



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 10

List View

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

Procurement Folder: 1857750

Procurement Type: Central Purchase Order

Vendor ID:

Legal Name: COUNTRYMEN COMMUNICATIONS INC

Alias/DBA:

Total Bid: \$666,102.97

Response Date:

Response Time:

Responded By User ID:

First Name:

Last Name:

Email:

Phone:

SO Doc Code: CRFQ

SO Dept: 0310

SO Doc ID: DNR2600000009

Published Date: 2/19/26

Close Date: 3/5/26

Close Time: 13:30

Status: Closed

Solicitation Description:

Total of Header Attachments: 10

Total of All Attachments: 10



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: 1857750
Solicitation Description: Watoga State Park Broadband Distribution REBID
Proc Type: Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2026-03-05 13:30	SR 0310 ESR03042600000005549	1

VENDOR
 VS0000026943
 COUNTRYMEN COMMUNICATIONS INC

Solicitation Number: CRFQ 0310 DNR2600000009
Total Bid: 666102.9699999999720603227615 **Response Date:** 2026-03-04 **Response Time:** 10:38:33
Comments:

FOR INFORMATION CONTACT THE BUYER
 James H Adkins
 (304) 558-3397
 jamie.h.adkins@wv.gov

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

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

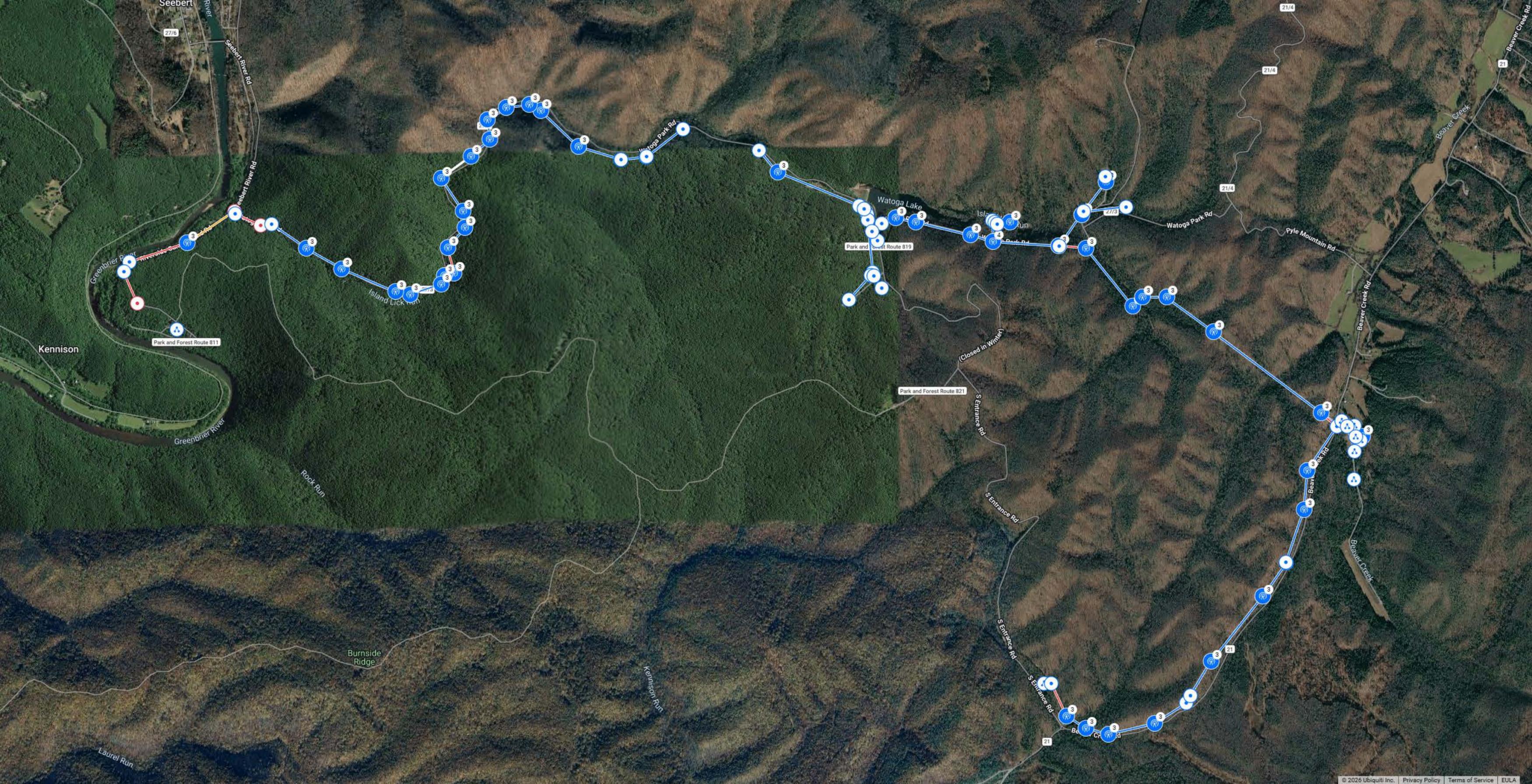
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Building and Facility Construction and Maintenance Services				666102.97

