



### Singer Sheet Metal Company Inc.

510 East Street  
Parkersburg, WV 26101  
Phone: (304)422-5495  
Fax: (304)424-6026  
E-mail: lenny@singersheetmetal.com

|   |                                    |
|---|------------------------------------|
| <b>TO:</b> State Of West Virginia                   | <b>From:</b> Lenny Barker          |
| <b>Attention :</b> Purchasing Division<br>Ron Price | <b>Date :</b> 03/14/07             |
| <b>FAX # :</b> 1-304-558-3970                       | <b>Re-guarding:</b> RFQ # COR61333 |

URGENT

PLEASE REVIEW

REPLY ASAP

FOR YOUR INFORMATION

**TOTAL NUMBER OF PAGES TO INCLUDE COVER SHEET: 16**

**COMMENTS:**

Following this cover sheet is a copy of the FRQ # COR61333 and bid bond.  
The original will be delivered tomorrow by FedEx. Thank you.

Sincerely

Lenny Barker

RECEIVED  
2007 MAR 14 P 12:32  
PURCHASING DIVISION  
STATE OF WV

# CLASSIC

CONSTRUCTION CO. INC

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March 14, 2007

Division Of Corrections  
617 Leon Sullivan Way  
Charleston, WV 25301

RE: Huntington Work Release Center  
1236 Fifth Avenue  
Huntington, WV 25701  
RFQ # COR61333  
Attention: Rick Smith

Dear Mr Smith,

Thank you for the opportunity to provide you with a quotation on the work as noted. The following quote is based on furnishing all labor, material, equipment, etc, to complete the project as described in the specification document provided by the purchasing division

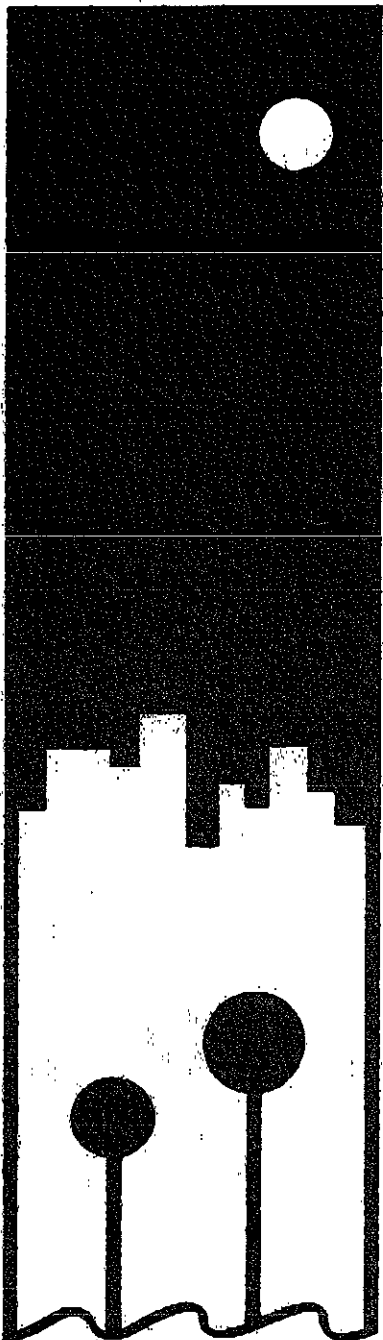
**TOTAL QUOTATION.....65,892.00**

Thank you

Phillip Skeens, II  
Estimator  
PS/mm

**TO ACCEPT THIS CONTRACT, PLEASE SIGN AND DATE BELOW:**

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**WEST VIRGINIA  
CONTRACTOR  
LICENSING  
BOARD**

# CONTRACTOR LICENSE

Authorized by the  
**West Virginia Contractor Licensing Board**

**Number:** WV001351

**Classification:**

- ELECTRICAL
- GENERAL BUILDING
- HEATING, VENTILATING & COOLING
- MULTIFAMILY
- PLUMBING
- RESIDENTIAL
- PAINTING
- CONCRETE
- SPECIALTY
- ROOFING
- SIDING

CLASSIC CONSTRUCTION CO  
1403 8TH AVE  
HUNTINGTON, WV 25701-2921

**Date Issued**

AUGUST 14, 2006

**Expiration Date**

AUGUST 14, 2007

*Benny Ward*  
Authorized Company Signature

*Michael A. Carl*  
Chair, West Virginia Contractor  
Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where 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 cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/10/2006

PRODUCER (304)736-2222 FAX (304)733-1234  
Insurance Systems, Inc  
PO Box 588  
Ona, WV 25545

