The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 1

List View

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 1765457
Procurement Type: Central Purchase Order
Vendor ID: 000000162472
Legal Name: RECLAIM COMPANY LLC
Alias/DBA:
Total Bid: $1,748,000.00
Response Date: 11/05/2025
Response Time: 12:35
Responded By User ID: AMitchell
First Name: Sandeep
Last Name: Eshwaramurthy
Email: sandeep@reclaimco.com
Phone: 304-366-7070

SO Doc Code: CRFQ
SO Dept: 0803
SO Doc ID: DOT2600000027
Published Date: 10/7/25
Close Date: 11/5/25
Close Time: 13:30
Status: Closed
Solicitation Description: 1334 Smith Street Demolition
Total of Header Attachments: 1
Total of All Attachments: 1

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:	1765457
Solicitation Description:	1334 Smith Street Demolition
Proc Type:	Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2025-11-05 13:30	SR 0803 ESR11052500000002960	1

VENDOR

000000162472
RECLAIM COMPANY LLC

Solicitation Number: CRFQ 0803 DOT2600000027

Total Bid: 1748000 **Response Date:** 2025-11-05 **Response Time:** 12:35:26

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Demolition of 1334 Smith St. building structure	1.00000	EA	1698110.000000	1698110.00

Comm Code	Manufacturer	Specification	Model #
72141510			

Commodity Line Comments:

Extended Description:

Demolition of 1334 Smith St. building structure

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Demolition of storage building	1.00000	EA	49890.000000	49890.00

Comm Code	Manufacturer	Specification	Model #
72141510			

Commodity Line Comments:

Extended Description:

Demolition of storage building

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: 1765457 **Doc Description:** 1334 Smith Street Demolition **Proc Type:** Central Purchase Order			**Reason for Modification:**
Date Issued	**Solicitation Closes**	**Solicitation No**	**Version**
2025-10-07	2025-11-05 13:30	CRFQ 0803 DOT2600000027	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 000000162472
Vendor Name : Reclaim Company LLC
Address : 200
Street : 8th street
City : Fairmont
State : WV **Country :** US **Zip :** 26554
Principal Contact : Robert J Williams III
Vendor Contact Phone: 304-366-7070 **Extension:** 209

FOR INFORMATION CONTACT THE BUYER
John W Estep
304-558-2566
john.w.estep@wv.gov

Vendor Signature X Robert J Williams III **FEIN#** 26-0627949 **DATE** 11/4/2025

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

ADDITIONAL INFORMATION

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Division of Highways to establish a contract for the following: Demolition of building structure and storage building at 1334 Smith Street, Charleston, WV 25301 per the attached specifications and terms and conditions.

INVOICE TO		SHIP TO	
DIVISION OF HIGHWAYS		DIVISION OF HIGHWAYS	
DISTRICT ONE HQ		DISTRICT ONE HQ	
1340 SMITH ST		1340 SMITH ST	
CHARLESTON	WV	CHARLESTON	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Demolition of 1334 Smith St. building structure	1.00000	EA	$1,698,110	$1,698,110.00

Comm Code	Manufacturer	Specification	Model #
72141510			

Extended Description:
Demolition of 1334 Smith St. building structure

INVOICE TO		SHIP TO	
DIVISION OF HIGHWAYS		DIVISION OF HIGHWAYS	
DISTRICT ONE HQ		DISTRICT ONE HQ	
1340 SMITH ST		1340 SMITH ST	
CHARLESTON	WV	CHARLESTON	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Demolition of storage building	1.00000	EA	$49,890.00	$49,890.00

Comm Code	Manufacturer	Specification	Model #
72141510			

Extended Description:
Demolition of storage building

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Mandatory Pre-Bid at 9:00am	2025-10-14
2	Questions due by 2:30pm	2025-10-22

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

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: 1765457 **Doc Description:** 1334 Smith Street Demolition **Proc Type:** Central Purchase Order			**Reason for Modification:**
Date Issued	**Solicitation Closes**	**Solicitation No**	**Version**
2025-10-07	2025-11-05 13:30	CRFQ 0803 DOT2600000027	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 000000162472
Vendor Name : Reclaim Company LLC
Address : 200
Street : 8th street
City : Fairmont
State : WV **Country :** US **Zip :** 26554
Principal Contact : Robert J Williams III
Vendor Contact Phone: 304-366-7070 **Extension:** 209

FOR INFORMATION CONTACT THE BUYER
John W Estep
304-558-2566
john.w.estep@wv.gov

Vendor Signature X  **FEIN#** 26-0627949 **DATE** 11/4/2025

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

ADDITIONAL INFORMATION

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Division of Highways to establish a contract for the following: Demolition of building structure and storage building at 1334 Smith Street, Charleston, WV 25301 per the attached specifications and terms and conditions.