Comm Code	Manufacturer	Specification	Model #
72000000			

Commodity Line Comments: This is for Wifi Distribution for Watoga State Park to the designated areas at a minimum of 100 mb. To achieve I will be using a combination of wireless and fiber

Extended Description:

New broadband distribution system construction.





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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON OWNED AUTO GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			680-3K793446-25-42	12/01/2025	12/01/2026	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$300,000
							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
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER						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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	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	UB-3K897905-25-42	12/01/2025	12/01/2026	<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**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 <i>Renan M. Beltran</i>
---	--

© 1993-2015 ACORD CORPORATION. All rights reserved.



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 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	
	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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			BA-7N462985-25-42	05/29/2025	05/29/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS BELOW	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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**

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 <i>Renan M. Beltran</i>
--	--

© 1993-2015 ACORD CORPORATION. All rights reserved.



Contract XPress Application

LibertyXP@libertymutual.com

Please CHECK Your Desired Program	
<input type="checkbox"/>	Up To \$750,000 Single/Aggregate Bonded-Only Program (Credit Based) Page 4 Not Required
<input type="checkbox"/>	Up To \$3,000,000 Single/Aggregate Program (Financial Based) See top of Page 4 for items needed.
<i>Bonded-only programs can be considered up to \$1,500,000</i>	

This application is not intended for use in connection with Subdivision or Site Improvement, Asbestos Abatement, Completion, Hazardous Materials.

CONTRACTOR / PRINCIPAL DETAILS					
Type of Business: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> (S) Corporation <input type="checkbox"/> (C) Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> LLP				Federal Tax ID: 82-2499047	
Company Legal Name (include DBA): Countrymen Communications Inc					
Company Address (not PO Box): 515 South Eisenhower Drive					
City: Beckley	State: WV	Zip: 25801	Business Started (MM/YYYY): 01/2008	Year current management started: 2008	
Primary Trade/Scope of Work: Telecommunications, Audio Visual, Computer Networking				Operating Territory (miles from business): Less than 200 miles	
Scope(s) of work you self-perform (if different from your primary trade)				For states where licensing is required, provide state name & license numbers:	
Largest job completed by this Company - Contract Price: \$227,000.00		Scope of work for largest job: Wifi Distribution for State Park			
Any uncompleted bonded jobs (if yes please provide below: amount(s), % complete, completion date): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Has Company/Affiliate or any Owner/Spouse ever declared bankruptcy, failed to complete a contract, or caused a surety loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Are there any delinquent taxes/payables, open liens, lawsuits, or judgments against the Company/Affiliate or an Owner/Spouse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Are any assets held in trust, pledged to creditors, or held in escrow accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Do the Owners/Spouses have ownership in affiliates or other entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If YES to above questions, please provide details: _____					

Use **Additional Sheet** if necessary or click "**ADD**" to add an additional Owner/Indemnitors page at end of document ADD

