



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 @ 2

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

Procurement Folder: 1699433

Procurement Type: Central Purchase Order

Vendor ID: VS0000041896

Legal Name: NAIL CITY PAINTING LLC

Alias/DBA:

Total Bid: \$55,950.00

Response Date: 07/29/2025

Response Time: 11:11

Responded By User ID: nailcitypainting

First Name: Kyle

Last Name: Kinkead

Email: nailcitypainting@gmail.com

Phone: 8143895854

SO Doc Code: CRFQ

SO Dept: 1400

SO Doc ID: AGR2600000004

Published Date: 7/29/25

Close Date: 8/5/25

Close Time: 13:30

Status: Closed

Solicitation Description: Sealing of 110,000 sq ft Parking lot

Total of Header Attachments: 2

Total of All Attachments: 2



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: 1699433
Solicitation Description: Sealing of 110,000 sq ft Parking lot
Proc Type: Central Purchase Order

| Solicitation Closes | Solicitation Response | Version |
|---------------------|------------------------------|---------|
| 2025-08-05 13:30 | SR 1400 ESR07292500000000468 | 1 |

VENDOR
VS0000041896
NAIL CITY PAINTING LLC

Solicitation Number: CRFQ 1400 AGR2600000004
Total Bid: 55950
Response Date: 2025-07-29
Response Time: 11:11:08
Comments:

FOR INFORMATION CONTACT THE BUYER
James W Atkins
(304) 558-0094
james.w.atkins@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 | Sealing of 110,000 sq ft Parking Lot | | | | 55950.00 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 72153702 | | | |

Commodity Line Comments:

Extended Description:

See attached documentation for further details.



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: 1699433 | | | Reason for Modification: |
| Doc Description: Sealing of 110,000 sq ft Parking lot | | | |
| Proc Type: Central Purchase Order | | | |
| Date Issued | Solicitation Closes | Solicitation No | Version |
| 2025-07-11 | 2025-08-05 13:30 | CRFQ 1400 AGR2600000004 | 1 |

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: *VS 00000 41896*
Vendor Name: *Nail City Painting LLC*
Address: *400*
Street: *S. Front St.*
City: *Wheeling*
State: *WV* Country: *26003* Zip: *USA*
Principal Contact: *Kyle Kincaid*
Vendor Contact Phone: *814-389-5854* Extension: *n/a*

FOR INFORMATION CONTACT THE BUYER

James W Atkins
(304) 558-0094
james.w.atkins@wv.gov

Vendor
Signature X

FEIN# *84-4521605*

DATE *07/24/2025*

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

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Nail City Painting 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. |
|--------------------|---|
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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) Kyle Kinkead - owner
 (Address) 400 S. Front St., Wheeling, WV 26003
 (Phone Number) / (Fax Number) 814-389-5854
 (email address) nailcitypainting@gmail.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.

Nail City Painting LLC
 (Company)

(Signature of Authorized Representative)

Kyle Kinkead - owner - 07/24/2025
 (Printed Name and Title of Authorized Representative) (Date)

814-389-5854
 (Phone Number) (Fax Number)

nailcitypainting@gmail.com
 (Email Address)

REQUEST FOR QUOTATION
Sealing Asphalt Parking Lot

- 11.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.
- 11.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
- 11.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
- 11.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
- 11.5. Vendor shall inform all staff of Agency's security protocol and procedures.

12. MISCELLANEOUS:

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

Contract Manager: Kyle Kintad

Telephone Number: 814 - 389-5854

Fax Number: n/a

Email Address: nailcitypainting@gmail.com

REQUEST FOR QUOTATION
Sealing Asphalt Parking Lot

EXHIBIT A – Pricing Page

ALL LABOR, MATERIALS, EQUIPMENT, AND SUPPLIES NECESSARY FOR SEALING ASPHALT PARKING LOT
LOCATED AT:

FOOD DISTRIBUTION WAREHOUSE 4496 CEDAR LAKES DRIVE
RIPLEY, WV 25271 (JACKSON COUNTY)

BID FORM

The undersigned, hereafter called the Bidder, being familiar with and understanding the bidding documents; and being familiar with the site and all local conditions affecting the project, hereby proposes to furnish labor, material, equipment, supplies, and transportation to perform the work as described in the bidding documents.

