

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: 1770803

Solicitation Description: Mercer County HDQs Roof Replacement

**Proc Type:** Central Purchase Order

 Solicitation Closes
 Solicitation Response
 Version

 2025-10-14 13:30
 SR 0803 ESR10142500000002562
 1

**VENDOR** 

000000203565

TRI STATE ROOFING & SHEET METAL CO OF WEST VIRGINIA

Solicitation Number: CRFQ 0803 DOT2600000017

**Total Bid:** 472557 **Response Date:** 2025-10-14 **Response Time:** 11:35:26

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:
 Oct 14, 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	Roof systems				472557.00

Comm Code	Manufacturer	Specification	Model #	
25174100				

#### **Commodity Line Comments:**

**Extended Description:** 

Roof systems

Date Printed: Oct 14, 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:** 1770803

Doc Description: Mercer County HDQs Roof Replacement

**Reason for Modification:** 

ADDENDUM NO 3

**Vendor Questions and** 

Responses

Attach updated Terms and

Conditions

**Proc Type:** 

Central Purchase Order

**Date Issued Solicitation Closes** 

2025-10-14 13:30

CRFQ

0803

Solicitation No

DOT2600000017

Version

**BID RECEIVING LOCATION** 

**BID CLERK** 

2025-10-08

**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

Address: PO BOX 1231 CHARLESTON, WV 25324

Street: 321 HARRIS DR

City: POCA

Country: USA State: wv

**Zip:** 25159

Principal Contact: DALTON BURCH

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

55-0591156

**DATE** 10/14/2025

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

Date Printed: Oct 8, 2025 FORM ID: WV-PRC-CRFQ-002 2020/05 Page: 1

#### **ADDITIONAL INFORMATION**

ADDENDUM NO\_3

Addendum No\_3 issued to publish and distribute the attached information to the Vendor Community

INVOICE TO		SHIP TO	
DIVISION OF HIGHWAYS		DIVISION OF HIGHWAYS	
DISTRICT TEN		DISTRICT TEN	
270 HARDWOOD LN		270 HARDWOOD LN	
PRINCETON	wv	PRINCETON	WV
us		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Roof systems	1			

ification Model #

#### **Extended Description:**

Roof systems

#### SCHEDULE OF EVENTS

Line	<u>Event</u>	<b>Event Date</b>
1	Pre-Bid - 9:00am 454 New Hope Road , Princeton WV	2025-09-25
2	Tech Questions due by 10:00am	2025-10-03

### REQUEST FOR QUOTATION Roof Replacement

#### EXHIBIT A - Pricing Page

## Removal and Replacement of entire Roofing System at 454 New Hope Road Princeton WV 24740

DATE: 10/14/2025
VENDOR NAME: TRI-STATE ROOFING & SHEET METAL CO OF WV
AUTHORIZED SÍGNATURE: 26, 20th Both
The aforementioned, hereinafter called Vendor, being familiar with and understanding the bidding documents and also having examined the site and being familiar with all local conditions affecting the project hereby proposes to furnish all labor, materials, equipment, supplies, and transportation and to perform all work in accordance with the bidding documents within the time set forth for the sum of:
SQUARE FOOT PRICE FOR REPAIRS:
<b>\$</b> _19.50
BASE BID:
For the lump sum of: \$ 472,557.00
(show amount in numbers)
FOUR HUNDRED SEVENTY-TWO THOUSAND, FIVE HUNDRED FIFTY-SEVEN DOLLAF
(Show amount in words)
(In the event of a difference between written amount and the number amount, the written amount shall govern.)
CONTRACT AWARD:

The Contract shall be awarded to the vendor that provides the lowest overall lump sum cost.

### ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ DOT2600000017

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 the 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.

(Ch	eck the bo	ox next to each addendun	n received	i)	
	[X]	Addendum No. 1	1	}	Addendum No. 6
	[X]	Addendum No. 2	]	]	Addendum No. 7
	[X]	Addendum No. 3	]	]	Addendum No. 8
	[]	Addendum No. 4	]	]	Addendum No. 9
	[]	Addendum No. 5	[	]	Addendum No. 10

Addendum Numbers Received:

I understand that failure to confirm the receipt of the 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.

Company

Authorized Signature

10/14/2025

Date

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

Agency	DOT	
REQ.P.	<b>O#</b> 2600000017	Trails.

