

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.

Stonhard

(Company)



(Authorized Signature)

Sandra Fine, Sales Administrator

(Representative Name, Title)

800-854-0310

(Phone Number)

856-321-7631

(Fax Number)

April 22, 2014

(Date)

04/23/14 09:22:46AM
West Virginia Purchasing Division



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Solicitation

NUMBER
HOP14149

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
BOB KILPATRICK
304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

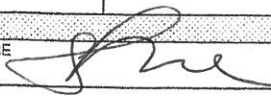
HEALTH AND HUMAN RESOURCES
 HOPEMONT HOSPITAL
 CENTRAL RECEIVING
 150 HOPEMONT DRIVE
 TERRA ALTA, WV
 26764-7728 304-789-2411

DATE PRINTED
04/17/2014

BID OPENING DATE: 04/23/2014

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				ADDENDUM ISSUED TO:		
				1. PROVIDE RESPONSES TO QUESTIONS SUBMITTED REGARDING THE ORIGINAL SOLICITATION. QUESTIONS AND ANSWERS ARE ATTACHED.		
				2. TO CORRECT MISSPELLING OF "EPROXY" ON RFQ LINE 0002 TO "EPOXY"		
				3. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.		

SIGNATURE 	TELEPHONE 800-854-0310	DATE April 22, 2014
TITLE Sales Admin	FEIN 56-0184790	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Solicitation

NUMBER
HOP14149

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF:
BOB KILPATRICK 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

Stonhard
 1000 East Park Ave
 Maple Shade, NJ 08052

SHIP TO

HEALTH AND HUMAN RESOURCES
 HOPEMONT HOSPITAL
 CENTRAL RECEIVING
 150 HOPEMONT DRIVE
 TERRA ALTA, WV
 26764-7728 304-789-2411

DATE PRINTED
04/17/2014

BID OPENING DATE: 04/23/2014

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
001	1	JB		910-65	\$73,200.00	\$73,200.00
PREPARATION AND RESURFACING OF THE KITCHEN FLOOR APPROXIMATELY 4800 SQ. FT. USING QUESTMARK 4100 URETHANE EPOXY MORTAR RESURFACE 3 STEP SYSTEM OR EQUAL.						
002	1	BA		910-65	\$22,600.00	\$22,600.00
PREPARATION AND RESURFACING OF THE CAFETERIA FLOOR APPROXIMATELY 1400 SQ. FT. USING QUESTMARK 1139 DOUBLE BROADCAST FLEXIBLE MEMBRANE EPOXY PRIMER 3 STEP RESURFACE SYSTEM OR EQUAL.						
***** THIS IS THE END OF RFQ HOP14149 ***** TOTAL:						\$95,800.00

SIGNATURE	TELEPHONE	DATE
	800-854-0310	4/22/2014
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
Sales Admin.	56-0184790	

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: HOP14149
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

Addendum issued to answer vendor questions, per Attachment A, including Revised Pricing Page

Addendum also issued to correct misspelling of the word "Epoxy" on Line 0002 of the Request for Quotation.

NO OTHER CHANGES

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

HOP14149-ADDENDUM#1
Resurfacing of Dietary Department Flooring

Question #1: Will the kitchen floor take the shot blasting without giving? If not what is the recourse?

Answer: Hopemont Maintenance Department has completed a sound test to estimate square footage that will need to be repaired by the contractor with a QuestMark Deco-pour or equal fast drying (4hour) concrete. The sound test results are estimated to be 10% of the 4800 square feet in the Kitchen. We know that there will be some repairs to be made and want to have vendors to incorporate this cost in their bid on based on 10% of the estimated square feet. If there are more than 10% of the estimated square feet to be repaired, a change order can be processed at that time. A square feet costing should be given at the time of the bid for a potential future change order.

Question #2: Warranty Clarification, because of the sub structure potential for heaving will the warranty cover the resurfacing damaged by the heaving or will it is on the resurfacing products and installation alone?

Answer: Warranty must cover 2 years on the resurfacing failing from defect or faulty installation.

Question #3: The floor in the dish washer room is ponding; do you want pitch in the floor?