Name of Bidder: Nail City Painting LLC
Bidders Address: 400 S. Front St.
City Wheeling State WV Zip 26003
Telephone: 814-389-5854
Fax Number: n/a
Email: nailcitypainting@gmail.com
Contractor's License No.: WV060256

CONTRACT GRAND TOTAL: Sealing Asphalt Parking Lot

For the Sum of: Fifty-five thousand nine-hundred fifty + $\frac{2}{100}$
(Show amount in words)
(\$ 55,950.00) (Show amount in numbers)

*** (Contract bid to be written in words and numbers.)

[Signature] 07/24/2025
Signature Date
Printed Name: Kyle Kinkad
Title: Owner

Failure to use this bid form may result in bid disqualification.



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

I, Kyle Kintad, after being first duly sworn, depose and state as follows:

1. I am an employee of Nail City Painting LLC; and,
(Company Name)
2. I do hereby attest that Nail City Painting 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: Kyle Kintad

Signature: [Signature]

Title: owner

Company Name: Nail City Painting LLC

Date: 07/28/2025

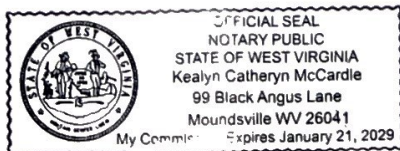
STATE OF WEST VIRGINIA,

COUNTY OF Ohio, TO-WIT:

Taken, subscribed and sworn to before me this 23 day of July, 2025.

By Commission expires Jan 21 2029

(Seal)



[Signature]
(Notary Public)

Selective Insurance Company of America
40 Wantage Avenue
Branchville, New Jersey 07890
973-948-3000

Bond No. **B 1337633**

BID BOND

KNOW ALL MEN BY THESE PRESENTS:

That Nail City Painting, LLC
400 S. Front Street Wheeling, WV 26003 (hereinafter called the Principal)
as Principal, and the SELECTIVE INSURANCE COMPANY OF AMERICA, a corporation created and existing under
the laws of the State of New Jersey, with its principal office in Branchville, New Jersey (hereinafter called the Surety),
as Surety, are held and firmly bound unto **WV Department of Agriculture Food Distribution**
4496 Cedar Lakes Drive Ripley, WV 25271 (hereinafter called the Obligor)
in the full and just sum of _____ % Percent of Total Bid Amount _____ Dollars
(\$ _____ %) good and lawful money of the United States of America, to the payments of which sum of
money well and truly to be made, the said Principal and Surety bind themselves, their and each of their heirs, executors,
administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed, sealed and dated this 24th day of July, 2025 A.D.

THE CONDITION OF THIS OBLIGATION IS SUCH, That, if the Obligor shall make any award within 60 days to
the Principal for
Sealing of Parking Lot

according to the terms of the proposal or bid made by the Principal therefor, and the Principal shall duly make and
enter into a contract with the Obligor in accordance with the terms of said proposal or bid and award and shall give
bond for the faithful performance thereof with Surety or Sureties approved by the Obligor; or if the Principal shall,
in case of failure so to do, pay to the Obligor the damages which the Obligor may suffer by reason of such failure, not
exceeding the penalty of this bond, then this obligation shall be null and void; otherwise it shall be and remain in full
force and effect.

When this Bond has been furnished to comply with a statutory, regulatory or other legal requirement in the location where
the construction is to be performed, any provision in this Bond conflicting with said statutory, regulatory or legal
requirement shall be deemed deleted from this form and provisions conforming to such statutory, regulatory or other
legal requirement shall be deemed incorporated herein. The intent is that this Bond shall be construed as a statutory
bond and not as a common-law bond.

In Testimony Whereof, the Principal and Surety have caused these presents to be duly signed and sealed.

Nail City Painting, LLC

WITNESS:

Kyle Kinkaid, PRINCIPAL

By: [Signature] (SEAL)

(If individual or firm)

ATTEST:

(If Corporation)

SELECTIVE INSURANCE COMPANY OF AMERICA, SURETY

By: Shelli Kobasko
Shelli Kobasko, Attorney-in-fact

POWER OF ATTORNEY

SELECTIVE INSURANCE COMPANY OF AMERICA, a New Jersey corporation having its principal office at 40 Wantage Avenue, in Branchville, State of New Jersey ("SICA"), pursuant to Article VII, Section 1 of its By-Laws, which state in pertinent part:

