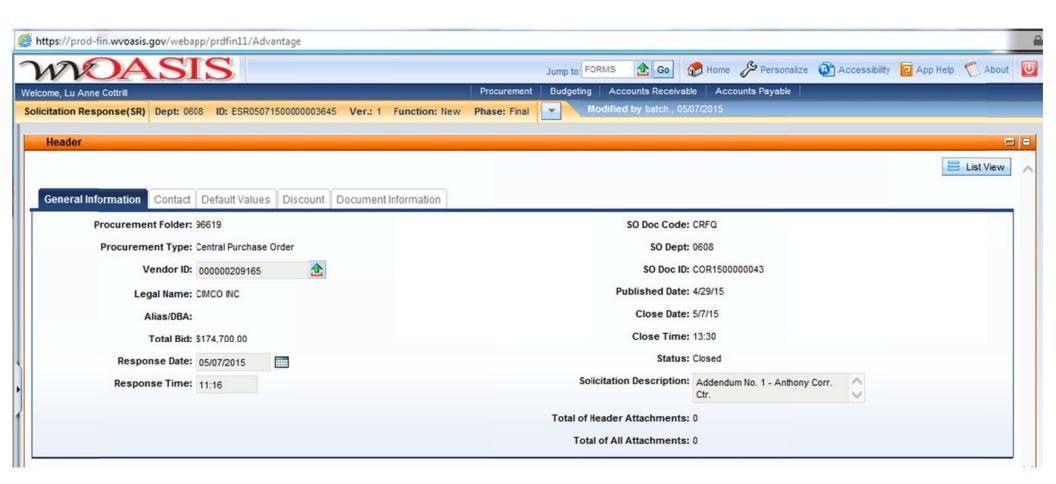


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

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.





Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

State of West Virginia Solicitation Response

Proc Folder: 96619

Solicitation Description : Addendum No. 1 - Anthony Corr. Ctr.

Proc Type: Central Purchase Order

Date issued	Solicitation Closes	Solicitation No	Version
	2015-05-07 13:30:00	SR 0608 ESR05071500000003645	1

VENDOR	
00000209165	
CIMCO INC	

FOR INFORMATION CONTACT THE BUYER

Tara Lyle (304) 558-2544 tara.l.lyle@wv.gov

Signature X FEIN # DATE

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

Page: 1 FORM ID: WV-PRC-SR-001

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Hot Water Heaters, Components, and Chiller Compressor				\$174,700.00

Comm Code	Manufacturer	Specification	Model #	
72101500				

Extended Description:

Addendum No. 1 - See attached pages. Responses to vendor questions and pre-bid sign-in sheets attached. The bid opening remains 05/07/2015 at 1:30 pm.

The WV Purchasing Division for the agency, WV Division of Corrections, is soliciting bids to provide all labor, materials and equipment necessary for the replacement of hot water heaters, components, and compressor on chiller unit at

ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

1. CONTRACTOR'S LICENSE: West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor. West Virginia Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. Failure to include a contractor's license number on the bid shall result in Vendor's bid being disqualified. Vendors should include a contractor's license number in the space provided below.

Contractor's Name:	Cin	ICO.	Inc		
Contractor's License N	Io. <u>U</u>	202	255	12	

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a Award Document.

- 2. DRUG-FREE WORKPLACE AFFIDAVIT: W. Va. Code § 21-1D-5 provides that any solicitation for a public improvement contract requires each Vendor that submits a bid for the work to submit at the same time an affidavit that the Vendor has a written plan for a drug-free workplace policy. To comply with this law, Vendor must either complete the enclosed drug-free workplace affidavit and submit the same with its bid or complete a similar affidavit that fulfills all of the requirements of the applicable code. Failure to submit the signed and notarized drug-free workplace affidavit or a similar affidavit that fully complies with the requirements of the applicable code, with the bid shall result in disqualification of Vendor's bid. Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.
 - 2.1.DRUG-FREE WORKPLACE POLICY: Pursuant to W. Va. Code § 21-1D-4, Vendor and its subcontractors must implement and maintain a written drug-free workplace policy that complies with said article. The awarding public authority shall cancel this contract if: (1) Vendor fails to implement and maintain a written drug-free workplace policy described in the preceding paragraph, (2) Vendor fails to provide information regarding implementation of its drug-free workplace policy at the request of the public authority; or (3) Vendor provides to the public authority false information regarding the contractor's drug-free workplace policy. Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.
- 3. DRUG FREE WORKPLACE REPORT: Pursuant to W. Va. 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. For contracts over \$25,000, the

CERTIFICATIONAND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, 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, offer or proposal for review and consideration; 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.

