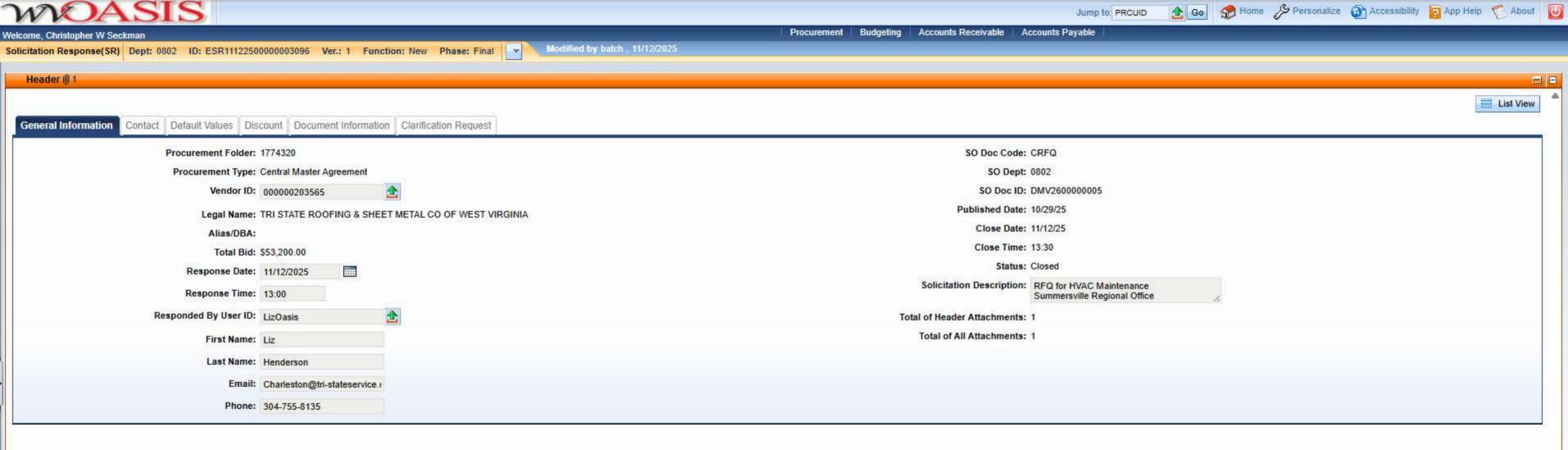


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

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.





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: 1774320

Solicitation Description: RFQ for HVAC Maintenance
Proc Type: RFQ for HVAC Maintenance
Central Master Agreement

Solicitation Closes	tion Closes Solicitation Response	
2025-11-12 13:30	SR 0802 ESR11122500000003096	1

**VENDOR** 

000000203565

TRI STATE ROOFING & SHEET METAL CO OF WEST VIRGINIA

Solicitation Number: CRFQ 0802 DMV2600000005

Total Bid: 53200 Response Date: 2025-11-12 Response Time: 13:00:45

Comments:

FOR INFORMATION CONTACT THE BUYER

John W Estep 304-558-2566 john.w.estep@wv.gov

Vendor

Signature X FEIN# DATE

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

Date Printed: Nov 12, 2025 Page: 1 FORM ID: WV-PRC-SR-001 2020/05

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Preventive Maintenance Monthly Charge				13200.00

Comm Code	Manufacturer	Specification	Model #	
40100000				

Commodity Line Comments: see attached - unit price \$1,100 for 12 months

**Extended Description:**Preventive Maintenance
Monthly Charge

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Corrective Maintenance				28000.00
	Hourly Labor Rate				

Comm Code	Manufacturer	Specification	Model #	
40100000				

Commodity Line Comments: see attached - \$140.00 for 200estimated hours

**Extended Description:**Corrective Maintenance
Hourly Labor Rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Replacement Parts Cost				12000.00

Comm Code	Manufacturer	Specification	Model #	
40100000				

Commodity Line Comments: see attached - 1.2 multiplier for \$10,000 estimated parts

