

REQUEST FOR QUOTATION  
Building 37 - Repairs to DEP Sign  
GSD 146427

000028

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Attachment "A"

Bid Form

State of West Virginia – General Services Division

"DEP" SIGN REPAIR

610 57<sup>TH</sup> STREET

KANAWHA CITY, WEST VIRGINIA

Project No. GSD146427

NAME OF BIDDER: Past Respects, LLC

BASE BID: All labor, materials and equipment necessary to repair "DEP" sign damage. \_\_\_\_\_

(\$ 19,440 Nineteen-thousand four-hundred forty

(Total to be written in figures and words.)

In the event that the written amount and the numerical amount differ, the written amount shall prevail.

05/22/14 10:53:01AM  
West Virginia Purchasing Division

REQUEST FOR QUOTATION  
Building 37 - Repairs to DEP Sign  
GSD 146427

000029

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Attachment "B"

Reference No. 1 Name:

Blair Frier

Position:

AIA, Silling Associates

Address:

405 Capitol Street Upper Atrium Charleston WV

Telephone Number:

304-346-0565

Project Name:

Concord University, Marsh & Science Hall

Project Description:

Demolish and rebuild portico using existing  
brick.

Reference No. 2 Name:

Julie Boggs

Position:

Owner, Market Street Chapel

Address:

Capehart Street Spencer, WV

Telephone Number:

304-927-3327

Project Name:

Market Street Chapel Restoration

Project Description:

Repoint, rebuild historic brick walls

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REQUEST FOR QUOTATION  
Building 37 - Repairs to DEP Sign  
GSD 146427

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Reference No. 3 Name:

Carol Stevens

Position: Owner, CAS Structural Engineering

Address: PO Box 469 Alum Creek WV

Telephone Number: 304-756-2564

Project Name: Chrystal Water & Ice Plant

Project Description: Selective demolition, rebuild  
three-wythe brick walls



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

STATE OF West Virginia

COUNTY OF Roane, TO-WIT:

I, Sherri Unger, after being first duly sworn, depose and state as follows:

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

2. I do hereby attest that Past Respects, LLC  
(Company Name)

maintains a valid written drug free workplace policy and that such policy is in compliance with **West Virginia Code §21-1D-5**.

The above statements are sworn to under the penalty of perjury.

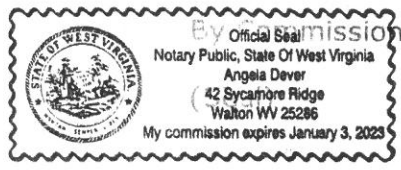
Past Respects, LLC  
(Company Name)

By: Sherri Unger

Title: PRE<sup>S</sup>IDENT

Date: May 22, 2014

Taken, subscribed and sworn to before me this 22<sup>nd</sup> day of May 2014



By Angela Dever My commission expires January 3, 2023

Angela Dever  
(Notary Public)

**THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.**

RFQ No. GSD146427

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 of 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 exceeds 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: Past Respects, LLC  
Authorized Signature: [Signature] Date: May 22, 2014

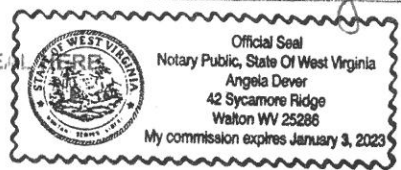
State of West Virginia

County of Roane, to-wit:

Taken, subscribed, and sworn to before me this 22<sup>nd</sup> day of May, 2014

My Commission expires January 3, 2023

AFFIX SEAL



NOTARY PUBLIC [Signature]

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.:** GSD146427

**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)

- |                                     |                |                          |                 |
|-------------------------------------|----------------|--------------------------|-----------------|
| <input checked="" type="checkbox"/> | Addendum No. 1 | <input type="checkbox"/> | Addendum No. 6  |
| <input checked="" type="checkbox"/> | Addendum No. 2 | <input type="checkbox"/> | Addendum No. 7  |
| <input checked="" type="checkbox"/> | Addendum No. 3 | <input type="checkbox"/> | Addendum No. 8  |
| <input type="checkbox"/>            | Addendum No. 4 | <input type="checkbox"/> | Addendum No. 9  |
| <input type="checkbox"/>            | Addendum No. 5 | <input type="checkbox"/> | 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.

