



Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Centralized Request for Quote  
Construction

<b>Proc Folder:</b> 1765236			<b>Reason for Modification:</b> Addendum No. 1
<b>Doc Description:</b> CL44-BAS+BUILDUP Conveyor Dishwasher or equal			
<b>Proc Type:</b> Central Purchase Order			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2025-09-02	2025-09-04 13:30	CRFQ 0603 ADJ2600000008	2

**BID RECEIVING LOCATION**

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

**VENDOR**

**Vendor Customer Code:** 000000110693  
**Vendor Name :** Hooten Equipment Company, LLC  
**Address :** 961 Virginia Street West  
**Street :**  
**City :** Charleston  
**State :** WV  
**Country :** United States  
**Zip :** 25302  
**Principal Contact :** Kevin Tryon  
**Vendor Contact Phone:** (304) 346-0521

**Extension:** 112

**FOR INFORMATION CONTACT THE BUYER**

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

**Vendor  
Signature X**

**FEIN#** 20-1961955

**DATE**

9-4-2025

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

**ADDITIONAL INFORMATION**

Addendum No. 1

1. To provide copies of the Pre-bid Meeting Sign-in Sheets, see attached.
2. Bid opening date and time remains September 4, 2025, at 1:30 pm., EST.

No other Changes.

INVOICE TO		SHIP TO	
ADJUTANT GENERALS OFFICE 1703 COONSKIN DR		ADJUTANT GENERALS OFFICE 1001 ARMY RD	
CHARLESTON	WV	KINGWOOD	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	CL44-BAS+BUILDUP Conveyor Dishwasher Machine or equal	1		\$44,918.00	\$44,918.00

Comm Code	Manufacturer	Specification	Model #
52152200	Hobart		CL44-BAS+BUILDUP

**Extended Description:**

Please refer to the Exhibit "A" Pricing Page to input pricing.

To provide and furnish all labor, materials, tools, expendable equipment including Options, per the attached specifications and documentation. Contractor MUST field verify this area.

INVOICE TO		SHIP TO	
ADJUTANT GENERALS OFFICE 1703 COONSKIN DR		ADJUTANT GENERALS OFFICE 1001 ARMY RD	
CHARLESTON	WV	KINGWOOD	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Disposer Hobart Model FD4/150+Buildup or equal	1		\$5,149.00	\$5,149.00

Comm Code	Manufacturer	Specification	Model #
52152200	Hobart		FDR/150+BUILDUP

**Extended Description:**

Please refer to the Exhibit "A" Pricing Page to input pricing.

To provide and furnish all labor, materials, tools, expendable equipment including Options, and all services to complete services per the attached specifications and documentation. Contractor MUST field verify this area.

INVOICE TO		SHIP TO	
ADJUTANT GENERALS OFFICE 1703 COONSKIN DR		ADJUTANT GENERALS OFFICE 1001 ARMY RD	
CHARLESTON	WV	KINGWOOD	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Soiled Dish Table Package	1		\$27,484.00	\$27,484.00

Comm Code	Manufacturer	Specification	Model #
52152200	Aerowerks		Custom

**Extended Description:**

Please refer to the Exhibit "A" Pricing Page to input pricing.

To provide and furnish all labor, materials, tools, expendable equipment , and all services to complete services per the attached specifications and documentation. Contractor MUST field verify this area.

INVOICE TO		SHIP TO	
ADJUTANT GENERALS OFFICE 1703 COONSKIN DR		ADJUTANT GENERALS OFFICE 1001 ARMY RD	
CHARLESTON	WV	KINGWOOD	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Delivery and complete installation of the equipment				\$15,172.50

Comm Code	Manufacturer	Specification	Model #
52152200			

**Extended Description:**

Please refer to the Exhibit "A" Pricing Page to input pricing.

Delivery and complete installation of the equipment. Contractor MUST field verify this area.

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Mandatory Prebid Meeting at 10:00 am., EST.	2025-08-26
2	Vendor Technical Questions Due By 11:00 am., EST.	2025-08-29

	Document Phase	Document Description	Page 4
ADJ2600000008	Final	CL44-BAS+BUILDUP Conveyor Dishwasher or equal	

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

# SOLICITATION NUMBER: CRFQ ADJ2600000008

## Addendum Number: 1

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The purpose of this addendum is to modify the solicitation identified as (“ADJ2600000008”) to reflect the change(s) identified and described below.

### Applicable Addendum Category:

- ☐ Modify bid opening date and time.
- ☐ Modify specifications of product or service being sought.
- ☐ Attachment of vendor questions and responses.
- ☒ Attachment of pre-bid sign-in sheet.
- ☐ Correction of error.
- ☐ Other.