OWNER DATA / INDEMNITORS					
So your request is not delayed, provide the information below on ALL owners and spouses. Credit Reports will be obtained during the underwriting process.					
Owner 1 Name: Richard Scott	Date of Birth: 12/01/1974	SSN: 232195059	Owner %: 100	US Citizen (Y/N): y	Married (Y/N): y
Spouse 1 Name: Carrie Scott	Date of Birth: 05/05/1974	SSN: 236290365	Owner %:	US Citizen (Y/N):	
Personal Address: 181 Heron Lane		City: Beaver	State: WV	Zip: 25813	
Owner 2 Name:	Date of Birth:	SSN:	Owner %:	US Citizen (Y/N):	Married (Y/N):
Spouse 2 Name:	Date of Birth:	SSN:	Owner %:	US Citizen (Y/N):	
Personal Address:		City:	State:	Zip:	
Owner 3 Name:	Date of Birth:	SSN:	Owner %:	US Citizen (Y/N):	Married (Y/N):
Spouse 3 Name:	Date of Birth:	SSN:	Owner %:	US Citizen (Y/N):	
Personal Address:		City:	State:	Zip:	

AGENCY DETAILS	
Agency Name:	Length of Relationship:
Does the agency write the account's other lines of business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

➔ If no bond is needed at this time, but only for prequalification for future bonding, check here:

Bond Request Form

➔ **Company Legal Name (include DBA):**
 Countrymen Communications Inc

This application is not intended for use in connection with Subdivision or Site Improvement, Asbestos Abatement, Completion, Hazardous Materials.

SELECT BID BOND OR FINAL BOND

For private jobs or subcontracts over \$250,000, please enclose a copy of the contract and bond form.

Bid Bond

Bid Date: 2/5/2026
 Estimated total amount of Bid: \$650,000.00
 Bid Bond % or flat amount: 5%

Final Bond (eg Performance & Payment Bond)

Contract Amount: _____
 Contract Date: _____
 Bid secured by:

- Bid Bond was provided by another surety (not Liberty Mutual)
- Bid Bond was provided by Liberty Mutual
- Cashier's Check
- Bid Security was not needed or was negotiated

OR

Bid Results:
 Contractors Bid Amount: _____
 2nd Bid Amount: _____
 3rd Bid Amount: _____
 Engineer's Estimate: _____

OBLIGEE DETAILS

Obligee Name (entity requiring the bond):
 Countrymen Communications Inc

Obligee Address: 515 S Eisenhower Dr	City: Beckley	State: WV	Zip: 25801
--	-------------------------	---------------------	----------------------

PROJECT DETAILS

Anticipated Start Date:	Specified Completion Date (MM/YYYY):	Liquidated Damages (Per Day):	Warranty/Maintenance (Months):	Current work on hand (costs to complete):
5/1/2026	5/2024	<small>Penalties for failure to complete the job on time.</small> 150	<small>Workmanship guarantee</small> 12	<small>Backlog excluding this job</small>

Final bond form to be used:
 AIA form Liberty form State/City/Town form Federal Contract Obligee/Other form (send a copy for review)

Final Bond Requirement:
 Performance & Payment Performance Only Payment Only Maintenance Only Supply Only

Is the bond amount different from the contract price?
 Yes No **If "YES" – Enter bond amount:** _____

Job Legal Description:
 Watoga State Park Broadband Distribution REBID

Job Physical Address: 4800 Watoga Park Rd	City: Marlinton	State: WV	Zip: 24954
---	---------------------------	---------------------	----------------------

Scope of Work:
 Distribute Wifi across Park Campgrounds and Cabins, from the 1 gb fiber to meet at least 100mb

Does the job contain hazardous materials? Yes No

Can the project be renewed beyond 1 year (service/maintenance contract)? Yes No

Is the Obligee, entity requiring the bond, not paying for the work performed (completion/subdivision bond)? Yes No

CREDIT AUTHORIZATION

Each Indemnitor authorizes Surety to obtain information from third parties, including personal credit reports, in connection with the Surety's underwriting and each Indemnitor's compliance with indemnity agreements, bonded contracts and bonds. Each Indemnitor releases such third parties from liability resulting from the provision of such information.

