

Email: richard@cmcinc.us

Phone: 3048908904



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: 1793417
Solicitation Description: Babcock State Park Broadband Distribution REBID
Proc Type: Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2026-01-08 13:30	SR 0310 ESR01062600000003788	1

VENDOR

VS0000026943
COUNTRYMEN COMMUNICATIONS INC

Solicitation Number: CRFQ 0310 DNR2600000008
Total Bid: 222569.0299999999988358467817 **Response Date:** 2026-01-07 **Response Time:** 12:43:15
Comments:

FOR INFORMATION CONTACT THE BUYER
Joseph (Josh) E Hager III
(304) 558-2306
joseph.e.hageriii@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	Building and Facility Construction and Maintenance Services				222569.03

Comm Code	Manufacturer	Specification	Model #
72000000			

Commodity Line Comments: This is for Wifi Distribution to the designated areas in Babcock state park. To achieve this I am bouncing off a commercial tower

Extended Description:
New broadband distribution system construction.

QUOTATION

Date 1/8/2026
Quotation # 1025

Countrymen Communications Inc

515 S Eisenhower drive
Beckley WV 25801
Phone: (304) 890-8904

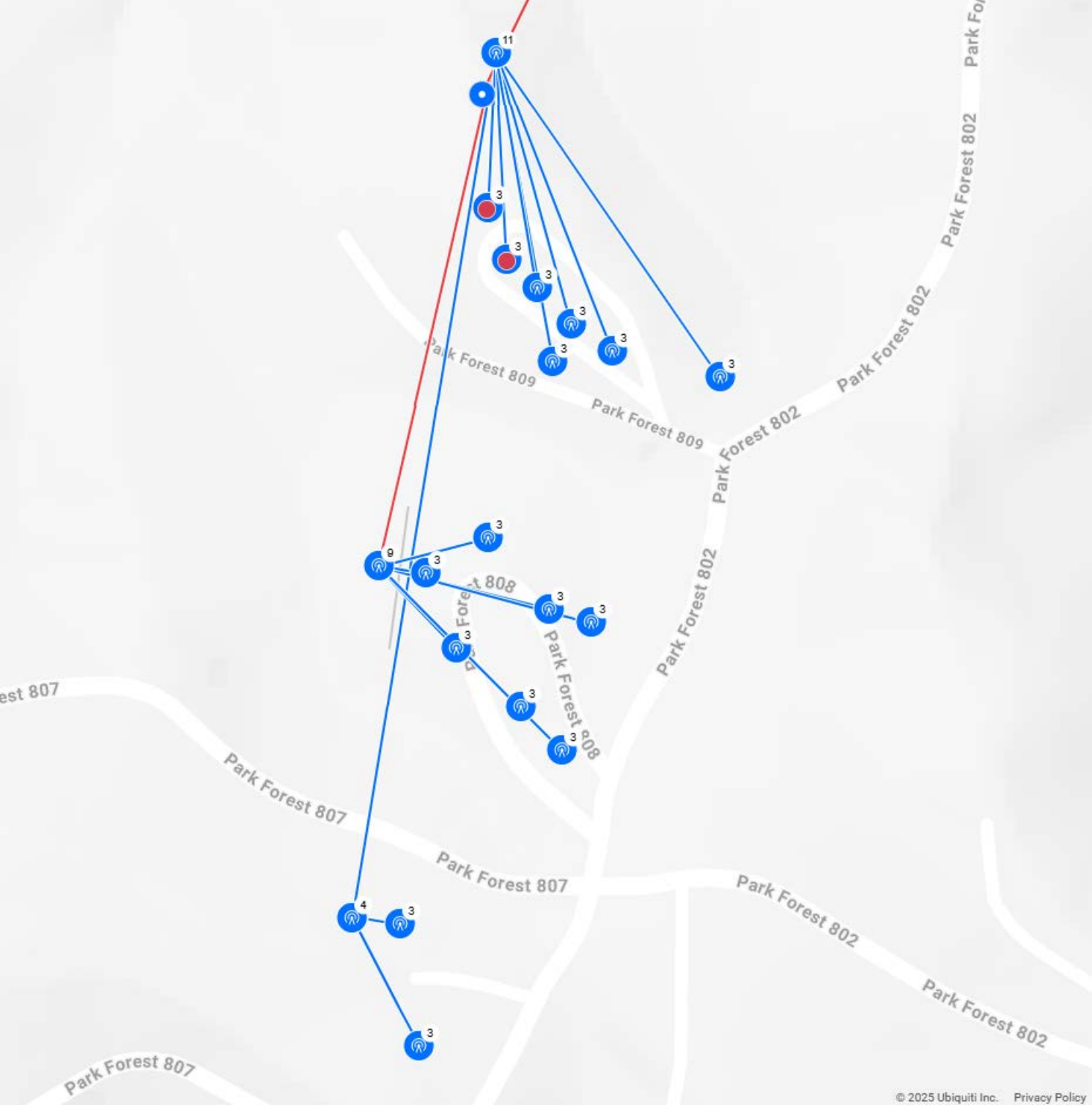
Quotation for:

