



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](http://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](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header @ 3

List View

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

Procurement Folder: 1903628

Procurement Type: Central Master Agreement

Vendor ID: 000000202910

Legal Name: UNIV FAMILY MEDICINE

Alias/DBA:

Total Bid: \$248,540.00

Response Date: 05/20/2026

Response Time: 14:43

Responded By User ID: michaelg

First Name: Glenna

Last Name: Michael

Email: michael@marshall.edu

Phone: 3046911191

SO Doc Code: CRFQ

SO Dept: 0313

SO Doc ID: DEP2600000037

Published Date: 5/18/26

Close Date: 5/21/26

Close Time: 13:30

Status: Closed

Solicitation Description: DEP Employee Physical Examinations

Total of Header Attachments: 3

Total of All Attachments: 3



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:** 1903628  
**Solicitation Description:** DEP Employee Physical Examinations  
**Proc Type:** Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2026-05-21 13:30	SR 0313 ESR05202600000008045	1

**VENDOR**  
 000000202910  
 UNIV FAMILY MEDICINE

**Solicitation Number:** CRFQ 0313 DEP2600000037  
**Total Bid:** 248540  
**Response Date:** 2026-05-20  
**Response Time:** 14:43:04  
**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	PHYSICAL EXAMINATION OF EMPLOYEE	210.00000	EA	150.000000	31500.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

PHYSICAL EXAMINATION OF EMPLOYEE

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	VISUAL ACUITY	200.00000	EA	27.900000	5580.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

VISUAL ACUITY

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	AUDIOGRAM	200.00000	EA	38.500000	7700.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

AUDIOGRAM

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	PULMONARY FUNCTION	200.00000	EA	49.500000	9900.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

PULMONARY FUNCTION

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	ELECTROCARDIOGRAM (EKG)	200.00000	EA	70.000000	14000.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

ELECTROCARDIOGRAM (EKG)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	URINALYSIS	200.00000	EA	11.000000	2200.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

URINALYSIS

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	CBC	200.00000	EA	12.000000	2400.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

CBC

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	COMPREHENSIVE METABOLIC PANEL	200.00000	EA	13.000000	2600.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

COMPREHENSIVE METABOLIC PANEL

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	LIPID PANEL	200.00000	EA	25.000000	5000.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

LIPID PANEL

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	HEPATIC FUNCTION PANEL	200.00000	EA	11.000000	2200.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

HEPATIC FUNCTION PANEL

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	CHEST X-RAY (B READER)	200.00000	EA	165.000000	33000.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

CHEST X-RAY (B READER)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	EKG STRESS TEST	150.00000	EA	495.000000	74250.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

EKG STRESS TEST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	HEAVY METAL PROFILE	150.00000	EA	82.500000	12375.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

HEAVY METAL PROFILE

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
14	HEPATITIS A TITER	50.00000	EA	33.000000	1650.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

HEPATITIS A TITER

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
15	HEPATITIS B TITER	50.00000	EA	27.500000	1375.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

HEPATITIS B TITER

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
16	HEPATITIS A BOOSTER	30.00000	EA	165.000000	4950.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

HEPATITIS A BOOSTER

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
17	HEPATITIS B BOOSTER	30.00000	EA	73.000000	2190.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

HEPATITIS B BOOSTER

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
18	TETANUS VACCINATION	30.00000	EA	59.000000	1770.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

TETANUS VACCINATION

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
19	HEPATITIS A VACCINATION SERIES	30.00000	EA	185.000000	5550.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

HEPATITIS A VACCINATION SERIES

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
20	HEPATITIS B VACCINATION SERIES	30.00000	EA	175.000000	5250.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

HEPATITIS B VACCINATION SERIES

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
21	EXPOSURE HISTORY AND REPORT PREP	10.00000	EA	110.000000	1100.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

EXPOSURE HISTORY AND REPORT PREP

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
22	RESPIRATOR FIT TEST	200.00000	EA	65.000000	13000.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

RESPIRATOR FIT TEST

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
23	ADDITIONAL RESPIRATOR FIT TEST	200.00000	EA	45.000000	9000.00