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

| INSURERS AFFORDING COVERAGE         | NAIC # |
|-------------------------------------|--------|
| INSURER A: Cincinnati Insurance Co. |        |
| INSURER B:                          |        |
| INSURER C:                          |        |
| INSURER D:                          |        |
| INSURER E:                          |        |

Insured **Classic Construction Company**  
1403 8th Avenue  
Huntington, WV 25701

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CLASSIFICATION | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS   |
|----------------|--|---------------|------------------------------------|-------------------------------------|--|
| A              | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLASSIC MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L. AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | CPP 0881841   | 04/28/2006                         | 04/28/2007                          | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED EQUIPMENT (20 commercial) \$ 500,000<br>MED EXP (per one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|                | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  | CAA 5323395   | 04/28/2006                         | 04/28/2007                          | COMBINED SINGLE LIMIT (20 accidents) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|                | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |               |                                    |                                     | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY: EA ACC \$<br>AGG \$  |
| A              | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br>RETENTION \$   | CPP 0881841   | 04/28/2006                         | 04/28/2007                          | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000   |
| A              | <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below<br>OTHER  | CPP 0881841   | 04/28/2006                         | 04/28/2007                          | <input type="checkbox"/> WE STATE THIS LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Evidence of Insurance. West Virginia Workers Compensation not included.

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL Endeavor TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE ISSUER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Arch Keller



**PRODUCER:**

BrickStreet Mutual Insurance Company  
4700 MacCorkle Ave., S.E.  
Charleston, WV 25304

**CERTIFICATE HOLDER:**

CLASSIC CONSTRUCTION COMPANY INC  
CLASSIC CONSTRUCTION CO  
1403 8TH AVENUE  
HUNTINGTON WV 25701-2921

**INSURED:**

CLASSIC CONSTRUCTION COMPANY INC  
CLASSIC CONSTRUCTION CO  
1403 8TH AVENUE  
HUNTINGTON WV 25701-2921

**CERTIFICATE OF INSURANCE**

The policy of insurance listed below has been issued to the insured named above for the policy period and coverage indicated. This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below. Coverage is contingent on the insured's compliance with policy conditions and premium payment.

If the policy is canceled before the expiration date, BrickStreet Mutual Insurance Company will endeavor to mail a written notice to the certificate holder within 30 days of cancelation. Failure to mail the notice shall impose no obligation or liability of any kind upon BrickStreet Mutual Insurance Company.

**POLICY NUMBER: WC10008901-03**

**DATE CERTIFICATE ISSUED: 12/21/2006**

**POLICY EFFECTIVE DATE: 1/1/2007**

**POLICY EXPIRATION DATE: 7/16/2007**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**LIMITS / COVERAGE**

**WORKERS COMPENSATION - STATUTORY LIMITS**

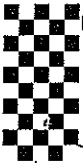
**EMPLOYERS LIABILITY LIMITS:**

|                                   |                     |                      |
|-----------------------------------|---------------------|----------------------|
| <b>BODILY INJURY BY ACCIDENT:</b> | <b>\$100,000.00</b> | <b>EACH ACCIDENT</b> |
| <b>BODILY INJURY BY DISEASE:</b>  | <b>\$500,000.00</b> | <b>POLICY LIMIT</b>  |
| <b>BODILY INJURY BY DISEASE:</b>  | <b>\$100,000.00</b> | <b>EACH EMPLOYEE</b> |

**WV BROAD FORM EMPLOYERS LIABILITY ENDORSEMENT -  
COVERAGE FOR WV CODE 23-4-2(d)(2)(ii)**

**FEDERAL COAL MINE HEALTH AND SAFETY ACT COVERAGE ENDORSEMENT -  
COVERAGE FOR WV CODE 23-4b-1 - FEDERAL BLACK LUNG COVERAGE**

**SPECIAL PROVISIONS IF ANY:**



*Huntington Work/Study Release Center  
 1236 5<sup>th</sup> Avenue  
 Huntington WV 25701  
 Phone: 304-529-6885 Fax: 304-529-0205*

**FAX COVER SHEET**

|        |             |
|--------|-------------|
| DATE:  | 3/14/07     |
| TO:    | John Abbott |
| FAX #: | 558-3970    |
| FROM:  | Rick Smith  |

|           |                        |
|-----------|------------------------|
| Comments: | Roof Bid               |
|           | COR 61333              |
|           | Please Call to confirm |
|           | Received, Thanks       |

RECEIVED  
 2007 MAR 14 P 1:26  
 PURCHASING DIVISION  
 STATE OF WV