Answer: Yes, establish a ¼" pitch in the floor around the existing drain approximately 13' x 12' area.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: HOP14149

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:

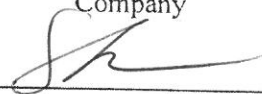
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input 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.

Stonhard

Company



Authorized Signature

April 22, 2014

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012

RFQ#HOP14149, Hopemont Floor Resurfacing
EXHIBIT A: PRICING PAGE

ITEM#	DESCRIPTION	LUMP SUM BID	
1	Preparation & Resurfacing of Kitchen Floor (estimated 4800 Square Feet)		(A)
		\$ 73,200	
2	Preparation & Resurfacing of Cafeteria Floor (estimated 1400 Square Feet)		(B)
		\$ 22,600	
Unit Price #1	Provide Unit Price, per square foot, for repairing kitchen floor with Quest Mark Deco-pour, or equal, fast-drying (4hour) concrete, only in excess of the 480 square feet of anticipated repairs to be included in the Lump Sum Bid for Item #1. Required additional square footage must be approved by change order based upon Unit Price. Documentation of having repaired the footage included in Item#1 must accompany the change order request.		(C)
		\$ 12,700	
OVERALL TOTAL COST (Add A + B + C)=		\$ 108,500	

Note: Award will be made to the lowest Overall Total Cost meeting all specifications.
 Note: Bidders are responsible for verifying actual quantities.
 Note: Lump Sum Bid is to include all labor, supplies, equipment and associated costs necessary to perform Contract.

Vendor Name: Stonhard

Physical Address: 1000 East Park Ave
Maple Shade, NJ 08052

Remittance Address: PO Box 931947
Cleveland, OH 44193

Phone: 800-854-0310

Fax: 856-321-7631

Email: Sfine@Stonhard.com JDiSaia@Stonhard.com

Signature:  Date: April 22, 2104



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


STATE OF WEST VIRGINIA,
COUNTY OF Preston, TO-WIT:

I, Sandra Fine, after being first duly sworn, depose and state as follows:

1. I am an employee of Stonhard a Division of RPM; and,
(Company Name)
2. I do hereby attest that Stonhard a Division of RPM
(Company Name)

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

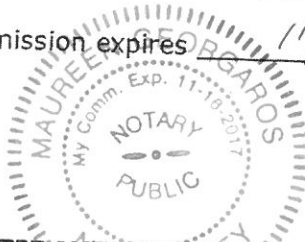
The above statements are sworn to under the penalty of perjury.

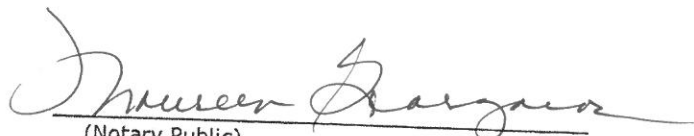
By: Sandra Fine 
 Title: Sales Administrator
 Company Name: Stonhard a Division of RPM
 Date: April 22, 2104

Taken, subscribed and sworn to before me this 22 day of April, 2014.

By Commission expires 11/16/17

(Seal)




 (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.

WV-72
Created 07/01/13

State of West Virginia
Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with *West Virginia Code* § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

Instructions: Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than \$25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of \$25,000 or less, the vendor should mail the report to the public authority issuing the contract.

Contract Identification:

Contract Number: HOP14149
Contract Purpose: Resenious Flooring
Agency Requesting Work: Health and Human Resources Hopemont Hospital

Required Report Content: The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report.

- Information indicating the education and training service to the requirements of *West Virginia Code* § 21-1D-5 was provided;
- Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests;
- Average number of employees in connection with the construction on the public improvement;
- Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.

Vendor Contact Information:

Vendor Name: Stonhard Vendor Telephone: 800-257-7953
Vendor Address: 1000 East Park Ave Vendor Fax: 856-321-7522
Maple Shade, NJ 08052

RPM PERFORMANCE COATINGS

ALCOHOL, DRUG & CONTROLLED SUBSTANCE SCREENING POLICY

RPM Performance Coatings is committed to protecting the health of all its employees and to insuring the safe and productive operation of its facilities. Employees are the Company's most valuable resource and for that reason, their health and safety is of paramount concern. Because of the growing concerns over the adverse impact of alcohol, drugs and controlled substances in the work place, applicants will be screened, and the Company will intervene when an employee's job performance becomes affected or when there is reasonable cause for potential adverse impact on the safe and productive conduct of our business.