INVOICE TO		SHIP TO	
DIVISION OF HIGHWAYS		DIVISION OF HIGHWAYS	
DISTRICT ONE HQ		DISTRICT ONE HQ	
1340 SMITH ST		1340 SMITH ST	
CHARLESTON	WV	CHARLESTON	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Demolition of 1334 Smith St. building structure	1.00000	EA	$1,698,110	$1,698,110.00

Comm Code	Manufacturer	Specification	Model #
72141510			

Extended Description:
Demolition of 1334 Smith St. building structure

INVOICE TO		SHIP TO	
DIVISION OF HIGHWAYS		DIVISION OF HIGHWAYS	
DISTRICT ONE HQ		DISTRICT ONE HQ	
1340 SMITH ST		1340 SMITH ST	
CHARLESTON	WV	CHARLESTON	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Demolition of storage building	1.00000	EA	$49,890.00	$49,890.00

Comm Code	Manufacturer	Specification	Model #
72141510			

Extended Description:
Demolition of storage building

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Mandatory Pre-Bid at 9:00am	2025-10-14
2	Questions due by 2:30pm	2025-10-22

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Reclaim 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.
Reclaim self performing the entire project	WV-042918

Attach additional pages if necessary

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) Robert J Williams III, President

(Address) 200,8th street, Fairmont,WV-26554

(Phone Number) / (Fax Number) 304-366-7070/304-816-0194

(email address) sandeep@reclaimco.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through *wv*OASIS, 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.

Reclaim Company LLC

(Company)

(Signature of Authorized Representative)

Robert J Williams III/ president, 11/4/2025

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

(304-366-7070)(304-816-0194)

(Phone Number) (Fax Number)

sandeep@reclaimco.com

(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.:

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

None Received

- ☐ Addendum No. 1
- ☐ Addendum No. 2
- ☐ Addendum No. 3
- ☐ Addendum No. 4
- ☐ Addendum No. 5
- ☐ Addendum No. 6
- ☐ Addendum No. 7
- ☐ Addendum No. 8
- ☐ Addendum No. 9
- ☐ 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.

Reclaim Company LLC

Company

Authorized Signature

11/4/2025

Date

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

EXHIBIT A – Pricing Page

EXHIBIT A-PRICING PAGE

DATE: 11/4/2025

NAME OF VENDOR: Reclaim Company LLC

The aforementioned, hereinafter called Vendor, being familiar with and understanding the Bidding Documents and having examined the sites and being familiar with all local conditions affecting the project hereby proposes to furnish all labor, material, equipment, supplies and transportation and to perform all Work in accordance with the Bidding Documents within the time set forth for the sum of:

TOTAL BID AMOUNT: One Million Seven Hundred Forty Eight Thousand Dollars

For the sum of: $ 1,748,000.00

(Show amount in both words and numbers)

Agency Division of Highways
REQ.P.O# CRFQ 0803 DOT2600000027

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Reclaim Company, LLC of 200 8th Street, Fairmont, WV 26554, as Principal, and FCCI Insurance Company of 6300 University Pkwy Sarasota, FL 34240, a corporation organized and existing under the laws of the State of Florida with its principal office in the City of Sarasota, as Surety, are held and firmly bound unto the State of West Virginia, as Obligee, 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 Demolition of 1334 Smith Street and Storage Building, 1334 Smith Street, Charleston, WV 25301

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 Obligee 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 5th day of November, 20 25.