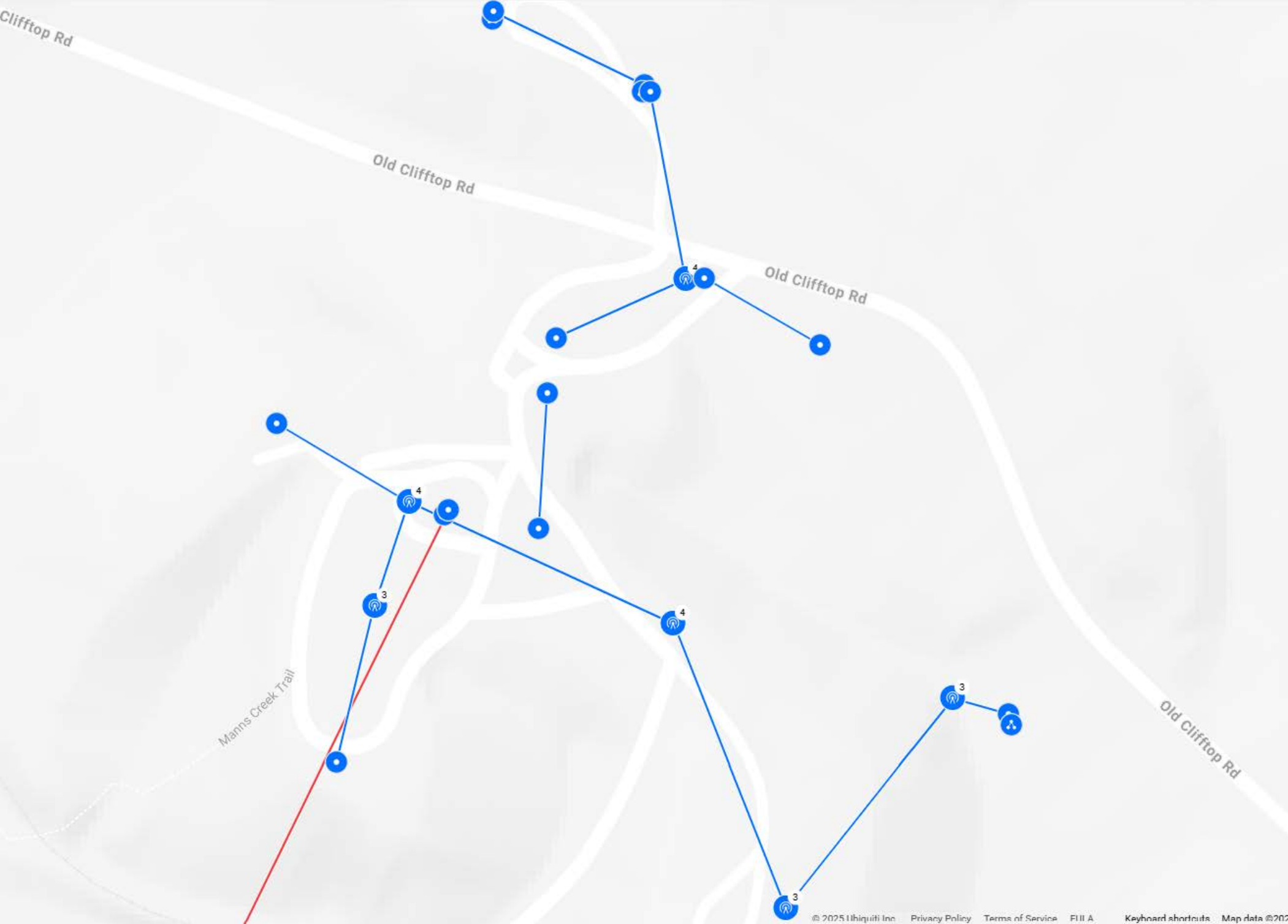
Babcock State Park Broadband Distribution
Joseph (Josh) E Hager III
2019 WASHINGTON ST E
CHARLESTON, WV 25305