POLICY

- A. The illegal use, sale or possession of narcotics, drugs or controlled substances while on the job, on company property or a company job-site will result in discharge.
- B. Illegal use of drugs off duty and off company premises is not acceptable since it can affect on-the-job performance and employee safety.
- C. Alcohol is prohibited from Company property, operations and job-sites, and use of alcohol that adversely affects an employee's job performance is not acceptable. When employees come to work unfit for duty due to suspected alcohol or drug (legal or illegal) use, they will be required to submit to alcohol/drug testing.
- D. All employees involved in or contributing to an incident or accident which involves (or potentially involves) injury or property damage will be required to submit to alcohol/drug testing.
- E. The legal use of controlled substances prescribed by a licensed physician is not prohibited, but employees in selected positions designated by the Company are required to make such use known to an appropriate Company representative.
- F. Any employee who has reason to suspect that one of his or her co-workers is intoxicated or under the influence of drugs or medications shall report this immediately to his or her supervisor.
- G. Law enforcement officials will be notified whenever suspected illegal drugs are found.

ALCOHOL, DRUG & CONTROLLED SUBSTANCE SCREEN POLICY

PAGE 2

- H. In cases of confirmed illegal drug use, sale or possession on Company premises, appropriate measures may be taken to determine the scope of the problem.
- I. If an employee tests positive for drugs or alcohol as a result of (a) a screen following a job-related accident, (b) a screen after an employee has come to work unfit for duty due to suspected alcohol or drug (legal or illegal) use, (c) a screen after a supervisor has reasonable cause to believe that there may be a job performance, safety, productivity or attendance problem related to the use of alcohol, drugs or controlled substances, or (d) a random screen, that employee will be subject to immediate termination. An employee shall not be subject to disciplinary action if the Company determines, after discussion with the employee and/or consultation with health professionals, that a positive result is a result of medication prescribed by a licensed health professional or over-the-counter medication that is being used as directed.
- J. Violation of the Company's policy may result in disciplinary action up to and including termination except in the following situation:
 - (1) If an employee brings a drug or alcohol-related problem to the attention of RPM Performance Coatings (prior to RPM Performance Coatings being aware of the problem or the occurrence of a job-related accident) for the purpose of seeking assistance in the matter, In that instance, the employee will be required to enter a rehabilitation program as outlined below, and continued employment will depend entirely on the successful completion of that program combined with random screens for the balance of that individual's employment with RPM Performance Coatings.

PREPLACEMENT SCREENING

Individuals applying for employment with the Company will be required to submit, through a physician and/or laboratory testing facility designated by the Company, to a drug/alcohol screening test as discussed below and a pre-employment physical examination as a requirement of employment, and execute the Pre-Employment Consent (Appendix C). The applicant will be asked to provide blood, urine, saliva or other specimens to be collected for the purpose of analysis for the presence of narcotics, marijuana, alcohol and other substances. The presence of one or more of those drugs may lead to rejection from further consideration for employment unless the Company determines, after discussion with the applicant, that the positive result is a result of medication prescribed by a licensed health professional or over-the-counter medication that is being used as directed. The prescription information will be confidentially retained in a medical information file and disclosed on a need-to-know basis to appropriate health care professionals and supervisors to determine whether the individual's condition poses a safety threat that cannot be reasonably accommodated.

The applicant can refuse to submit to the drug screening test, but such refusal will constitute the voluntary withdrawal of his or her application for employment.