Principal Seal

Reclaim Company, LLC
(Name of Principal)

By _____
(Must be President, Vice President, or Duly Authorized Agent)

President/Managing Member
(Title)

FCCI Insurance Company
(Name of Surety)

_____
Cheri L. Ritz 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.

FCCI INSURANCE GROUP

GENERAL POWER OF ATTORNEY

Know all men by these presents: That the FCCI Insurance Company, a Corporation organized and existing under the laws of the State of Florida (the "Corporation") does make, constitute and appoint:

Joshua Restauri; Wendy A. Bright; Barbara A. Leeper; Patti K. Lindsey; William M. Chapman; Giavonna D. Tavella; Madeline P. Recktenwald; Pamela M. Anderson; Natasha Kerr; Cheri L. Ritz; Krista M. Nagy; Kailee M. Rousseau; Gracie O. Lowden; Nicholas A. Burke; Matthew M. Eperesi

Each, its true and lawful Attorney-In-Fact, to make, execute, seal and deliver, for and on its behalf as surety, and as its act and deed in all bonds and undertakings provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the sum of (not to exceed $40,000,000.00): $40,000,000.00

This Power of Attorney is made and executed by authority of a Resolution adopted by the Board of Directors. That resolution also authorized any further action by the officers of the Company necessary to effect such transaction.

The signatures below and the seal of the Corporation may be affixed by facsimile, and any such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached.

In witness whereof, the FCCI Insurance Company has caused these presents to be signed by its duly authorized officers and its corporate Seal to be hereunto affixed, this 20th day of December, 2024.

Attest: Christina D. Welch

Christina D. Welch, President
FCCI Insurance Company

FCCI INSURANCE COMPANY CORPORATE SEAL FLORIDA

Christopher Shoucair,
EVP, CFO, Treasurer, Secretary
FCCI Insurance Company

State of Florida
County of Sarasota

Before me this day personally appeared Christina D. Welch, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2027

NOTARY PUBLIC STATE OF FLORIDA
PEGGY SNOW
Commission # HH 326535
Expires February 27, 2027

Peggy Snow
Notary Public

State of Florida
County of Sarasota

Before me this day personally appeared Christopher Shoucair, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2027

NOTARY PUBLIC STATE OF FLORIDA
PEGGY SNOW
Commission # HH 326535
Expires February 27, 2027

Peggy Snow
Notary Public

CERTIFICATE

I, the undersigned Secretary of FCCI Insurance Company, a Florida Corporation, DO HEREBY CERTIFY that the foregoing Power of Attorney remains in full force and has not been revoked; and furthermore that the February 27, 2020 Resolution of the Board of Directors, referenced in said Power of Attorney, is now in force.

Dated this 5th day of November, 2025

Christopher Shoucair, EVP, CFO, Treasurer, Secretary
FCCI Insurance Company

WV-73
Approved / April 30, 2020

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

I, Robert J Williams III, after being first duly sworn, depose and state as follows:

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

2. I do hereby attest that Reclaim 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: Robert J Williams III

Signature: Robert J Williams III

Title: President

Company Name: Reclaim Company LLC

Date: 11/4/2025

STATE OF WEST VIRGINIA,

COUNTY OF Marion, TO-WIT:

Taken, subscribed and sworn to before me this 4th day of November, 2025.

By Commission expires May 28, 2029

(Seal)

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
Eliza Cercone-VanGilder
Reclaim Company
200 8th Street, Fairmont, WV 26554
My Commission Expires May 28, 2029

Eliza Cercone-VanGilder
(Notary Public)

Rev. July 7, 2017

RFQ No. CRFQ 0803 DOT2

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Reclaim Company LLC

Authorized Signature: _____ Date: 11/4/25

State of West Virginia

County of Marion, to-wit:

Taken, subscribed, and sworn to before me this 4th day of October, 2025.

My Commission expires May 28, 2029.

AFFIX SEAL HERE

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
Eliza Cercone-VanGilder
Reclaim Company
200 8th Street, Fairmont, WV 26554
My Commission Expires May 28, 2029

NOTARY PUBLIC _____

State of West Virginia

Bureau for Public Health
Office of Environmental Health Services
Radiation, Toxics and Indoor Air Division

This is to certify that

RECLAIM COMPANY, LLC
200 8TH STREET
FAIRMONT, WV 26554

Has complied with Chapter 16, Article 32, of the Asbestos Abatement Licensing Rules and Regulations and is hereby licensed as an Asbestos Contractor.