**Extended Description:**Replacement Parts Cost

 Date Printed:
 Nov 12, 2025
 Page: 2
 FORM ID: WV-PRC-SR-001 2020/05



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

Proc Folder:

1774320

Reason for Modification:

Doc Description: RFQ for HVAC Maintenance

Summersville Regional Office

Proc Type:

Central Master Agreement

**Date Issued** 2025-10-29

**Solicitation Closes** 

2025-11-12 13:30

Solicitation No CRFQ 0802

DMV2600000005

Version

**BID RECEIVING LOCATION** 

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

### VENDOR

**Vendor Customer Code:** 

000000203565

Vendor Name :

TRI-STATE ROOFING & SHEET METAL CO OF WV

Country: US

Address: PO BOX 1231 CHARLESTON, WV 25324

Street: 321 HARRIS DR

City: POCA

State: WV

SAM CLEAVENGER HVAC SERVICE MANAGER

Principal Contact :

Vendor Contact Phone: 304-755-8135

Extension:

FOR INFORMATION CONTACT THE BUYER

John W Estep 304-558-2566

john.w.estep@wv.gov

Vendor

Signature X

FEIN# 55-0591156

DATE

Zip: 25159

11/12/2025

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

### ADDITIONAL INFORMATION

### REQUEST FOR QUOTATION:

The West Virginia Purchasing Division is soliciting bids on behalf of West Virginia Division of Motor Vehicles to establish an openend contract for HVAC Maintenance at the West Virginia Division of Motor Vehicles Summersville Regional Office. Per the Bid Requirements, Specifications, Terms and Conditions attached to this solicitation.

INVOICE TO		SHIP TO		
DIVISION OF MOTOR VEHICLES		DIVISION OF MOTOR VEHICLES		
5707 MACCORKLE AV SUITE 200	E. S.E.,	SUMMERSVILLE DMV		
		2 ARMORY WAY		
CHARLESTON	WV	SUMMERSVILLE	WV	
us		US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Preventive Maintenance Monthly Charge	12mo		\$1,100.00	\$13,200.00

Comm Code	Manufacturer	Specification	Model #	
40100000				

## **Extended Description:**

Preventive Maintenance Monthly Charge

INVOICE TO		SHIP TO		
DIVISION OF MOTOR VEHICLES		DIVISION OF MOTOR VEHICLES		
5707 MACCORKLE AV SUITE 200	E. S.E.,	SUMMERSVILLE DMV		
•		2 ARMORY WAY		
CHARLESTON	WV	SUMMERSVILLE	WV	
US		US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Corrective Maintenance Hourly Labor Rate	200hr		\$140.00	\$28,000.00

Comm Code	Manufacturer	Specification	Model #	
40100000				

### **Extended Description:**

Corrective Maintenance Hourly Labor Rate

INVOICE TO		SHIP TO				
DIVISION OF MOTOR VEHICLES		DIVISION OF HIGHWA	YS			
5707 MACCORKLE AVE. S.E., SUITE 200		DISTRICT TEN				
		270 HARDWOOD LN				
CHARLESTON	WV	PRINCETON	WV			
US		US				

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Replacement Parts Cost			1.20	\$12,000.00

Comm Code	Manufacturer	Specification	Model #	
40100000				

# **Extended Description:**

Replacement Parts Cost

# SCHEDULE OF EVENTS

Line	Event	Event Date	
1	Tech Question due by 10:00am	2025-11-04	

	Document Phase	Document Description	Page 4	
DMV2600000005	Final	RFQ for HVAC Maintenance Summersville Regional Office		

# ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

# REQUEST FOR QUOTATION CRQM DMV2600000004 HVAC Maintenance Beckley Regional Office

### **EXHIBIT C - PRICING PAGES**

## **Preventive Maintenance:**

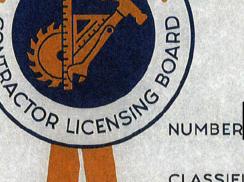
Monthly Charge	x	12 months	=	Total Yearly Charge

# **Corrective Maintenance:**

<sup>\*</sup> Total Cost is calculated by adding the Total Yearly Cost, Total Labor Cost, and the Total Parts Cost.