ALCOHOL, DRUG & CONTROLLED SUBSTANCE SCREENING POLICY
PAGE 3

REHABILITATION PROGRAM

Alcoholism, drug and substance abuse are health problems for which treatment is available. Employees suffering from these illnesses will be given the same consideration and offer of applicable benefits assistance as is presently extended to employees with other illnesses. Insured benefit coverage will be in accordance with the provisions of our health coverage. An individual's job security will not be jeopardized because the individual is suffering from alcohol, drug or substance abuse problems, provided:

- A. The employee requests assistance by bringing the problem to the Company's attention independently, prior to discovery by the Company or the occurrence of a job-related accident, and rehabilitation proceeds satisfactorily.
- B. Job performance is, or becomes, satisfactory within a reasonable time after treatment.
- C. The employee is not otherwise in violation of any other Company policies, or work rules when seeking assistance.
- D. The employee is placed on probation for a period of six months during which time random alcohol/drug testing will be conducted.
- E. Employee signs Conditional Reinstatement Agreement, Appendix B, prior to returning to employment.

RANDOM SCREENING/SEARCHES

Random screening of an employee's urine (and blood in certain cases) for alcohol, drugs and controlled substances, and searches of personal effects, lockers, lunch boxes, etc., may be conducted to determine whether an employee is in possession of, or under the influence of, alcohol, drugs or controlled substances while on Company premises or on Company business. Compliance with the Policy, including cooperation with Company-requested alcohol and drug screening and/or search procedures is a condition of employment. The refusal by an employee to submit to such a test or search immediately upon request or fully cooperate with the test or search, without good cause, will be cause for termination. An objection to testing or search as a matter of principle or privacy will not constitute good cause. If either the search or the screening uncover evidence that the employee was in possession of or under the influence of alcohol, drugs or controlled substances, this is grounds for disciplinary action up to and including termination unless the Company determines, after discussion with the employee or consultation with appropriate professionals, that the positive result is a result of medication prescribed by a licensed health professional or over-the-counter medication that is being used as directed.

RANDOM SCREENING/SEARCHES - continued

Drug and alcohol training and testing including, but not limited to, random testing, is mandatory for all employees who are conducting or performing work or services on federal or state projects for which the bid process requires Stonhard to have a Drug Free Workplace Program.

Training and testing for Stonhard employees, again including random testing, may also be required by Stonhard customers or property owners as a condition of obtaining access to their property or in conducting or performing any work or services on their projects. In these instances, Stonhard will require random testing.

DRUG/ALCOHOL TESTING PROCEDURES

- A. Testing will be at the Company's expense at a Company-approved certified medical facility. Test results shall be released to the Company and shall be kept confidential.
- B. Search is defined as including lockers, lunch boxes, packages, personal affects from pockets or handbags, etc.
- C. Any prescription information provided to the Company will be confidentially retained in a medical information file and disclosed on a need-to-know basis to appropriate health-care professionals and supervisors to determine whether the individual's condition poses a safety threat that cannot be reasonably accommodated.
- D. For the purpose of this policy, any detectable levels of drugs, alcohol or controlled substance in the individual's system will be regarded as impairment.
- E. Employees who refuse to immediately submit to, or cooperate with, the alcohol and drug screening program will not be forcibly screened, but will be told that such screening is a condition of employment and that refusal to submit to, or cooperate with, screening, without good cause, will be grounds for discharge for insubordination. An objection to testing or search as a matter of principle or privacy will not constitute good cause.

CONSENT FOR SEARCH

Employee Name:

Social Security No.:

SEARCH

I hereby authorize my supervisor and/or other management personnel to conduct a search of my personal affects, including my locker, lunch box, pockets, etc., for alcohol, drugs, controlled substances, and drug paraphernalia. I will also empty the pockets in my clothing so that their contents may be checked. If any such items are found, they will be taken for positive identification. Local authorities will be notified, if appropriate.

Signature: _____ Date: _____

Witness: _____ Date: _____

AUTHORIZATION FOR BLOOD/URINE/SALIVA TEST

AND

CHAIN OF CUSTODY

Date: _____

I agree to have a urine, blood or saliva test to detect alcohol, drugs, or controlled substance levels. I also agree for the report of said test(s) to be released to the RPM Performance Coatings

I understand that finding evidence of alcohol, drugs, or controlled substance use will result in disciplinary action up to and including the termination of my employment.