Comm Code	Manufacturer	Specification	Model #
80111717			

**Commodity Line Comments:**

**Extended Description:**

ADDITIONAL RESPIRATOR FIT TEST

**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) Judy Watters, Dept Administrator  
(Address) 1600 Medical Ctr Drive, Suite 1500 Hstu WV 26701  
(Phone Number) / (Fax Number) 304.691.1199 304.691.1134  
(email address) Watters@marshall.edu

**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.

Marshall Family Medicine  
(Company)  
Judy Watters  
(Signature of Authorized Representative)  
Judy Watters  
(Printed Name and Title of Authorized Representative) (Date)  
304-691-1190  
(Phone Number) (Fax Number)  
304-691-1134  
(Email Address)  
watters@marshall.edu

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ DEP26\*37**

**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.

University Family Medicine  
Company  
D. Peter Wood  
Authorized Signature  
5/18/21  
Date

**REQUEST FOR QUOTATION**  
**DEP Employee Physical Examinations**

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**11. MISCELLANEOUS:**

**11.1. Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.

**11.2. Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Glenna Michael  
Telephone Number: 304-691-1191  
Fax Number: 304.691.1134  
Email Address: michael@marshall.edu

**EXHIBIT B  
WV DEP Procedure Request Form**

<input type="checkbox"/> Homeland Security & Emergency Response <input type="checkbox"/> DLR / Abandon Mine Lands Program <input type="checkbox"/> DLR / Office of Environmental Remediation	<input type="checkbox"/> DLR / Special Reclamation <input type="checkbox"/> DAQ <input type="checkbox"/> DWWM <input type="checkbox"/> REAP <input type="checkbox"/> Other:
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Employee Information (Please mail results to employee at the address below)

EMPLOYEE NAME: _____			
EMPLOYEE ADDRESS: _____			
TYPE OF EXAM:	Physical Exam	SCHEDULED DATE: _____	SCHEDULED TIME: _____

Procedures marked with an X will indicate the test that will be performed.

MEDICAL PROCEDURE	OTHER	COST	SELECTED TESTS
1	PHYSICAL EXAM	\$150.00	<input type="checkbox"/>
2	VISUAL ACUITY	\$27.90	<input type="checkbox"/>
3	AUDIOGRAM	\$38.50	<input type="checkbox"/>
4	PULMONARY FUNCTION	\$49.50	<input type="checkbox"/>
	This is a screening only		
5	ELECTROCARDIOGRAM (EKG)	\$70.00	<input type="checkbox"/>
6	URINALYSIS	\$11.00	<input type="checkbox"/>
7	CBC	\$12.00	<input type="checkbox"/>
8	COMPREHENSIVE METABOLIC PANEL	\$13.00	<input type="checkbox"/>
	Fast 12 hours prior to appointment (nothing to eat or drink). This does not include persons with diabetes. Take prescription medicine at regular times with water.		
9	LIPID PANEL	\$25.00	<input type="checkbox"/>
	<b>SAME AS ABOVE</b>		
10	HEPATIC FUNCTION PANEL	\$11.00	<input type="checkbox"/>
11	CHEST X-RAY (B READER)	\$165.00	<input type="checkbox"/>
	TBD see below		
12	EKG STRESS TEST	\$495.00	<input type="checkbox"/>
13	HEAVY METAL PROFILE	\$82.50	<input type="checkbox"/>
14	HEPATITIS A TITER	\$33.00	<input type="checkbox"/>
	Routine post-vaccination serological testing (Titer) is not currently recommended by the Center of Disease Control (CDC) unless an employee has had a work-related exposure incident. If you have had such an exposure, notify your supervisor.		
15	HEPATITIS B TITER	\$27.50	<input type="checkbox"/>
	<b>SAME AS ABOVE</b>		
16	HEPATITIS A BOOSTER	\$165.00	<input type="checkbox"/>
	The CDC has not recommended a specific time frame for Boosters following the vaccine.		
17	HEPATITIS B BOOSTER	\$73.00	<input type="checkbox"/>
	<b>SAME AS ABOVE</b>		
18	TETANUS VACCINATION	\$59.00	<input type="checkbox"/>
19	HEPATITIS A VACCINATION SERIES	\$185.00	<input type="checkbox"/>
	2 In the series with approximately 6 months between injections.		
20	HEPATITIS B VACCINATION SERIES	\$175.00	<input type="checkbox"/>
	3 In the series, 1 <sup>st</sup> injection, approximately 1 month later 2nd injection, and approximately 6 months later 3rd injection.		
21	EXPOSURE HISTORY AND REPORT PREP	\$110.00	<input type="checkbox"/>
	Doctor's discretion		
22	RESPIRATOR FIT TEST	\$65.00	<input type="checkbox"/>
	Quantitative Fit Test <input type="checkbox"/> (Numerical Measurements)      Qualitative Fit Test <input type="checkbox"/> (Pass/Fail Method)		
(22a)	ADDITIONAL RESPIRATOR FIT TEST	\$45.00	<input type="checkbox"/>
	Quantitative Fit Test <input type="checkbox"/> (Numerical Measurements)      Qualitative Fit Test <input type="checkbox"/> (Pass/Fail Method)		
<b>TOTAL COST:</b>		<b>\$ 0.00</b>	