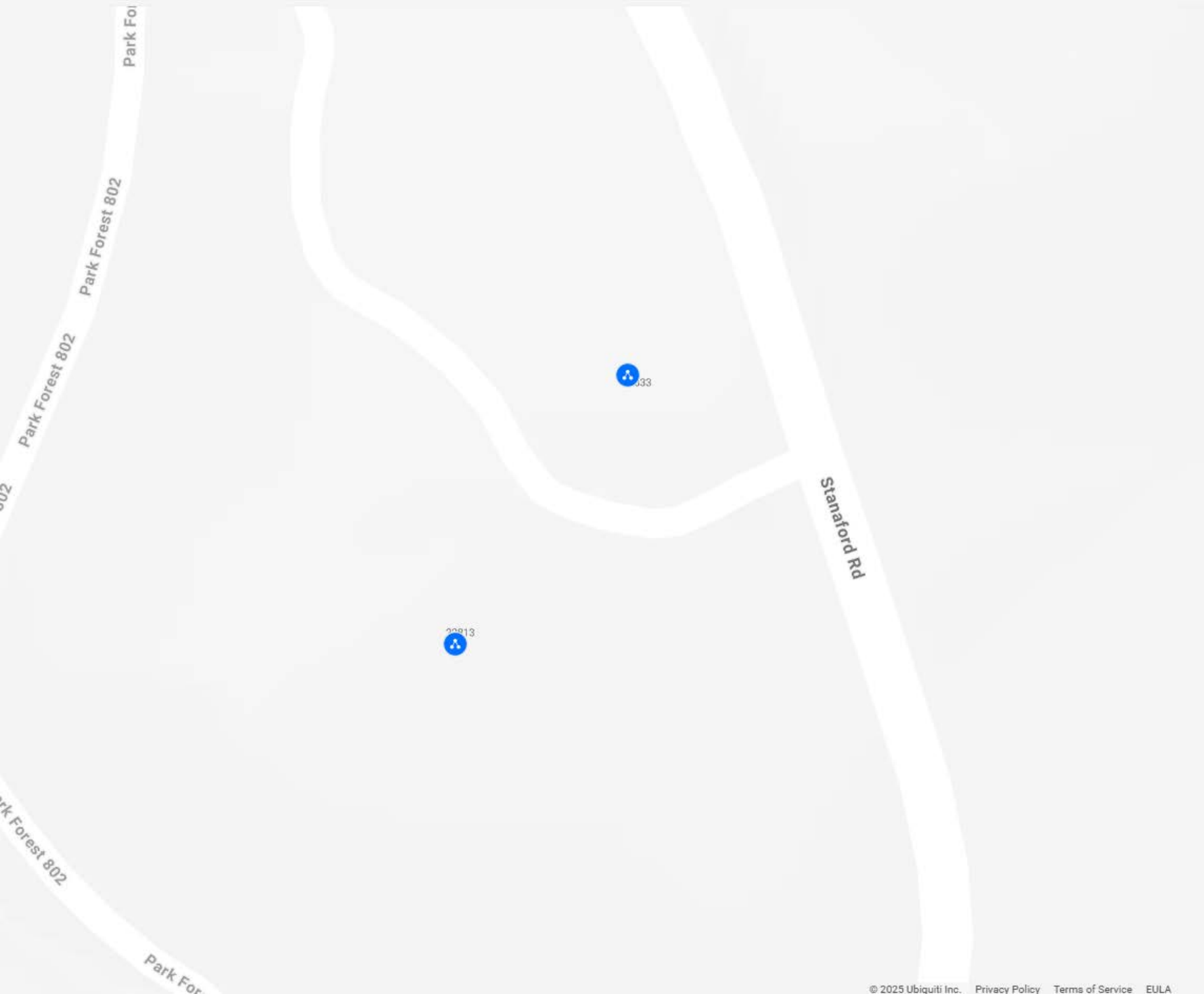
Quantity	Description	Equipment	Unit Price	Column1	Amount
2	Router	Ubiquiti Router	\$399.00		\$ 798.00
1	Monitoring PC	Mini PC for Monitoring	\$250.00		\$ 250.00
16	Outdoor Access Points	Wavlink 3600	\$229.00		\$ 3,664.00
4	Tarana CBRS BN	Tarana CBRS BN	\$18,072.54		\$ 72,290.16
16	3 ghz CPE	3 ghz CPE	\$1,121.21		\$ 17,939.33
2	4600L AP	Cambium 4600L + Ant	\$1,780.00		\$ 3,560.00
15	4625 CPE	CambiumCPE	\$480.00		\$ 7,200.00
2	RF Element	Horn	\$529.00		\$ 1,058.00
3	WAVE AP	WAVE AP	\$600.00		\$ 1,800.00
6	WAVE CPE	WAVE CPE	\$409.00		\$ 2,454.00
6	Wave PTP (hop count)	Wave PTP (hop count)	\$409.00		\$ 2,454.00
38	Wifi Router	Wifi Router	\$98.00		\$ 3,724.00
39	J brackets	J brackets	\$15.00		\$ 585.00
17	Outdoor Enclosure	Outdoor Enclosure	\$60.00		\$ 1,020.00
11	20 ft pole	20 ft pole	\$750.00		\$ 8,250.00
3	30 to 40 ft pole	30 to 35 ft pole	\$1,700.00		\$ 5,100.00
8	Switch	Switch	\$75.00		\$ 600.00
1	Install	Total	\$31,600.00		\$ 31,600.00
12	Yearly Maintenance	Monthly	\$700.00		\$ 8,400.00
1	Electrical	Performed by Laxton Elec	\$24,950.00		\$ 24,950.00
1	Site Procurement	1 sites to provide relay for	\$24,872.54		\$ 24,872.54
				Subtotal	\$ 222,569.03
				Other	\$ -
				Total	\$ 222,569.03