Asbestos Contractor Number:

AC002704

Issued: **01/03/2025** ***Expires:*** **01/31/2026**

Jason Frame

Jason Frame, Director
Office of Environmental Health Services

CONTRACTOR LICENSE

AUTHORIZED BY THE

West Virginia Contractor Licensing Board

NUMBER: WV042918

CLASSIFICATION:

GENERAL ENGINEERING
SPECIALTY
DEMOLITION

RECLAIM COMPANY LLC
DBA RECLAMATION COMPANY
PO BOX 2162
FAIRMONT, WV 26555

DATE ISSUED	EXPIRATION DATE
AUGUST 21, 2025	AUGUST 21, 2026

Authorized Signature

Chair, West Virginia Contractor Licensing Board

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
STATE TAX DEPARTMENT
BUSINESS REGISTRATION CERTIFICATE

ISSUED TO:
RECLAIM COMPANY LLC
DBA RECLAMATION CO
200 8TH ST
FAIRMONT, WV 26554-5113

BUSINESS REGISTRATION ACCOUNT NUMBER: **2003-0503**

This certificate is issued on: **01/29/2019**

This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code.

The person or organization identified on this certificate is registered to conduct business in the State of West Virginia at the location above.

This certificate is not transferable and must be displayed at the location for which issued.

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them. CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

atL006 v.19
L0996453824

RECLCOM-02 RGARZA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/7/2024

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	CONTACT NAME: Rebecca R. Garza	
Blue Ridge Risk Partners, LLC 1120 C Professional Court Hagerstown, MD 21740	PHONE (A/C, No, Ext): (304) 848-6767	FAX (A/C, No): (301) 791-1478
	E-MAIL ADDRESS: Rebecca.Garza@BlueRidgeRiskPartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Starr Surplus Lines Insurance Company	13604
INSURED	INSURER B : Motorists Mutual Ins. Co.	14621
Reclaim Company, LLC PO Box 2162 Fairmont, WV 26555	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			1000067879241	11/7/2024	11/7/2025	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:						EMPLOYEE BENEFI	$ 1,000,000
B	AUTOMOBILE LIABILITY			5002335177	11/7/2024	11/7/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR			1000338006241	11/7/2024	11/7/2025	EACH OCCURRENCE	$ 10,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $						Aggregate	$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			1000067879241	11/7/2024	11/7/2025	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	GL, Prof, & Poll Lia			1000067879241	11/7/2024	11/7/2025	Each Incident	1,000,000

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

***Professional Liability: $2,000,000 Aggregate applies
***Leased and Rented Equipment Limit: $1,000,000
***Leased and Rented Vehicle - Hired Physical Damage Limit $100,000
***Motor Truck Cargo Coverage $500,000 w/$2,500 Deductible
***Blanket 60 Day NOC applies
***Stop Gap Liability for Ohio only: $1,000,000 each accident/each employee/policy limit
***$10mil Excess Liability Umbrella "LEAD "Policy # 1000338006221 that goes over/follows the following forms: General Liability, Professional Liability,
SEE ATTACHED ACORD 101

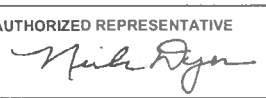
CERTIFICATE HOLDER

For Bidding Purposes Only

CANCELLATION

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



AGENCY CUSTOMER ID: RECLCOM-02 RGARZA

LOC #: 0

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Blue Ridge Risk Partners, LLC		Reclaim Company, LLC PO Box 2162 Fairmont, WV 26555
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1	SEE P 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Pollution Liability, Automobile Liability, & Stop Gap Liability for Ohio.

Proof of Liability Coverage

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/22/2025

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 WesBanco Insurance Services 2100 National Road Wheeling WV 26003	**CONTACT NAME:** Barbara Eikleberry **PHONE (A/C, No, Ext):** (304) 234-6100 **FAX (A/C, No):** (304) 234-6102 **E-MAIL ADDRESS:** Barbara.Eikleberry@wesbanco.com
INSURED Reclaim Company LLC; Weswater Capital, LLC PO Box 2162 Fairmont WV 26555	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Pinnacle Point Ins Co / 15137 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 25/26 Master **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WCP7008711	08/20/2025	08/20/2026	☒ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

CERTIFICATE HOLDER

' BID PURPOSE ONLY '

CANCELLATION

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

Barbara Eikleberry