# **CONTRACTOR LICENSE**

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board



WEST VIRGINIA

CLASSIFICATION:

HVAC SPECIALTY ROOFING CRANE

TRI STATE ROOFING & SHEET METAL COMPANY OF WV PO BOX 1231 CHARLESTON, WV 25324-1231

DATE ISSUED

**EXPIRATION DATE** 

**AUGUST 1, 2025** 

**AUGUST 1, 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.



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



License #

Classification

**Expiration Date** 

4/23/2026

Issued To:

SAMUEL A CLEAVENGER

WY 25030

(Authorized Signature)

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

ACORD.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2025

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

REVISION NUMBER: COVERAGES CERTIFICATE 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. POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER X COMMERCIAL GENERAL LIABILITY 04/30/2025 04/30/2026 EACH OCCURRENCE \$1,000,000 CMM5942244 A DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 CLAIMS-MADE X OCCUR \$10,000 MED EXP (Any one person) s1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: s2,000,000 GENERAL AGGREGATE PRO-JECT \$2,000,000 X LOC PRODUCTS - COMP/OP AGG POLICY OTHER 04/30/2025 04/30/2026 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY CMM5942244 \$1,000,000 BODILY INJURY (Per person) \$ X ANY AUTO SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident) NON-OWNED PROPERTY DAMAGE X HIRED AUTOS ONLY AUTOS ONLY (Per accident) X Drive Oth Car X UMBRELLA LIAB 04/30/2025 04/30/2026 EACH OCCURRENCE \$5,000,000 X OCCUR CMM5942244 **EXCESS LIAB** \$5,000,000 CLAIMS-MADE AGGREGATE DED X RETENTION \$0 OTH-WORKERS COMPENSATION PER AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION

\*FOR INFORMATION PURPOSES ONLY\*

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

AUTHORIZED REPRESENTATIVE

Chi P. Barnett

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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/28/2025

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 rights to the certificate holder in lieu of such endorsement(s).

PROD	PRODUCER						NAME: Jennifer Drake						
Mour	Mountain State Insurance Agency							PHONE (304) 720-2000 FAX (A/C, No): (304) 720-2002					
1206	Kan	awha Blvd. E.						E-MAIL ADDRESS: jdrake@mountainstateinsurance.com					
Suite	100							INSURER(S) AFFORDING COVERAGE				NAIC#	
Char	lesto	n					WV 25301-2949	INSURER A: NorthStone Insurance Company 13045					13045
INSUF	ED							INSURE	RB:				
		Tri-State Roo	fing	& Sheet Metal	Co of	WV		INSURER C :					
	PO Box 1231							INSURE					
								INSURE					
		Charleston					WV 25324	INSURE					
COV	FR/	AGES		CFR	TIFIC	ATE N	NUMBER: 25 26 TSR W	THE OWNER WHEN PERSON NAMED IN	Witness Co. Lance		REVISION NUMBER:		
TH	IS IS	TO CERTIFY THAT TED. NOTWITHSTAI	NDI	POLICIES OF II NG ANY REQUIP OR MAY PERTA	NSUR REME	ANCE NT, TE	LISTED BELOW HAVE BEEN RM OR CONDITION OF ANY BURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA POLICI	ACT OR OTHER ES DESCRIBEI	R DOCUMENT V D HEREIN IS SI	VITH RESPECT TO WHICH TH	HIS	
INSR LTR		TYPE OF INSU		1996	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
LIK		COMMERCIAL GENER	_								EACH OCCURRENCE	\$	
9		CLAIMS-MADE		OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		CLAIMS-MADE		7 00001							MED EXP (Any one person)	\$	
	_										PERSONAL & ADV INJURY	\$	
1 3	051	ACCRECATE LIMITA	DDI.	IES DEB.							GENERAL AGGREGATE	s	
1	GEN	LAGGREGATE LIMITA	Г								PRODUCTS - COMP/OP AGG	s	
- 8		POLICY JECT	L	LOC							PRODUCTS - COMPTOP AGG	\$	
	ALIT	OTHER: OMOBILE LIABILITY	-	-							COMBINED SINGLE LIMIT	\$	
	701	ANY AUTO									(Ea accident) BODILY INJURY (Per person)	s	
	_	OWNED	¬ s	CHEDULED							BODILY INJURY (Per accident)	s	
		AUTOS ONLY HIRED		UTOS ION-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY		UTOS ONLY							(Per accident)	\$	
			1	1									
		UMBRELLA LIAB	$\vdash$	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	1_	CLAIMS-MADE							AGGREGATE	\$	
	14/05	DED RETENTI		\$							➤ PER STATUTE ➤ OTH-	\$ W/V/C	ode 23-4-2
		EMPLOYERS' LIABILIT		Y/N								\$ 1,00	
Α	ANY	PROPRIETOR/PARTNE	R/EX	KECUTIVE	N/A		WCN6012142		06/01/2025	06/01/2026	E.L. EACH ACCIDENT	1.00	0,000
	(Man	datory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	4.00	0,000
	DÉS	CRIPTION OF OPERATION	ONS	below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
DESC	CRIPT	ION OF OPERATIONS /	LOC	CATIONS / VEHICL	ES (AC	CORD 1	01, Additional Remarks Schedule,	may be a	attached if more s	pace is required)	1		
CE	RTIF	ICATE HOLDER	_					CANO	CELLATION				
Verification of Insurance						ACC	EXPIRATION CORDANCE WI	DATE THEREO ITH THE POLIC	ESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE		
								AUTHO	ORIZED REPRESE		Supalh		