Marshall Family Medicine will offer a Southern location in Cabell County with availability to complete all testing and availability to schedule 8 physicals per half day. The Northern location is in Braxton County with 6-8 physical exams scheduled per half day however, stress testing is not offered at this location.

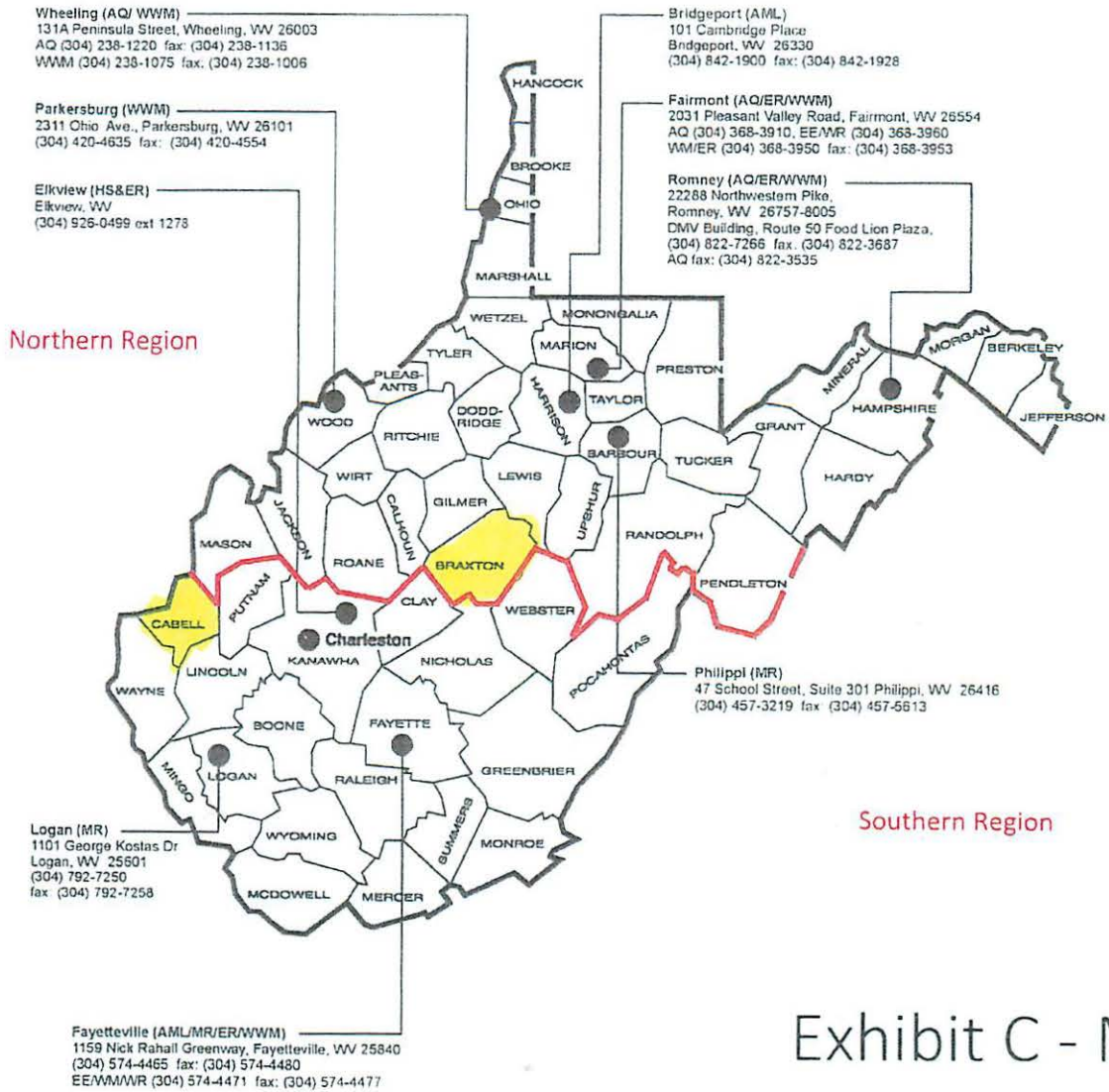




Exhibit C - Map

West Virginia Board of Medicine  
101 Dee Drive, Suite 103 · Charleston, WV 25311  
(304) 558-2921 · www.wvbom.wv.gov

This is your licensure card for the current year.

	<b>WEST VIRGINIA BOARD OF MEDICINE</b>
	LICENSE NO. [REDACTED] ISSUED 07/14/2008
THIS IS TO CERTIFY THAT THE LICENSE OF	
Natavoot Nick Chongswatdi, MD	
TO PRACTICE MEDICINE AND SURGERY IN THE	
STATE OF WEST VIRGINIA HAS BEEN RENEWED	
FOR THE PERIOD OF 07/01/2008 - 03/30/2009	
	
MARK A. SPANGLER, Executive Director	

Natavoot Nick Chongswatdi, MD  
1600 Medical Center Drive Suite 1600  
Huntington, WV 25701

To use the license as a Pocket Card, cut on dotted line and laminate if desired.

CERTIFICATE OF LIABILITY INSURANCE

Additional Insured: **Marshall University  
One John Marshall Drive OM 114  
Huntington, WV 25755-5000**

Certificate No: **L 0175 – July 1, 1971**

This certifies that the Insured named above is an Additional Insured for the Coverage indicated below under General Liability Policy RMGL 995-27-15 and Automobile Policy RMCA 981-27-49 issued to the state of West Virginia by NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA.

Coverage Period: July,1 2025 to July,1 2026; 12:01 a.m. Eastern Time

Coverages Afforded: Comprehensive General Liability Insurance  
Personal Injury Liability Insurance  
Professional Liability Insurance  
Stop Gap Liability Insurance  
Wrongful Act Liability Coverage  
Comprehensive Auto Liability Coverage  
Auto Physical Damage Insurance  
Garagekeepers Insurance

Limit of Liability: \$1,000,000 each occurrence\*  
  
\$2,000,000 Medical Professional Liability Pursuant to WV Code 55-7H-4

\* For all coverages combined. The per-occurrence limit is not increased if a claim is insured under more than one coverage or if claim is made against more than one insured.

Special Limits: The auto physical damage limit is the actual cash value of each vehicle subject to a deductible of \$ 1,000.