FRAUD NOTICES: PLEASE REVIEW THE STATUTORY FRAUD NOTICE APPLICABLE TO YOUR STATE.

Arkansas, Louisiana, Maryland, New Mexico and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Maine, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For a Single or Aggregate Program in excess of \$750,000 complete and provide:

1. Entire application
2. Current personal financial statement for each owner
3. Recent bank letter/reference with verification of cash balances larger than \$25,000
4. Current Interim **AND** Most recent business fiscal year-end financial statement*

* Previous year-end financials, formal work in progress schedules, accounts receivable aging, accounts payable aging, personal cash verification, etc. may be needed depending on the financial strength of the account and program desired.

CURRENT WORK IN PROGRESS — Provide the 5 largest jobs in progress OR attach a work in progress schedule

Owner or General	Scope of work	Location (city/county, state)	Bonded (Y/N)	Contract Price	% Completed	Estimated Gross Profit	Date to be Completed

PRIOR JOB REFERENCES — List the 3 largest contracts completed

JOB 1 Owner/General Contractor:		Type of work performed:			Location:		
State of WV		Wifi Distribution			Beech Fork State Park		
Bonded?	Year Completed:	Contract Value:	Final Profit:	Contact Person:	Phone:	E-Mail:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2024	\$227,000.00	\$65,000.00	Jeff Whitman	304-558-5472	Jeffery.L.Whitman@wv.gov	
JOB 2 Owner/General Contractor:		Type of work performed:			Location:		
State of WV		Wifi Distribution			Littel Beaver State Park		
Bonded?	Year Completed:	Contract Value:	Final Profit:	Contact Person:	Phone:	E-Mail:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2024	\$110,650.00	\$30,000.00	Jeff Whitman	304-558-5472	Jeffery.L.Whitman@wv.gov	
JOB 3 Owner/General Contractor:		Type of work performed:			Location:		
State of WV		Wifi Distribution			Holly River State Park		
Bonded?	Year Completed:	Contract Value:	Final Profit:	Contact Person:	Phone:	E-Mail:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2021	\$29,000.00	\$9,000.00	Jeff Whitman	304-558-5472	Jeffery.L.Whitman@wv.gov	

OPERATIONS DETAILS

Owners roles/responsibilities with the business:
Richard Scott / Design and Installation of the Wifi Networks

Trades Subcontracted:
Electrical

Largest uncompleted work at one time: Year: 2025 FYE Date (MM/YYYY): 12/2025 Does CPA prepare your FYE financial statement? Yes No

Expected annual revenue next year: \$1,500,000.00 Average job size: Basis for taxes: Cash Accrual Completed Contract % of Completion

Basis for financial statement: Cash Accrual Completed Contract % of Completion

Line of credit? Yes No (If "YES" – please fill in details below)

Bank Name: _____ Expiration Date: _____

Current balance: _____ Limit: _____

(Please provide a recent bank letter)

GENERAL DETAILS

	COMPANY/AFFILIATE	ANY OFFICER/OWNER
Any upcoming changes to ownership?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Convicted of a crime other than a traffic violation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Previous Surety: no		
Explain all "YES" answers fully below or attach an explanation: _____		

INDEMNITY AGREEMENT

Indemnitor represents that all statements made in the Application are true and made without reservation to induce Surety to extend surety credit on its behalf in reliance upon the Agreement; confirms that it has a material and beneficial interest in the provision of each Bond requested including Bonds requested in other Applications or as otherwise permitted; and hereby agrees with Surety as follows:

1. Definitions applicable to the Indemnity Agreement:

Agreement: This Indemnity Agreement, and any other agreement between Indemnitor and Surety executed for Surety's benefit.

Bonds: Any and all bonds or other obligations, renewals, extensions, replacements and substitutions thereof, issued prior to or after the execution of this Agreement, and issued for or at the request of any Indemnitor, whether requested pursuant to this or any other Application.