Past Respects, LLC

Company

Sherril Unger

Authorized Signature

May 22, 2014

Date

This addendum acknowledgment should be submitted with the bid to expedite document processing.

**CERTIFICATION AND SIGNATURE PAGE**

By signing below, I certify that I have reviewed this Solicitation in its entirety, understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

**Past Respects, LLC**

(Company)

*Sherri Unger*

(Authorized Signature)

**Sherri Unger, President**

(Representative Name, Title)

**304.577.6217**

**304.577.9217**

(Phone Number)

(Fax Number)

**May 22, 2014**

(Date)

# CONTRACTOR LICENSE

Authorized by the

**West Virginia Contractor Licensing Board**

**Number:**

WV039347

**Classification:**

GENERAL BUILDING

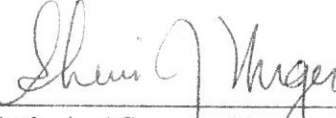
PAST RESPECTS LLC  
DBA PAST RESPECTS LLC  
821 JOHNSON CREEK RD  
WALTON, WV 25286


**Date Issued**

AUGUST 08, 2013

**Expiration Date**

AUGUST 08, 2014

  
Authorized Company Signature

  
Chair, West Virginia Contractor  
Licensing Board

**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 bills, contracts and binding contracts. This license cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.





# CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 9/24/13
-----------------------------------

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000  
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

<b>NAME AND ADDRESS OF AGENCY</b> KERBY INSURANCE AGENCY LLC 265 RIPLEY RD SPENCER, WV 25276-8910  (304)927-2544	<b>AGENT'S NO.</b> EE1389	<b>COMPANY(IES) AFFORDING COVERAGE</b> Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact in NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
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<b>NAME AND ADDRESS OF NAMED INSURED</b>  Past Respects LLC 821 Johnson Creek Walton, WV 25286	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
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This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO. Aff'd / LTR. Ins'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
D	<input checked="" type="checkbox"/> <b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q32 6720052	8/17/13	8/17/14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any One Fire)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any One Person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL &amp; ADV. INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any One Fire)	\$ 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
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GENERAL AGGREGATE	\$ 2,000,000																
PRODUCTS-COMP/OP AGG	\$ 2,000,000																
D	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> HIRED <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q06 6830123	6/18/13	6/18/14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BODILY INJURY (EACH PERSON)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (EACH ACCIDENT)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	BODILY INJURY (EACH PERSON)	\$	BODILY INJURY (EACH ACCIDENT)	\$	PROPERTY DAMAGE	\$	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000,000				
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PROPERTY DAMAGE	\$																
BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000,000																
E	<input type="checkbox"/> <b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCURRENCE  <input type="checkbox"/> RETENTION \$				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$				
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E	<input type="checkbox"/> <b>WORKERS COMPENSATION &amp; EMPLOYERS LIABILITY</b>	Q92 1700468	8/17/13	8/17/14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">STATUTORY</th></tr> <tr><td>BODILY INJURY BY</td><td>ACCIDENT \$ 1,000,000 EACH ACCIDENT</td></tr> <tr><td></td><td>DISEASE \$ 1,000,000 POLICY LIMIT</td></tr> <tr><td></td><td>DISEASE \$ 1,000,000 EACH EMPLOYEE</td></tr> </table>	STATUTORY		BODILY INJURY BY	ACCIDENT \$ 1,000,000 EACH ACCIDENT		DISEASE \$ 1,000,000 POLICY LIMIT		DISEASE \$ 1,000,000 EACH EMPLOYEE				
STATUTORY																	
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	DISEASE \$ 1,000,000 POLICY LIMIT																
	DISEASE \$ 1,000,000 EACH EMPLOYEE																
	<input type="checkbox"/> <b>OTHER</b>																