Signature: _____

Date & Time: _____

Witness: _____

Specimen obtained by: _____

Date & Time: _____

Specimen received by: _____

Date & Time: _____

Specimen picked up by: _____

Date & Time: _____

Specimen received by and at: _____

Date & Time: _____

Type of Specimens: _____

Results: Positive___ Negative___

Name of Medical Facility or Lab: _____

Date & Time: _____

CONDITIONAL REINSTATEMENT AGREEMENT

The undersigned parties hereby agree as follows:

1. That _____ (employee's name) recognizes that the Company was lenient in working with him/her due to alcohol/drug abuse related performance problems, and in allowing him/her to go through a rehabilitation program to assist in overcoming this problem.

2. That the Company will conditionally reinstate _____ (employee's name) after he/she successfully completes his/her rehabilitation stay at _____ (hospital/center's name). _____ (employee's name) will be conditionally reinstated provided he/she agrees to and performs the following:

*(Insert conditions of program provided by hospital or rehabilitation center)

3. If at any time in the future _____ (employee's name) is unable to perform his/her job duties due to alcohol/drug abuse, or fails to continue his/her alcohol/drug rehabilitation program and the conditions of item 2, and as required by _____ alcohol/drug counselor (doctor), he/she will be terminated.

4. _____ (employee's name) understands and agrees that if he/she has to be admitted to a hospital or rehabilitation center related to alcohol and/or drug abuse again, he/she will be terminated.

Employee Signature

Date: _____

Company Representative

*Insert conditions applying to drug/alcohol rehabilitation treatment.

Examples of conditions for an Alcohol Rehabilitation Program:

- (a) Daily use of Antabuse 250 mg g.h.s.
- (b) A minimum of four AA meetings per week.
- (c) Requirements of state board for licensed personnel.

RPM PERFORMANCE COATINGS

PRE-EMPLOYMENT CONSENT

I, _____, authorize The RPM Performance Coatings to conduct, through its designated physician or laboratory testing facility, a drug/alcohol screening test and a pre-employment physical examination as a requirement of employment.

I hereby authorize blood, urine, saliva or other specimens to be collected for the purpose of analysis for the presence of narcotics, marijuana, alcohol and other substances. This also authorizes release of all information concerning this history and exam to my prospective employer.

I further understand that the presence of one or more of those drugs may cause my rejection from further consideration for employment. I also understand that refusal to submit to the drug screening test will constitute voluntary withdrawal of my application for employment.

RPM PERFORMANCE COATINGS'S STAND ON SUBSTANCE ABUSE SHOULD BE COMPLETELY UNDERSTOOD. AN EMPLOYEE FOUND TO BE UNDER THE INFLUENCE, INGESTING OR DISTRIBUTING ALCOHOL OR A CONTROLLED SUBSTANCE ON COMPANY PROPERTY, AN INSTALLATION SITE OR COMPANY BUSINESS WILL BE SUBJECT TO IMMEDIATE TERMINATION.

I certify that the facts contained in this document are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal.

Witness

Signature of Applicant

Date

Date

ACKNOWLEDGEMENT

I _____, have read and understand **RPM Performance Coatings Alcohol, Drug & Controlled Substance Screening Policy** and agree to abide by the terms of this policy.

Signed: _____
(Employee Name)

Date: _____

RFQ No. HOP14149

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 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: Stonhard

Authorized Signature: [Signature] Date: April 22, 2014

State of New Jersey

County of Burlington, to-wit:

Taken, subscribed, and sworn to before me this 22 day of April, 2014

My Commission expires 11/16/2017

AFFIX SEAL HERE



NOTARY PUBLIC

[Signature]

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV020826

Classification:

MASONRY

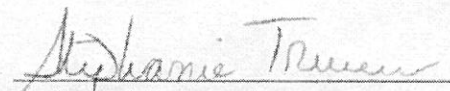
STONCOR GROUP INC
DBA STONHARD
PO BOX 308
MAPLE SHADE, NJ 08052-0308

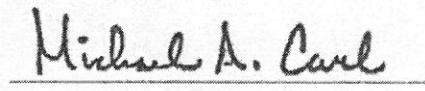
Date Issued

Expiration Date

APRIL 16, 2014

APRIL 16, 2015


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 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.