### Description of Modification to Solicitation:

1. To provide the Mandatory Pre-bid meeting sign-in sheets, see attached.
2. Bid opening date and time remains September 4, 2025, at 1:30 pm., EST.

No other Changes

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

### Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

# Pre-Bid Sign-In Sheet

Solicitation Number: CRFQ-ADJ2600000008

Date of Pre-Bid Meeting: August 26, 2025

Location of Prebid Meeting: CL44-BAS+BUILDUP Conveyor Dishwasher or equal

**Please Note:**

Vendors must sign-in on this sheet to verify attendance at the Pre-Bid meeting.  
Failure to legibly sign in may be grounds for declaring a vendor ineligible to bid.  
For further verification, please also provide a business card if possible.

Firm Represented:*	Rep Name (Printed):	Firm Address:	Telephone #:	Fax #:	Email:
Dan Hill Construction	Brian Robinson	P.O. Box 658 Gouley Bridge WV	304-632-1600		Brian.Robinson@DanHillConstruction.com
Horten Equipment	Kevin Truon	961 Virginia St Charleston WV	304-982-3478		Kevin@HortenEquipment.com
CFMO	Charles Laughlin	1001 Army Rd Kingwood WV 26537	304-374-1850		charles.c.laughlin2.mil@army.mil
CFMO	Robert Grimm	1001 Army Rd Kingwood WV 26537	304-791-4959		robert.c.grimm11.afg@army.mil

**\*One Vendor Per Representative** - No one individual is permitted to represent more than one vendor at the pre-bid meeting. Any individual that does attempt to represent two or more vendors will be required to select one vendor to which the individual's attendance will be attributed. The vendors not selected will be deemed to have not attended the pre-bid meeting unless another individual attended on their behalf.

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ ADJ2600000008**

**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:**

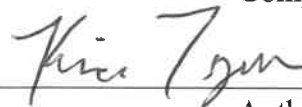
(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

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

Hooten Equipment Company, LLC

Company



Authorized Signature

9-4-2025

Date

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

## EXHIBIT A - PRICING PAGE CRFQ ADJ26\*08

Item Number	Quantity	Description	Unit Cost
1	1	Dishwasher, Conveyor Type Hobart CL44-BAS+BUILDUP Dishwasher Electric High Temperature Rack Conveyor or equal	\$44,918.00
2	1	Disposer Hobart Model FD4/150 + Buildup Disposer, or equal	\$5,149.00
3	1	Soiled Dish Table Package	\$27,484.00
4	1	Delivery and complete Installation of the equipment listed in 1,2,3 or equal	\$15,172.50
<b>GRAND TOTAL</b>			<b>\$92,723.50</b>

Vendor Name: Hooten Equipment Company, LLCVendor Address: 961 Virginia Street West Charleston, WV 25302Signature: Phone: (304) 346-0521Fax: (304) 346-3421E-mail: Kevin@hootenequipmentcompany.com



**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) Kevin Tryon - Vice President

(Address) 961 Virginia Street West Charleston, WV 25302

(Phone Number) / (Fax Number) (304) 346-0521 / (304) 346-3421

(email address) Kevin@hootenequipmentcompany.com

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Hooten Equipment Company, LLC

(Company)



(Signature of Authorized Representative)

Kevin Tryon - Vice President

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

(304) 345-0521 / (304) 345-3421

(Phone Number) (Fax Number)

Kevin@hootenequipmentcompany.com

(Email Address)

**REQUEST FOR QUOTATION – CRFQ ADJ26\*08**  
**Conveyer Dishwasher System and Installation**  
**Camp Dawson RTI Facility**

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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:** Kevin Tryon

**Telephone Number:** (304) 346-0521

**Fax Number:** (304) 346-3421

**Email Address:** Kevin@hootenequipmentcompany.com



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

I, Kevin Tryon, after being first duly sworn, depose and state as follows:

1. I am an employee of Hooten Equipment Company, LLC; and,  
 (Company Name)

2. I do hereby attest that Hooten Equipment Company, LLC  
 (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: Kevin Tryon

Signature: *Kevin Tryon*

Title: Vice President

Company Name: Hooten Equipment Company, LLC

Date: 9-4-2025

STATE OF WEST VIRGINIA,

COUNTY OF Kanawha, TO-WIT:

Taken, subscribed and sworn to before me this 4<sup>th</sup> day of September, 2025.