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

**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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

<b>NAME AND ADDRESS OF CERTIFICATE HOLDER</b> Proof of Insurance Walton, WV 25286	AUTHORIZED REPRESENTATIVE 
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BOND #71547122

BID BOND

Agency \_\_\_\_\_  
REQ.P.O# GSD146427

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Past Respects, LLC  
of 821 Johnson Creek Road, Walton, WV 25286, as Principal, and Western Surety Company  
of PO Box 5077, Sioux Falls, SD 57117, a corporation organized and existing under the laws of the State of South Dakota  
with its principal office in the City of Sioux Falls, as Surety, are held and firmly bound unto the State of West Virginia, as Obligee, in the penal sum of 5% of Bid Amount (\$ 5% of Bid Amount) 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 Repairs to DEP Sign, Building 37

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.

IN WITNESS WHEREOF, Principal and Surety have hereunto set their hands and seals, and such of them as are corporations have caused their corporate seals to be affixed hereunto and these presents to be signed by their proper officers, this 22nd day of May, 2014.

Principal Corporate Seal

Past Respects, LLC  
(Name of Principal)  
By Sherrill Mager  
(Must be President or Vice President)  
President  
(Title)

Western Surety Company  
(Name of Surety)

Surety Corporate Seal

Patricia A. Tinsman  
Patricia A. Tinsman, Attorney-in-Fact

**IMPORTANT - Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised corporate seals must be affixed, a power of attorney must be attached.**

**BID BOND**

BOND #71547122

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Past Respects, LLC  
of 821 Johnson Creek Road, Walton, WV 25286, as Principal, and Western Surety Company  
of PO Box 5077, Sioux Falls, SD 57117, a corporation organized and existing under the laws of the State of South Dakota with its principal office in the City of Sioux Falls, as Surety, are held and firmly bound unto the State of West Virginia, as Obligee, in the penal sum of 5% of Bid Amount (\$ 5% of Bid Amount) for the payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

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IN WITNESS WHEREOF, Principal and Surety have hereunto set their hands and seals, and such of them as are corporations have caused their corporate seals to be affixed hereunto and these presents to be signed by their proper officers, this 22nd day of May, 2014.

Principal Corporate Seal

Past Respects, LLC  
(Name of Principal)  
By Shawn J. Mager  
(Must be President or Vice President)  
President  
(Title)

Surety Corporate Seal

Western Surety Company  
(Name of Surety)  
Patricia A. Tinsman  
Patricia A. Tinsman, Attorney-in-Fact

**IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised corporate seals must be affixed, a power of attorney must be attached.**

# POWER OF ATTORNEY

Know All Men by These Presents:

(Irrevocable)

No. SP-

43397508

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired. That Western Surety Company, a corporation, does hereby make, constitute and appoint the following

**TWO** 2 authorized individuals:

AUTHORIZED INDIVIDUALS	AUTHORIZED INDIVIDUALS
<b>JOHN D WEISBROT</b>	<b>PATRICIA A TINSMAN</b>

in the City of PIPERSVILLE, State of PENNSYLVANIA, with limited authority, its true and lawful Attorney(s) in fact with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, the following described bond:

**ONE CONTRACT SURETY: BID, PERFORMANCE AND PAYMENT BOND, UNDERTAKING, OR OTHER OBLIGATORY INSTRUMENT OF A SIMILAR NATURE IN AMOUNTS NOT EXCEEDING ONE MILLION AND NO/100 DOLLARS (\*\*1,000,000.00).**

\*\*\*\*\*  
 \*\*\*\*\*  
 \*\*\*\*\*

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon this Company as if such bond had been executed and acknowledged by the regularly elected officers of this Company.

All authority hereby conferred shall expire and terminate, without notice, unless used before midnight of **FEBRUARY 28 2019**, but until such time shall be irrevocable and in full force and effect.