Agency DMV	
Agency DMV REQ.P.O# 2600000005	

### BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the unders	igned, Tri-State Roofing & S	Sheet Metal Company of WV
of P.O. Box 1231 , Charleston, WV 253	324, as Principal, and Tr	avelers Casualty and Surety Company
of America of 119 Virginia Street W Charleston, WV 25302 , a corpo	ration organized and existing	under the laws of the State of
Connecticut with the adjacinal office in the City of Hartford	, as Surety, are held	and firmly bound unto the State
of West Virginia, as Obligee, in the penal sum of Five Percent of Amo	unt Bid (\$ 5% of Amount	Bid) for the payment of which,
well and truly to be made, we jointly and severally bind ourselves, our he	irs, 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 c CRFQ 0802 DMV2600000005, HVAC Maintenance at West Virg	and made a part hereof, to en ginia Division of Motor Veh	ter into a contract in writing for icles Summersville Regional Off
according to plans and specifications.		
NOW THEREFORE,  (a) If said bid shall be rejected, or (b) If said bid shall be accepted and the Principal shall attached hereto and shall furnish any other bonds and insurance require the agreement created by the acceptance of said bid, then this obligation full force and effect. It is expressly understood and agreed that the lial event, exceed the penal amount of this obligation as herein stated.  The Surety, for the value received, hereby stipulates and agree way impaired or affected by any extension of the time within which the waive notice of any such extension.  WITNESS, the following signatures and seals of Principal and Surety, or by Principal individually if Principal is an individual, this 12	ed by the bid or proposal, and n shall be null and void, other bility of the Surety for any an es that the obligations of said the Obligee may accept such Surety, executed and sealed day of November	wise this obligation shall remain in d all claims hereunder shall, in no Surety and its bond shall be in no bid, and said Surety does hereby by a proper officer of Principal and, 2025
Principal Seal		Sheet Metal Company of WV Name of Principal)
	By Iv	1 Day
	(Must be Pi	resident, Vice President, or y Authorized Agent)
		(Title)
Surety Seal		and Surety Company of America
	(	Name of Surety)
	And	and the same of th
	10/401	
The second secon	Taylor R. Johnson	Attorney-in-Fact

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



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

#### **POWER OF ATTORNEY**

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

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





State of Connecticut

City of Hartford-ss.

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

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

My Commission expires the 30th day of June, 2026

Anna P. Nowik, Notary Public

Robert L. Raney-Senior Vice President

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

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

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

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

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

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

12 day of November , 2025 Dated this







To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880. Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.