The Chairman of the Board, President, Chief Executive Officer, any Executive Vice President, any Senior Vice President or any Corporate Secretary may, from time to time, appoint attorneys in fact, and agents to act for and on behalf of the Corporation and they may give such appointee such authority, as his/her certificate of authority may prescribe, to sign with the Corporation's name and seal with the Corporation'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 may, at any time, remove any such appointee and revoke the power and authority given him/her.

does hereby appoint: **Shelli Kobasko**

, its true and lawful attorney(s)-in-fact, full authority to execute on SICA's behalf fidelity and surety bonds or undertakings and other documents of a similar character, including but not limited to Proposal Bonds, Letters of Surety, and Consents of Surety, issued by SICA in the course of its business, and to bind SICA thereby as fully as if such instruments had been duly executed by SICA's regularly elected officers at its principal office, in amounts or penalties not exceeding the sum of:

Five Hundred Thousand Dollars (\$500,000.00)

. This certifies that this Power of Attorney is in full force and effect as of the date of said fidelity and surety bonds or undertakings and other documents of a similar character, including but not limited to Proposal Bonds, Letters of Surety, and Consents of Surety.

Signed this 24th day of July, 2025

SELECTIVE INSURANCE COMPANY OF AMERICA

By:

Brian C. Sarisky
Brian C. Sarisky

Its SVP, Chief Underwriting Officer, Commercial Lines



STATE OF NEW JERSEY :

:ss. **Branchville**

COUNTY OF SUSSEX :

On this 24th day of July, 2025 before me, the undersigned officer, personally appeared Brian C. Sarisky, who acknowledged himself to be the Sr. Vice President of SICA, and that he, as such Sr. Vice President, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as Sr. Vice President and that the same was his free act and deed and the free act and deed of SICA.



Christine Marie Lawson
Notary Public



The power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of SICA at a meeting duly called and held on the 6th of February 1987, to wit:

"RESOLVED, the Board of Directors of Selective Insurance Company of America authorizes and approves the use of a facsimile corporate seal, facsimile signatures of corporate officers and notarial acknowledgements thereof on powers of attorney for the execution of bonds, recognizances, contracts of indemnity and other writing obligatory in the nature of a bond, recognizance or conditional undertaking."

CERTIFICATION

I do hereby certify as SICA's Corporate Secretary that the foregoing extract of SICA's By-Laws and Resolution are still in force and effect and this Power of Attorney issued pursuant to and in accordance with the By-Laws is valid.

Signed this 24th day of July, 2025

Michael H. Lanza
Michael H. Lanza, SICA Corporate Secretary





Selective Insurance Company of America
40 Wantage Avenue
Branchville, New Jersey 07890
973-948-3000

Bond No. B 1337633

STATEMENT OF FINANCIAL CONDITION

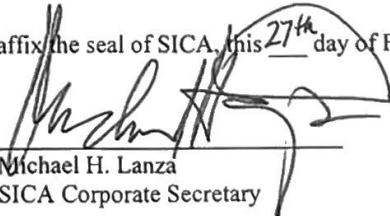
I hereby certify that the following information is contained in the Annual Statement of Selective Insurance Company of America ("SICA") to the New Jersey Department of Banking and Insurance as of December 31, 2024:

| <u>ADMITTED ASSETS (in thousands)</u> | | <u>LIABILITIES AND SURPLUS (in thousands)</u> | |
|--|-------------|--|-------------|
| Bonds | \$2,415,998 | Reserve for losses and loss expenses | \$1,772,537 |
| Preferred stocks at convention value | 16,462 | Reserve for unearned premiums | 761,885 |
| Common stocks at convention values | 87,571 | Provision for unauthorized reinsurance | 1,111 |
| Subsidiary common stock at convention values | 0 | Commissions payable and contingent commissions | 51,956 |
| Short-term investments | 226,444 | Other accrued expenses | 30,452 |
| Mortgage loans on real estate (including collateral loans) | 131,381 | Other liabilities | 595,888 |
| Other invested assets | 237,682 | Total liabilities | 3,213,829 |
| Interest and dividends due or accrued | 24,364 | | |
| Premiums receivable | 724,457 | Surplus as regards policyholders | 997,473 |
| Other admitted assets | 346,943 | | |
| Total admitted assets | 4,211,302 | Total liabilities and surplus as regards policyholders | 4,211,302 |

I further certify that the following is a true and exact excerpt from Article VII, Section 1 of the By-Laws of SICA, which is still valid and existing.