Indemnitor: Each and all of the undersigned, their current and future subsidiaries and affiliates, and any person or business entity added by written amendment (to which amendment Indemnitors hereby agree may be executed solely by that new Indemnitor), joint and severally, whether acting alone or in joint venture with others, and, as to all of them, their successors, assigns, and heirs. Where used in the Agreement, the term applies to Indemnitors individually and collectively.

Loss: Claims, losses, liability, damages of any type (including punitive), costs, fees, expenses, suits, orders, judgments, or adjudications whatsoever, and interest thereupon from the date upon which Surety incurs a Loss or posts reserves in anticipation of Loss, which Surety may incur in any manner relating to the extension of surety credit, including but not limited to Bonds and/or the enforcement of the Agreement.

Surety: The Ohio Casualty Insurance Company and any other member of the Liberty Mutual Group for which Surety business is underwritten, severally not jointly; their respective successors and assigns; any co-surety, reinsurer, or surety that issues a Bond at the request of Surety.

2. Premiums: Indemnitor shall pay premiums when due, and to deliver evidence satisfactory to Surety, of the release of all liability;

3. Indemnity: Indemnitor shall exonerate, indemnify and hold harmless Surety from and against any and all Loss;

4. Place in Funds: Indemnitor shall place Surety in funds immediately upon demand in the amount Surety deems necessary to protect itself from any Loss or potential Loss, Surety having the right to use all or part of the funds in payment, settlement, or reimbursement to itself of any Loss;

5. Assignment: (I) **Scope:** Indemnitor assigns and pledges to Surety as security, a lien and security interest in its interest, title, and rights in and growing out of the following: (a) any bonded contract, any agreement related to a bonded contract including any labor or supply subcontract and any Bond in support thereof, and any action, claim or demand which Indemnitor may acquire against any party to these contracts or otherwise related to a bonded contract; (b) all machinery, supplies, equipment, plant, tools and materials used, or intended for use, in connection with the bonded contract, including materials purchased, being constructed, in storage, or in transit; (c) to the extent Surety determines necessary to fulfill or complete bonded obligations: licenses, patents, copyrights, trade secrets, limited partnership and general partnership interests; (d) any funds that are due or may become due on a bonded contract or other contract, including retention and recovery from claims. (II) **Exercise of Rights by Surety:** The assignment is effective upon the date of this Indemnity Agreement, but the Surety may exercise its rights only if Indemnitor: (i) breaches a bonded contract, Bond, or the Agreement; (ii) is declared in default by a Bond Obligor or a payment bond claim is made; (iii) makes an assignment for the benefit of creditors; an application for the appointment of a trustee or receiver is made; or files an application under the Bankruptcy Code or similar laws of any state; (iv) is subject to any proceeding which deprives it of the use of the materials referred to in (b), above; (v) is debarred or otherwise declared ineligible for public work; and (vi) if an individual, an Indemnitor's death, disappearance, incompetence, insolvency, conviction of a felony or imprisonment.

6. Security Agreement: This Agreement shall constitute a Security Agreement to the Surety and a Financing Statement, both in accordance with the Uniform Commercial Code of every jurisdiction in which such Code is in effect, but the filing or recording of the Agreement shall be solely at Surety's option, and the failure to file shall not release or impair any Indemnitor's obligations under the Agreement or otherwise, nor shall it be in any manner in derogation of any of the Surety's rights.

7. Power of Attorney: Indemnitor irrevocably appoints Surety as Attorney-in-fact with the full right and authority, but not the obligation, to exercise the rights of Indemnitor assigned to Surety above, and to execute on behalf of and sign Indemnitor's name to any document deemed necessary by Surety to give full effect to the purposes of the Agreement. Indemnitor hereby ratifies all acts taken by Surety as attorney-in-fact, acknowledges that this power of attorney is a power coupled with an interest, and agrees to hold harmless Surety from any claims, damages, loss or expense incurred by its use.