If you have any questions concerning this quotation contact Richard:
304-890-8904 or richard@cmcinc.us.

Thank you!











Liberty Mutual Surety: National Bond Center
350 E. 96th Street
Indianapolis, IN 46240
(888) 844-2663 Fax: (866) 547-4883

SURETY BOND PACKAGE

Thank you for choosing Liberty Mutual Surety for your bonding business. The enclosed package is a complete set of bond documents. Please file the documents in this bond package that are required by the Obligee. Some documents may not need to be filed.

Please review the bond to ensure it is accurate - correct form, obligee, principal (contractor) details, etc. It is ultimately the responsibility of the agent and contractor to ensure the bond provided is the correct form and is properly completed. For immediate changes or corrections, please contact your Liberty Mutual Surety office listed above.

Use the following checklist to ensure the documents are properly signed and distributed.

- ☐ If applicable the principal must sign the bond as the name is printed on the bond form. If the principal is a company, any officer of the company may sign the bond.
- ☐ This bond has been digitally signed on behalf of the Surety. An Attorney-in-fact signature is not required.
- ☐ A Power of Attorney form is included in the bond package. This form should be attached to the bond and filed with the obligee.
- ☐ Once bid results are in, report results to your Liberty Mutual Surety office underwriter or underwriting assistant.
- ☐ If applicable, Attorney-in-fact signature must be witnessed.
- ☐ Principal signature must be witnessed.



Liberty Mutual Surety: National Bond Center
350 E. 96th Street
Indianapolis, IN 46240
(888) 844-2663 Fax: (866) 547-4883

BID BOND RESULTS

You have received a bid bond for the project listed below. Once bid results are in, please complete the Bid Results Section and return this to your agent or Liberty Mutual Surety underwriter or underwriting assistant at the office listed above. If you do not know the results other than your own, please indicate in the Comments.

Reference #: **BID-0033958**
Contractor Name: **Countrymen Communications Inc**
Bid Date: **January 8, 2026**
Bid Amount: **5% of Bid Amount**
Est. Contract Amount: **\$229,000.00**
Obligee: **State of West Virginia - Dept of Administration purchasing division**
Project Description: **Babcock State Park WIFI Distribution**

----- *BID RESULTS SECTION* -----

Contractor Name _____ 1st low bid \$ _____

Contractor Name _____ 2nd low bid \$ _____

Contractor Name _____ 3rd low bid \$ _____

If you are the low bid and the spread between your bid and the 2nd low bid is more than 10% please explain: _____

If you are not in the top 3 low bids, what is your bid price? \$ _____

Comments: _____



Bid Bond

CONTRACTOR:

(Name, legal status and address)

Countrymen Communications Inc

515 S Eisenhower Dr
Beckley, WV 25801

OWNER:

(Name, legal status and address)

State of West Virginia - Dept of
Administration purchasing division
2019 Washington St E
Charleston, WV 25305-2214

SURETY:

(Name, legal status and principal place of business)

The Ohio Casualty Insurance Company
175 Berkeley Street
Boston, MA 02116

MAILING ADDRESS FOR NOTICES:

Liberty Mutual Surety Claims
P.O. Box 34526
Seattle, WA 98124

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.

BOND AMOUNT: 5% of Bid Amount Five Percent of Bid Amount

PROJECT:

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

Babcock State Park WIFI Distribution

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.

Signed and sealed this 5th day of January, 2026.

(Witness) Jack Roop

Countrymen Communications Inc

(Contractor as Principal)

(Seal)



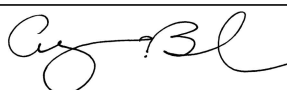
(Witness) Kiana M. Pumphrey



(Title)

The Ohio Casualty Insurance Company

(Surety)



(Title) Carolyn Banks, Assistant Secretary



BID-0033958

Init.

Liberty Mutual Surety vouches that the original text of this document conforms exactly to the text

in **AIA Document A310-2010 Edition Bid Bond.**



POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: Countrymen Communications Inc

Agency Name: ROOP INS & FINANCIAL SERVICES INC

Bond Number: BID-0033958

Obligee: State of West Virginia - Dept of Administration purchasing division

Bid Bond Amount: (5% of Bid Amount) Five Percent of Bid Amount

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Carolyn Banks** in the city and state of **Seattle, WA**, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 5th day of January, 2026.



The Ohio Casualty Insurance Company

By:

Nathan J. Zangerle

Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 5th day of January, 2026, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

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



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1126044
Member, Pennsylvania Association of Notaries

By:

Teresa Pastella

Teresa Pastella, Notary Public

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

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

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

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

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

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 5th day of January, 2026.