The Chairman of the Board, President, Chief Executive Officer, any Executive Vice President, any Senior Vice President or any Corporate Secretary may, from time to time, appoint attorneys in fact, and agents to act for and on behalf of the Corporation and they may give such appointee such authority, as his/her certificate of authority may prescribe, to sign with the Corporation's name and seal with the Corporation'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 may, at any time, remove any such appointee and revoke the power and authority given him/her.

IN WITNESS WHEREOF, I hereunto subscribe my name and affix the seal of SICA, this 27th day of February, 2025.


Michael H. Lanza
SICA Corporate Secretary


STATE OF NEW JERSEY :

:ss. Branchville

COUNTY OF SUSSEX :

On this 27th day of FEBRUARY 2025, before me, the undersigned officer, personally appeared Michael H. Lanza, who acknowledged himself to be the Corporate Secretary of SICA, and that he, as such Corporate Secretary, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as Corporate Secretary.




Christine Marie Lawson
Notary Public
My Commission Expires:

CHRISTINE MARIE LAWSON
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES APRIL 15, 2029
COMMISSION: #2312839

SURETY DISCLOSURE STATEMENT AND CERTIFICATION

Selective Insurance Company of America, surety on the attached bond, hereby certifies the following:

(1) The surety meets the applicable capital and surplus requirements of R.S.17:17-6 or R.S.17:17-7 as of the surety's most current annual filing with the New Jersey Department of Banking and Insurance.

(2) The capital and surplus, as determined in accordance with the applicable laws of the State of New Jersey, of the surety issuing the attached bond are in the following amounts as of the calendar year ended December 31, 2023, which amounts have been certified by certified public accountants:

| <u>Company</u> | <u>Capital</u> | <u>Surplus</u> | <u>CPA</u> |
|---|----------------|----------------|---|
| Selective Insurance Company of America | \$4,400,000 | \$938,765,178 | KPMG LLP 345 Park Avenue New York, NY 10154 |

(3) With respect to the surety issuing the attached bond that has received from the United States Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. sec 9305, the underwriting limitation established therein and the date as of which the limitation was effective is as follows:

| <u>Company</u> | <u>Underwriting Limitation</u> | <u>Effective Date</u> |
|---|--------------------------------|-----------------------|
| Selective Insurance Company of America | \$93,877,000 | July 1, 2024 |

(4) The amount of the bond to which this statement and certification is attached is
\$ 500,000.00 .

CERTIFICATE

(To be completed by an authorized certifying agent/officer for each surety on the bond)

I, Timothy A. Marchio, as Vice President, Bond SBU for Selective Insurance Company of America, a corporation domiciled in New Jersey, DO HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true, and ACKNOWLEDGE that, if any of those statements are false, this bond is VOIDABLE.



(Signature of certifying agent/officer)

Timothy A. Marchio

(Printed name of certifying agent/officer)

Vice President, Bond SBU

(Title of certifying agent/officer)

Dated: 07/24/2025
(month, day, year)



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV060256

CLASSIFICATION:

SPECIALTY
PAINTING

NAIL CITY PAINTING LLC
400 S FRONT ST
WHEELING, WV 26003

DATE ISSUED

NOVEMBER 12, 2024

EXPIRATION DATE

NOVEMBER 12, 2025

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/07/2024

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 Glessner Wharton & Andrews Insurance, LLC 2084 National Road Wheeling WV 26003 | CONTACT NAME: Shelli Kobasko PHONE (A/C, No, Ext): (304) 243-9071 E-MAIL: shelli@gwainsurance.com ADDRESS: shelli@gwainsurance.com | FAX (A/C, No): (304) 243-9073 |
| INSURED Nail City Painting, LLC 400 South Front Street Wheeling WV 26003 | INSURER(S) AFFORDING COVERAGE INSURER A: National American Insurance Company INSURER B: Brckstreet INSURER C: INSURER D: INSURER E: INSURER F: | NAIC # 23663 15762 |

COVERAGES

CERTIFICATE NUMBER: CL2491014774

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 INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER | | MP42130147 | 10/15/2024 | 10/15/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 | <input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | MP42130147 | 10/15/2024 | 10/15/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ | | MB68890147 | 10/15/2024 | 10/15/2025 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| B | 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 Y N/A | WCN6007722 | 10/15/2024 | 10/15/2025 | <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)

Evidence of Coverage

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage

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

SGC