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV020826

Classification:

MASONRY

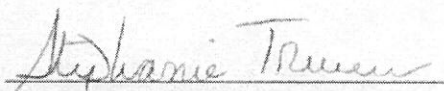
STONCOR GROUP INC
DBA STONHARD
PO BOX 308
MAPLE SHADE, NJ 08052-0308

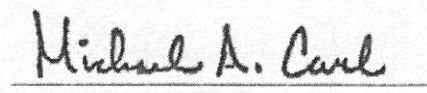
Date Issued

Expiration Date

APRIL 16, 2014

APRIL 16, 2015


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 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.

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, STONHARD, DIVISION OF STONCOR GROUP INC
of 1000 E. PARK AVE, MAPLE SHADE, NJ 08052, as Principal, and HARTFORD FIRE INSURANCE
COMPANY of KING OF PRUSSIA, PA, a corporation organized and existing under the laws of the State of _____
CT with its principal office in the City of KING OF PRUSSIA, PA as Surety, are held and firmly bound unto the State
of West Virginia, as Oblige, in the penal sum of FIVE PERCENT OF AMT ^{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
RESINOUS FLOORING AT HOPEMONT HOSPITAL, TERRA ALTA, WV

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 Oblige 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 22ND day of APRIL, 20 14.

Principal Seal



STONHARD, DIVISION OF STONCOR GROUP INC

(Name of Principal)
By [Signature]
(Must be President, Vice President, or
Duly Authorized Agent)
Exec. V.P - Finance
(Title)

Surety Seal

HARTFORD FIRE INSURANCE COMPANY

(Name of Surety)
[Signature]
JEFFREY E. POSTL 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.

HARTFORD FIRE INSURANCE COMPANY

Hartford, Connecticut
Financial Statement, June 30, 2012
 (Statutory Basis)

ASSETS		LIABILITIES	
U.S. Government Bonds	\$ 544,836,096	Reserve for Claims	\$
Bonds of Other Governments	244,884,558	and Claim Expense.....	7,283,244,396
State, County Municipal		Reserve for Unearned Premiums	2,010,445,972
Miscellaneous Bonds	11,873,593,290	Reserve for Taxes, License	
Stocks	5,572,166,497	and Fees	55,092,690
Short Term Investments	150,051,955	Miscellaneous Liabilities	2,102,384,411
	\$ 18,385,532,396	Total Liabilities	\$ 11,451,167,469
Real Estate	\$ 189,813,290	Capital Paid In \$	54,740,000
Cash	74,656,724	Surplus	12,928,732,842
Agents' Balances (Under 90 Day)	2,880,619,171	Surplus as regards Policyholders.....	\$ 12,983,472,842
Other Invested Assets	540,626,951	Total Liabilities, Capital	
Miscellaneous	2,363,391,779	and Surplus	\$ 24,434,640,311
Total Admitted Assets	\$ 24,434,640,311		

STATE OF CONNECTICUT
 COUNTY OF HARTFORD
 CITY OF HARTFORD

} ss.

M. Ross Fisher, Vice President, and Wesley W. Cowling, Assistant Secretary of the Hartford Fire Insurance Company, being duly sworn, each deposes and say that the foregoing is a true and correct statement of the said company's financial condition as of June 30, 2012.

Subscribed and sworn to before me
 this 18th day of September, 2012.

Kathleen T. Maynard

Kathleen T. Maynard
 Notary Public
 My Commission Expires July 31, 2016



M. Ross Fisher

M. Ross Fisher, Vice President

Wesley W. Cowling

Wesley W. Cowling, Assistant Secretary

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

Bond T-4

One Hartford Plaza

Hartford, Connecticut 06155

call: 888-266-3488 or fax: 860-757-5835)

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Code: 44 419358

- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of UNLIMITED

LISA A. POST, JEFFREY E. POST OF MEDFORD, NEW JERSEY

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on January 22, 2004, the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Scott Sadowsky

Scott Sadowsky, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Assistant Vice President

STATE OF CONNECTICUT }
 COUNTY OF HARTFORD } ss. Hartford

On this 3rd day of March, 2008, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Scott E. Paseka

Scott E. Paseka

Notary Public

My Commission Expires October 31, 2012

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of April 22nd 2014
 Signed and sealed at the City of Hartford.



Gary W. Stumper

Gary W. Stumper, Assistant Vice President