WESTERN SURETY COMPANY further certifies that the following is a true and exact copy of Section 7 of the By-Laws of Western Surety Company, duly adopted and now in force, to-wit: "Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

The penal amount of the bond herein described may be increased if there is attached to this Power, written authority so authorizing in the form of an endorsement, letter or telegram signed by the Underwriting Manager, Underwriting Consultant, Underwriting Specialist, Underwriter, President, Vice President, Assistant Vice President, Treasurer, Secretary or Assistant Secretary of Western Surety Company specifically authorizing said increase.

IN WITNESS WHEREOF, Western Surety Company has caused these presents to be executed by its Vice President with its corporate seal affixed this 12th day of November, 2012.

**WESTERN SURETY COMPANY**

STATE OF SOUTH DAKOTA }  
  } ss.  
COUNTY OF MINNEHAHA }

By Paul T. Bruflat  
Vice President

On this 12th day of November, in the year 2012, before me, a Notary Public, personally appeared Paul T. Bruflat, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of WESTERN SURETY COMPANY and acknowledged said instrument to be the voluntary act and deed of said corporation.

S. Petrik

Notary Public, South Dakota



My Commission Expires August 11, 2016

I, the undersigned officer of Western Surety Company, a stock corporation of the State of South Dakota, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that Section 7 of the By-Laws of the company as set forth in the Power of Attorney is now in force.

In testimony whereof, I have hereunto set my hand and the seal of Western Surety Company this \* 20th day of May, 2014

**WESTERN SURETY COMPANY**

By Paul T. Bruflat  
Vice President

**\*IMPORTANT: This date must be filled in before it is attached to the bond and it must be the same date as the bond.**

Form 749-11-2012

NOTICE: This border must be BLUE. If it is not BLUE, this is not a certified copy. —>

**WESTERN SURETY COMPANY**  
**Sioux Falls, South Dakota**  
**Statement of Net Admitted Assets and Liabilities**  
**December 31, 2013**

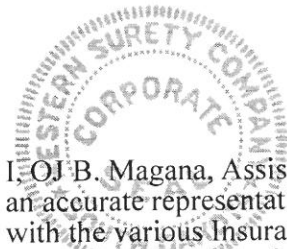
ASSETS

Bonds	\$1,724,685,206
Stocks	23,751,064
Cash and short-term investments	15,700,560
Investment income due and accrued	20,454,904
Uncollected premiums and agents' balances	42,288,900
Net deferred tax asset	20,676,332
Other assets	8,794,561
<b>Total Assets</b>	<u><u>\$1,856,351,527</u></u>

LIABILITIES AND SURPLUS

Losses	\$307,482,238
Reinsurance payable on paid losses and loss adjustment expenses	5,583,589
Loss adjustment expense	59,547,344
Contingent and other commissions payable	5,935,659
Unearned premiums	252,195,516
Advance premiums	5,072,293
Payable to parent, subsidiaries and affiliates	7,650,063
Other liabilities	7,270,652
<b>Total Liabilities</b>	<u><u>650,737,354</u></u>

Surplus Account:	
Capital paid up	\$4,000,000
Gross paid in and contributed surplus	280,071,836
Unassigned funds	921,542,337
Surplus as regards policyholders	<u>\$1,205,614,173</u>
<b>Total Liabilities and Capital</b>	<u><u>\$1,856,351,527</u></u>



I, OJ B. Magana, Assistant Vice President of Western Surety Company hereby certify that the above is an accurate representation of the financial statement of the Company dated December 31, 2013, as filed with the various Insurance Departments and is a true and correct statement of the condition of Western Surety Company as of that date.

Western Surety Company

By *[Signature]*  
Assistant Vice President

Subscribed and sworn to me this 12th day of March, 2014.

My commission expires: **"OFFICIAL SEAL"**  
**KATHLEEN M. SCHROEDER**  
Notary Public, State of Illinois  
My Commission Expires 08/16/15

*Kathleen M Schroeder*  
Notary Public