By:

Renee C. Llewellyn

Renee C. Llewellyn, Assistant Secretary

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

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



Liberty Mutual Surety: National Bond Center
350 E. 96th Street
Indianapolis, IN 46240
(888) 844-2663 Fax: (866) 547-4883

TRANSACTION REPORT

Transaction Date: January 5, 2026

Preparer Name: Jack Roop

Preparer Email: jroop5@hotmail.com

Agency Name: ROOP INS & FINANCIAL SERVICES INC

Agency Code: 994499

Principal:

Countrymen Communications Inc
515 S Eisenhower Dr
Beckley, WV 25801

Obligee:

State of West Virginia - Dept of Administration purchasing division
2019 Washington St E
Charleston, WV 25305-2214

Principal Account:

Countrymen Communications Inc

Underwriting Information:

Issued under approved bond request #2580159

Bond Information:

Reference Number: BID-0033958

Bond Request ID: 2580159

Bid Bond Amount: 5% of Bid Amount

Estimated Contract Amount: \$229,000.00

Maintenance Period (Months): 24

Project Location: Danese, WV

Description of Bond: Babcock State Park WIFI Distribution - Danese, WV

Bid Date: January 8, 2026

Estimated Completion Date: April 1, 2026

Class Code: S753

Underwriting Paper: The Ohio Casualty Insurance Company

Remarks:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/6/2026

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 an endorsement(s).

PRODUCER COMMERCIAL INS SERVICES 340 MACCORKLE AVE SE STE 200 CHARLESTON, WV 25314-1100	CONTACT NAME:		
	PHONE (A/C. No. Ext.): (304) 345-8000	FAX (A/C. No. Ext.): (304) 345-8014	
	E-MAIL ADDRESS:		
INSURED COUNTRYMEN COMMUNICATIONS INC 181 HERON LN BEAVER, WV 25813	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT		
	INSURER B : THE TRAVELERS INDEMNITY COMPANY		
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			680-3K793446-25-42	12/01/2025	12/01/2026	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$300,000
	<input checked="" type="checkbox"/> HIRED AUTO						MED EXP (Any one person)	\$5,000
	<input checked="" type="checkbox"/> NON OWNED AUTO						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	<input type="checkbox"/> OTHER							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	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 \$							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	UB-3K897905-25-42	12/01/2025	12/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH -ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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**

COUNTRYMEN COMMUNICATIONS INC
181 HERON LN
BEAVER, WV 25813

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

Renan M. Beltran



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/6/2026

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 COMMERCIAL INS SERVICES 340 MACCORKLE AVE SE STE 200 CHARLESTON, WV 25314-1100	CONTACT NAME:		
	PHONE (A/C. No. Ext.): (304) 345-8000	FAX (A/C. No. Ext.): (304) 345-8014	
	E-MAIL ADDRESS:		
INSURED COUNTRYMEN COMMUNICATIONS INC. 181 HERON LANE BEAVER, WV 25813	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA		
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	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"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$	
	<input type="checkbox"/> OTHER								
	AUTOMOBILE LIABILITY				BA-7N462985-25-42	05/29/2025	05/29/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" 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)	\$	
<input type="checkbox"/>								\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$	
	DED <input type="checkbox"/> RETENTION \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.I. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS BELOW						E.I. DISEASE- EA EMPLOYEE	\$	
							E.I. DISEASE - POLICY LIMIT	\$	
								\$	
								\$	
								\$	

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

CERTIFICATE HOLDER**CANCELLATION**COUNTRYMEN COMMUNICATIONS INC.
181 HERON LANE
BEAVER, WV 25813

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

Renan M. Beltran

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CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV059075

CLASSIFICATION:

ELECTRICAL
HVAC
SPECIALTY
SHEET METAL
LOW VOLTAGE SYSTEMS <80 VOLTS

ELITE REFRIGERATION & AIR CONDITIONING INC
DBA HIGH POINT REFRIGERATION & AIR CONDITIONING
PO BOX 290
BECKLEY, WV 25802

DATE ISSUED

OCTOBER 17, 2025

EXPIRATION DATE

OCTOBER 17, 2026

Authorized Signature

Chair, West Virginia Contractor
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.