#### **BID BOND**

	V 25324 , as Principal, and Travelers Casualty and Surety Company
	corporation organized and existing under the laws of the State of
	, as Surety, are held and firmly bound unto the State
	Amount Bid (\$ 5% of Amount Bid ) for the payment of which,
well and truly to be made, we jointly and severally bind ourselves, o	Jur fields, administrators, executors, successors and assigns.
	and the second s
	ereas the Principal has submitted to the Purchasing Section of the
Department of Administration a certain bid or proposal, attached he CRFQ 0803 DOT2600000017, Mercer County HDQs Roof	
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 enter into a contract in accordance with the bid or proposal
attached hereto and shall furnish any other bonds and insurance r	required by the bid or proposal, and shall in all other respects perform ligation shall be null and void, otherwise this obligation shall remain in
full force and effect. It is expressly understood and agreed that the	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 whi waive notice of any such extension.	ich the Obligee may accept such bid, and said Surety does hereby
WITNESS, the following signatures and seals of Principal	l and Surety, executed and sealed by a proper officer of Principal and
Surety, or by Principal individually if Principal is an individual, this_	14 day of October , 2025 .
Principal Seal	Tri-State Roofing & Sheet Metal Company of WV
	(Name of Principal)
	By Day
	(Must be President, Vice President, or
	Duly Authorized Agent)
	President
	(Title)
Surety Seal	Travelers Casualty and Surety Company of America
	(Name of Surety)
	/, A
	Sand
	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 , West Virginia

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.

Robert L. Raney, Senior Vice President

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



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 bonds, 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 Second Vice President, the Treasurer, any Assistant Treasurer, the 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.

I, 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.

Dated this 14

day of October

2025







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

Bidder's Name: TRI-STATE ROOFING & SHEET METAL CO OF WV					
Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project.					
ubcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.				
	그리고 있다. 그리고 하는 사람들은 사람들이 되었다. 그리고 있는 사람들이 되었다.				

Attach additional pages if necessary

Client#: 645481 LAUREMANAG2

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).

and comments account any rights to the comments hereal		The second secon			
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 COVERAGE	NAIC #			
859 254-8023	INSURER A: Westfield Insurance Company	24112			
INSURED THE COLUMN THE	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:				
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBED:				

	Charleston, WV 25234			INSURER E :					
INSURER F:									
			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 PERIC INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS			
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	CMM5942244			and transport of the same and the same	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$500,000		
						MED EXP (Any one person)	\$10,000 \$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$2,000,000		
	POLICY PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$2,000,000		
	OTHER:						\$		
Α	AUTOMOBILE LIABILITY		CMM5942244	04/30/2025	04/30/2026	(Ed decident)	<sub>\$</sub> 1,000,000		
	X ANY AUTO SCHEDULED					BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS HIRED V NON-OWNED					PROPERTY DAMAGE	\$		
	X AUTOS ONLY X AUTOS ONLY  Drive Oth Car					(Per accident)	\$		
A	X UMBRELLA LIAB X OCCUR		CMM5942244	04/30/2025	04/30/2026	EACH OCCURRENCE	\$5,000,000		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000		
	DED X RETENTION \$0						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N					PER OTH- STATUTE ER			
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$		
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
DE3	SKII HOROF OF ENAMENTS, ESSATIONO, VENIII	SEE (AOONE	o (o), Additional Notice and		, c space o requ				
CE	RTIFICATE 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

Chri P. Barnett

© 1988-2015 ACORD CORPORATION. All rights reserved.