Claim Reporting: Claims should be reported to:  
Claim Manager  
West Virginia Board of Risk & Insurance Management  
1124 Smith Street, Suite 4300  
Charleston, WV 25301  
304-766-2646

**THE INSURANCE EVIDENCED BY THIS CERTIFICATE IS SUBJECT TO ALL OF THE TERMS, CONDITIONS, EXCLUSIONS AND DEFINITIONS IN THE POLICIES. IT IS A CONDITION PRECEDENT OF COVERAGE UNDER THE POLICIES THAT THE ADDITIONAL INSURED DOES NOT WAIVE ANY STATUTORY OR COMMON LAW IMMUNITY CONFERRED UPON IT.**

By:   
AUTHORIZED REPRESENTATIVE

Dated: June 24, 2025

CERTIFICATE OF PROPERTY INSURANCE

INSURED: MARSHALL UNIVERSITY  
ONE JOHN MARSHALL DR OM 114  
HUNTINGTON WV 25755-5000

CERTIFICATE NO: P 0175 - Jul 1, 1971

This certifies that the State Spending Unit named above is insured for first party Property Coverages procured and/or administered by the West Virginia Board of Risk and Insurance Management (BRIM). The coverages are provided through a combination of custom designed and conventional commercial insurance products.

THE INSURANCE EVIDENCED BY THIS CERTIFICATE IS SUBJECT TO ALL OF THE TERMS, CONDITIONS, EXCLUSIONS AND DEFINITIONS CONTAINED IN THE POLICIES.

COVERAGE PERIOD: Jul 1, 2025 to Jul 1, 2026 12:01 a.m. Eastern Time

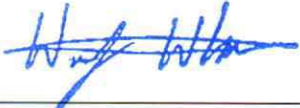
LIMIT OF LIABILITY: Stated values, for real and personal property, which have been declared to and accepted by BRIM, not to exceed the maximum coverage procured by BRIM.

Individual Faithful Performance Bonds are limited to the amount of coverage that is required by statute.

SPECIAL LIMITS: Each policy shall be governed by the special limits of liability contained therein.

DEDUCTIBLE: The State of West Virginia has a \$1,000,000.00 deductible on coverages it procures. The above listed insured has a \$2,500 deductible that is applicable to each loss.

CLAIM REPORTING: Claims should be reported to:  
Claim Manager  
West Virginia Board of Risk & Insurance Management  
1124 Smith Street, Suite 4300  
Charleston WV 25301

BY:   
AUTHORIZED REPRESENTATIVE

DATED: June 3, 2025

CERTIFICATE OF LIABILITY INSURANCE

Additional Insured:                    **University Physicians and Surgeons  
1600 Medical Center Dr. Ste. 3407  
Huntington, WV 25701-3655**

Certificate No:                        **L 9007 – July 1, 2015**

This certifies that the Insured named above is an Additional Insured for the Coverage indicated below under General Liability Policy RMGL 995-27-15 and Automobile Policy RMCA 981-27-49 issued to the state of West Virginia by NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA.

Coverage Period:                    July,1 2025 to July,1 2026; 12:01 a.m. Eastern Time

Coverages Afforded:                Comprehensive General Liability Insurance  
Personal Injury Liability Insurance  
Professional Liability Insurance  
Stop Gap Liability Insurance  
Wrongful Act Liability Coverage  
Comprehensive Auto Liability Coverage  
Auto Physical Damage Insurance  
Garagekeepers Insurance

Limit of Liability:                    \$1,000,000 each occurrence\*  
  
\$2,000,000 Medical Professional Liability Pursuant to WV Code 55-7H-4

\* For all coverages combined. The per-occurrence limit is not increased if a claim is insured under more than one coverage or if claim is made against more than one insured.

Special Limits:                        The auto physical damage limit is the actual cash value of each vehicle subject to a deductible of \$ 1,000.

Claim Reporting:                    Claims should be reported to:  
Claim Manager  
West Virginia Board of Risk & Insurance Management  
1124 Smith Street, Suite 4300  
Charleston, WV 25301  
304-766-2646

**THE INSURANCE EVIDENCED BY THIS CERTIFICATE IS SUBJECT TO ALL OF THE TERMS, CONDITIONS, EXCLUSIONS AND DEFINITIONS IN THE POLICIES. IT IS A CONDITION PRECEDENT OF COVERAGE UNDER THE POLICIES THAT THE ADDITIONAL INSURED DOES NOT WAIVE ANY STATUTORY OR COMMON LAW IMMUNITY CONFERRED UPON IT.**

By:   
AUTHORIZED REPRESENTATIVE

Dated: June 24, 2025