8. Surety's Rights: (a) **Loss:** Surety has the right at its sole discretion to pay or settle any Loss and the sworn voucher of payment signed by Surety shall be prima facie evidence of Indemnitor's liability; (b) **Suits:** Surety may bring separate lawsuits to recover under the Agreement, and doing so or recovering by way of judgment upon a cause of action shall not prejudice or bar the bringing of suits upon other causes of action, whenever they may arise; (c) **Other Agreements:** Any rights Surety may have or acquire against Indemnitor under the Agreement are in addition to and not in lieu of any rights afforded Surety under any other agreement related to surety credit; and, if Surety executes any Bond with a co-surety or reinsures all or part of a Bond, all the terms of the Agreement shall apply and operate for the benefit of the co-surety and reinsurer, as their interests may appear; (d) **Decline or Cancel Bonds:** Surety shall have the right to decline or cancel a Bond at any time, free of claim for loss or damage by Indemnitor, and Surety shall be under no obligation to disclose its reasons therefore, the provisions of any law to the contrary being hereby waived; (e) **Non-waiver:** the exercise, delay or failure by Surety to exercise any right, remedy or power whatsoever shall not preclude any subsequent exercise or waiver of these or any other rights, remedies by the Surety. (f) **Book and Records:** At any time, Surety shall have the right of reasonable access to the books, records and/or accounts of Indemnitors and Principals for the purpose of inspection, copying or reproduction. Failure to provide such access shall be a breach of this Agreement, and shall entitle Surety to demand, in its sole discretion, collateral, in a form acceptable to Surety, up to the penal sum of any outstanding Bond(s).

9. Counterparts: This Application may be executed in multiple counterparts, each being deemed an original but all of which constitute one and the same agreement. All parties agree that any scanned or electronically digitized copy or digital version of this Agreement shall be effective as the original and any digital or digitized signature will be considered as a wet signature original for all purposes.

10. This Document: If the execution of this Agreement shall be defective for any reason, such defect or invalidity shall not affect the validity of the Agreement as to any other Indemnitor. If any provision is held invalid, the remaining provisions shall retain their full force and effect. A facsimile, photocopy, or electronic reproduction shall be considered an original and shall be admissible in a court of law to the same extent as an original.

11. Termination: Indemnitor may terminate its indemnity obligations under this Indemnity Agreement for future bonds upon twenty (20) days written notice to Surety, sent by registered or certified mail, to 9450 Seward Road Fairfield, OH 45014, Attn: Bond Depart. Such notice shall not modify or discharge Indemnitor's obligations for Bonds authorized, executed, or committed to by Surety prior to the discharge date (including renewals, extensions, modifications and substitutions), or for final Bonds issued for bid bonds issued prior to the discharge date.

By signing below, each individual signing on behalf of a business entity and/or a trust, represents and warrants that he or she is duly authorized by the entity and/or trust to bind it to this Indemnity Agreement and that the entity and/or trust has a material interest in the issuance of any requested Bonds. In the case of a trust, the Trustee further represents and warrants that he or she has the ability and will resolve out of trust assets the obligations to the surety pursuant to the Indemnity Agreement regardless of any spendthrift provisions or any other limitations on distributions.

➡ This Indemnity Agreement is dated January 30, 2026 .

Print and Sign Indemnitor section below **OR** **Check** to enter Electronic Signature Information

To sign our Indemnity Agreement electronically and consent to its use, provide the name of the owner signing for the company and e-mail for each individual. We will send the Indemnity Agreement to each individual to sign Electronically.

Name of **owner** who will sign for the company: Richard Scott

Owner 1 Name: Richard Scott	➡ Email Address: richard@cmcinc.us
Spouse 1 Name: Carrie Scott	➡ Email Address: carrieshuckscott@gmail.com
Owner 2 Name:	➡ Email Address:
Spouse 2 Name:	➡ Email Address:
Owner 3 Name:	➡ Email Address:
Spouse 3 Name:	➡ Email Address:

Indemnitor (Business):

Company Name: Countrymen Communications Inc

Authorized Signature: _____

Printed Name: Richard Scott

Indemnitor (Business):

Company Name: _____

Authorized Signature: _____

Printed Name: _____

Indemnitor (Individual):

Signature: _____

Printed Name: Richard Scott

Indemnitor (Individual):

Signature: _____

Printed Name: Carrie Scott

Indemnitor (Individual):

Signature: _____

Printed Name: _____

Indemnitor (Individual):