#### 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).

PRODUCER CO								CONTACT Jennifer Drake						
Mountain State Insurance Agency								PHONE (A/C, No, Ext): (304) 720-2000 FAX (A/C, No): (304) 720-2002						
1206 Kanawha Blvd. E.								E-MAIL  ADAIL  Jdrake@mountainstateinsurance.com						
Suite 100								INSURER(S) AFFORDING COVERAGE NAIC #						
Charleston WV 25301-2949								INSURER A: NorthStone Insurance Company						
INSURED								INSURER A: NorthStone Insurance Company 1304 INSURER B:						
Tri-State Roofing & Sheet Metal Co of WV								INSURER C:						
PO Box 1231								INSURER D :						
								INSURER E :						
Charleston WV 25324								INSURER F:						
CO	/ER/	AGES	COMPRESSION CONTRACTOR	CER	TIFIC	ATE	NUMBER: 25 26 TSR W							
T	HIS IS	TO CERTIFY TH	AT T	HE POLICIES OF	NSUF	RANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSUI	AND AND DESCRIPTION OF THE PARTY OF THE PART	CONTROL OF THE PROPERTY OF THE PARTY OF THE	IOD	abonnos indiaminas en expeloramentam apecan exacte de terramenta	
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	1020	IADDLISUBRI					POLICY EFF   POLICY EXP							
LIR		TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
			Г					2.54			EACH OCCURRENCE DAMAGE TO RENTED	\$		
		CLAIMS-MADE	= L	OCCUR							PREMISES (Ea occurrence)	\$		
					pr. 18						MED EXP (Any one person)	\$		
	051	W ACCRECATE LINE	TAD	DI IEO DED							PERSONAL & ADV INJURY	\$		
	GEN	N'LAGGREGATE LIMI	0-	LOC	10.7						GENERAL AGGREGATE	\$		
			CT								PRODUCTS - COMP/OP AGG	\$		
	AUT	OTHER: OMOBILE LIABILITY	,		1/8 %						COMBINED SINGLE LIMIT	\$		
		ANYAUTO									(Ea accident) BODILY INJURY (Per person)	\$		
1		OWNED [		SCHEDULED	14						BODILY INJURY (Per accident)	\$		
		AUTOS ONLY HIRED		AUTOS NON-OWNED	5.7%						PROPERTY DAMAGE	\$		
		AUTOS ONLY		AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB	T	OCCUR							FACIL OCCUPPENCE			
		EXCESS LIAB		CLAIMS-MADE		1					EACH OCCURRENCE	\$		
		DED RETE	NTIO			63					AGGREGATE	\$		
	DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								➤ PER STATUTE ➤ OTH-	WV Co	de 23-4-2			
							View IN			E.L. EACH ACCIDENT	\$ 1,000,000			
A				N/A		WCN6012142		06/01/2025	06/01/2026	E.L. DISEASE - EA EMPLOYEE	1,000,000			
					5 11					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
											E.E. DIOLAGE - FOLIOT LIIVIII	Ψ		
										4				
DES	RIPT	ION OF OPERATION	S/L	OCATIONS / VEHICL	ES (AC	ORD 1	ı 01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)				
선생님 그리는 마시를 가격하는 것이 하는 것이 되었다면 가게 되었다면 하는 사람들이 없어야 되는데 가게 되었다.														
그런 사람들에 가는 사람이 되어 살해서 사용하다고 나는 사람들이 가지는 사람들이 하는 것을 것을 하는 것을 것을 하는 것을 것을 것을 하는 것을														
즐거워 하는데 그렇게 하는데 나는데 사람이 이 이번을 하다면 하는데														
[4] : [4] :														
선생님은 하는 사람들이 살아왔다. 그는 사람들이 되었다면 하는 사람들이 하는 사람들이 되었다면 하는 것이 없었다. 그는 사람들이 살아보는 사람들이 되었다면 하는데 살아보다면														
CERTIFICATE HOLDER CANCELLATION							ELLATION		OR WITH A MANAGEMENT TO THE THE PROPERTY OF TH					
									AND THE RESIDENCE OF THE PROPERTY OF THE PROPE					
											SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER		BEFORE	
Verification of Insurance								ACCORDANCE WITH THE POLICY PROVISIONS.						
[[마다] [[[하다] [[[[[] [[] [[] [[] [[] [[] [[] [[] [[						AUTHORIZED REPRESENTATIVE								
								\ . 0 1						
						Sufulik								
Parameter Street	ALTHOUGH AND AND	The second secon	NAME AND ADDRESS OF THE OWNER, WHEN	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	CALL CONTRACT	CONTRACTOR OF THE		November of the local		The second secon	and the second s	DESCRIPTION OF THE PERSON NAMED IN		

## **CONTRACTOR LICENSE**

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

CTOP LICENSING NUM

HEST VIRGINIA

NUMBER: WV000104

#### 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.



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

STATE OF WEST VRIGNIA
COUNTY OF KANWHA , TO-WIT:
I, WM. DALTON BURCH , after being first duly sworn, depose and state as follows:
1. I am an employee of TRI-STATE ROOFING & SHEET METAL CO OF WW; and, (Company Name)
2. I do hereby attest that TRI-STATE ROOFING & SHEET METAL CO OF WV (Company Name)
maintains a valid written drug free workplace policy and that such policy is in compliance with <b>West Virginia Code</b> §21-1D-5.
The above statements are sworn to under the penalty of perjury.
TRI-STATE ROOFING & SHEET METAL CO OF WV  (Company Name)
By: 2m. Dolla h
Title: WM. DALTON BURCH, SEPL
Date: OCTOBER 14, 2025
Taken, subscribed and sworn to before me this $\underline{14}$ day of $\underline{\text{OCTOBER}, 2025}$ .
By Commission expires MARCH 12, 2029
(Seal)  ELIZABETH HENDERSON Notary Public Official Seal State of West Virginia 3000  (Notary Public)
My Comm. Expires Mar 12, 2029 THIS AFFIDAMATION OF THE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WY CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF
THE BID.  Rev March 2009