By Commission expires February 22, 2029

(Seal)



*Paula K. Riggle*  
 (Notary Public)

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

**Bidder's Name:** Hooten Equipment Company, LLC

☐ 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.
LA JON INC. DBA HOBART SALES & SERVICE	WV012976

Attach additional pages if necessary

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

**Bidder's Name:** Hooten Equipment Company, LLC

☐ 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.
LA JON INC. DBA HOBART SALES & SERVICE	WV012976

Attach additional pages if necessary

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Hooten Equipment Company, LLC  
of Charleston, WV, as Principal, and Ohio Farmers Insurance Company  
of Westfield Center, OH, a corporation organized and existing under the laws of the State of  
OH with its principal office in the City of Westfield Center, as Surety, are held and firmly bound unto the State  
of West Virginia, as Oblige, in the penal sum of Five Percent of Amount Bid (\$ 5%) for the payment of which,  
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the  
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for  
CL44-BAS+BUILDUP Conveyor Dishwasher or equal - CRFQ 0603 ADJ2600000008 - According to Plans &  
Specifications

**NOW THEREFORE,**

(a) If said bid shall be rejected, or  
(b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal  
attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform  
the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in  
full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no  
event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no  
way impaired or affected by any extension of the time within which the Oblige may accept such bid, and said Surety does hereby  
waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and  
Surety, or by Principal individually if Principal is an individual, this 4th day of September, 2025.

Principal Seal

Hooten Equipment Company, LLC  
(Name of Principal)

By: Carl Costa  
(Must be President, Vice President, or  
Duly Authorized Agent)

President  
(Title)

Surety Seal

Ohio Farmers Insurance Company  
(Name of Surety)

By: Patricia A. Moye  
Patricia A. Moye, WV Resident Agent Attorney-in-Fact

**IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.**

THIS POWER OF ATTORNEY SUPERCEDES ANY PREVIOUS POWER BEARING THIS SAME POWER # AND ISSUED PRIOR TO 10/03/22, FOR ANY PERSON OR PERSONS NAMED BELOW.

General  
Power  
of Attorney

CERTIFIED COPY

POWER NO. 4752152 06

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

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

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

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

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

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

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

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

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

Corporate  
Seals  
Affixed



WESTFIELD INSURANCE COMPANY  
WESTFIELD NATIONAL INSURANCE COMPANY  
OHIO FARMERS INSURANCE COMPANY

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

State of Ohio  
County of Medina ss.:

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

Notarial  
Seal  
Affixed



State of Ohio  
County of Medina ss.:

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

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

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this **4th** day of **September** A.D., **2025**



**Frank A. Carrino, Secretary**

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/28/2025

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

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

PRODUCER <b>McGriff, a MMA LLC Company</b> 300 Summers Street, Suite 150 Charleston, WV 25301 304 346-0806	CONTACT NAME: <b>Lisa Shinn</b>
	PHONE (A/C, No, Ext): <b>304 346-0806</b> FAX (A/C, No): <b>888 751-3002</b>
	E-MAIL ADDRESS: <b>CertificatesVAWV@mcgriff.com</b>
INSURED <b>Hooten Equipment Company LLC</b> PO Box 109 Charleston, WV 25321-0109	INSURER(S) AFFORDING COVERAGE
	INSURER A : <b>Motorists Commercial Mutual Ins. Co.</b> NAIC # <b>13331</b>
	INSURER B : <b>Travelers Property Casualty Co of Amer</b> <b>25674</b>
	INSURER C : <b>PinnaclePoint Insurance Company</b> <b>15137</b>
	INSURER D :
	INSURER E :
INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X X	5000903367	05/01/2025	05/01/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 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 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Drive Oth Car <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X X	5000903367	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000 <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE	X X	CUP2Y88858224	05/01/2025	05/01/2026	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	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 N/A	WCP7006740 Includes WV Broad Form Employers Liability	02/23/2025	02/23/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Blanket Additional Insured with Waiver of Subrogation is included with respect to General Liability, Automobile Liability, and Umbrella Liability when required by written contract. Blanket Waiver of Subrogation is included with respects to Workers Compensation Coverage where required by written contract. PROJECT: CRFQ 0603 ADJ26000000008 / Conveyor Dishwasher or equal  
The State of West Virginia is included as Additional Insured with respect to General Liability coverage and (See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

State of WV Department of Administration, Purchasing Division 2019 Washington Street East, PO Box 50130 Charleston, WV 25305	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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## DESCRIPTIONS (Continued from Page 1)

coverage is Primary and Non-Contributory when required by written contract. Waiver of subrogation is included with respect to General Liability, Automobile Liability, and Workers Compensation Coverages when required by written contract.



# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV038448

CLASSIFICATION:

HVAC  
SPECIALTY

HOOTEN EQUIPMENT COMPANY LLC  
961 VIRGINIA STREET, WEST  
CHARLESTON, WV 25302

DATE ISSUED

EXPIRATION DATE

MARCH 10, 2025

MARCH 10, 2026

*David Fisher*

Authorized Signature

*Jim Hooten*

Chair, West Virginia Contractor  
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