Signature: _____

Printed Name: _____

QUOTATION

Date 3/4/2026
Quotation # 1026

Countrymen Communications Inc

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

Quotation for:

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

Quantity	Description	Equipment	Unit Price	Column1	Amount
1	Router	Ubiquiti ER6 Router	\$399.00		\$ 399.00
1	Monitoring PC	Mini PC for Monitoring	\$250.00		\$ 250.00
27	Outdoor Access Points	Wavlink 3600	\$229.00		\$ 6,183.00
17	Solar 52 watt	720 watt 400 ah battery	\$6,099.95		\$ 103,699.15
26	Fiber Switch	US-XG 2.5g	\$209.00		\$ 5,434.00
3	Solar 70 Watt	720 watt 720 ah battery	\$8,075.94		\$ 24,227.82
5	Fiber Switch	US-XG-6POE	\$840.00		\$ 4,200.00
11	4600L AP	Cambium 4600L + Ant	\$1,750.00		\$ 19,250.00
23	4625 CPE	Cambium CPE	\$480.00		\$ 11,040.00
46,000	OS2 Fiber	Fiber for ROW	\$0.85		\$ 39,100.00
5	WAVE AP	WAVE AP	\$610.00		\$ 3,050.00
85	WAVE CPE	WAVE CPE	\$685.00		\$ 58,225.00
45	Wifi Router	Wifi Router	\$98.00		\$ 4,410.00
40	J brackets	J brackets	\$15.00		\$ 600.00
28	Outdoor Enclosure	Outdoor Enclosure	\$60.00		\$ 1,680.00
52	20 ft pole	20 ft pole	\$750.00		\$ 39,000.00
2,300	Stakes	Stakes every 30 feet	\$1.50		\$ 3,450.00
46,000	Conduit	Sch 40 in 10 ft	\$1.30		\$ 59,800.00
15	Conduit Sweep	90 degree sweeps	\$15.00		\$ 225.00
1	Install	Wifi / Poles / AP's / Wiring across park	\$213,480.00		\$ 213,480.00
12	Yearly Maintenance	Monthly	\$700.00		\$ 8,400.00
1	Electrical	Performed by Laxton Electrical	\$60,000.00		\$ 60,000.00
				Subtotal	\$ 666,102.97
				Other	\$ -
				Total	\$ 666,102.97

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

Thank you!



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

I, Richard Scott, after being first duly sworn, depose and state as follows:

1. I am an employee of Countrymen Communications Inc; and,
(Company Name)
2. I do hereby attest that Countrymen Communications 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: Richard Scott
 Signature: *Richard Scott*
 Title: President
 Company Name: Countrymen Communications Inc
 Date: 1/6/2026

STATE OF WEST VIRGINIA,

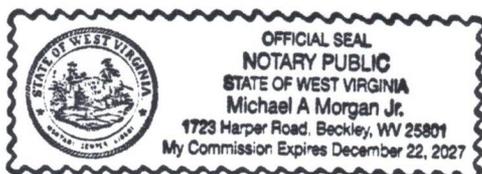
COUNTY OF Randolph, TO-WIT:

Taken, subscribed and sworn to before me this 7th day of January, 2026.

By Commission expires 12/22/2027

(Seal)

Michael A Morgan Jr
 (Notary Public)



Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Countrymen Communications Inc

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.
Elite Refrigeration	WV059075

Attach additional pages if necessary



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.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.:

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 checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input checked="" type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Countrymen Communications Inc

Company



Authorized Signature

3/05/2026

Date

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

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) Richard Scott / PResident

(Address) 515 South Eisenhower Drive Beckley, WV 25801

(Phone Number) / (Fax Number) 304-890-8904

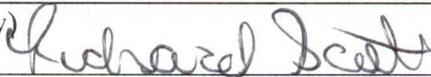
(email address) richard@cmcinc.us

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.

Countrymen Communications Inc

(Company)



(Signature of Authorized Representative)

Richard Scott / President 3/5/2026

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

304-890-8904

(Phone Number) (Fax Number)

richard@cmcinc.us

(Email Address)