(Company)

(Authorized Signature) (Representative Name, Title)

<u>304-562-7705</u> Fax 304-392-4078 5/7/15 (Phone Number) (Fax Number) (Date)

BID FORM: CRFQ COR1500000043

REPLACEMENT OF HOT WATER HEATERS, COMPONENTS, AND CHILLER COMPRESSOR

ANTHONY CORRECTIONAL COMPLEX

GREENBRIER COUNTY, WV

Bidder's Company Name: Linco Inc
Bidder's Address: 2336 Virginia Ave Hurricane 20 25526
Remittance Address: Po Box 480 Culloden WU 25510 (If different)
Phone Number: 304-562-7705
Fax Number: 304-397-4178
Email Address: JL Gillenwaten & Cimcowu. Com
WV Contractor's License Number:
We, the undersigned, hereby propose to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding Documents.
CONTRACT BASE BID: One hundred seventy Four thousand seven hundred
(\$
HOURLY RATE (ADDITIONAL WORK HAS TO BE DONE ON CHILLER UNIT):
(\$ Ninty Dollars \$9000) (Hourly rate to be written in words and numbers.)

The Contract shall be awarded to the Vendor with the lowest contract base bid as shown on the bid form meeting the specifications. Bidder understands that to the extent allowed by the West Virginia Code, the OWNER reserves the right to waive any informality or irregularity in any Bid, or Bids, and to reject any or all Bids in whole or in part; to reject a bid not accompanied by the required bid security or by other data required by the Bidding Documents; to reject any conditions of the bid by the Bidder that is in any way inconsistent with the requirements, terms,

and conditions of the Bidding Documents; or to reject a bid that is in any way incomplete or irregular.

RESPECTFULLY SUBMITTED:	
DATE: <u>5/7/15</u>	
WV VENDOR NO.:	<u>.</u>
CONTRACTOR LICENSE NO.: WU 255 12	maio ".
BY: / SIGNATURE, IN INK)	·
TITLE: Vice President	
FIRM NAME: Cimes FNC	(CORPORATE SEAL
ADDRESS: 2336 Virginia Ave Hurricone we	IF APPLICABLE)
END OF BID FORM	

RFQ	No.	

STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

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

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

DEFINITIONS:

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

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

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

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

Vendor's Name: leat Authorized Signature State of County of Taken, subscribed, and sworm to before me this My Commission expires **NOTARY PUBLIC**

AFFIX SEAL HERE

WITNESS THE FOLLOWING SIGNATURE:

OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC Carmela Redman Cimco Inc 2336 Virginia Ave Hurricane WV 25526
My Commission Expires Aug. 13, 2018

Purchasing Affidavit (Revised 07/01/2012)

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.

<u>Instructions:</u> 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:	
Contract Purpose:	
Agency Requesting Work:	
Required Report Content: The attached report must include should check each box as an indication that the required information indicating the education and training served 21-1D-5 was provided; Name of the laboratory certified by the United States successor that performs the drug tests; Average number of employees in connection with the Drug test results for the following categories including	ormation has been included in the attached report. vice to the requirements of West Virginia Code § Department of Health and Human Services or its e construction on the public improvement;
negative tests: (A) Pre-employment and new hires; (D) Random.	(B) Reasonable suspicion; (C) Post-accident; and
Vendor Contact Information:	
Vendor Name:	Vendor Telephone:
Vendor Address:	Vendor Fax:



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

STATE OF WEST YIRGINIA,
COUNTY OF LUTAM, TO-WIT:
I, Jeff Gillenwate, after being first duly sworn, depose and state as follows:
1. I am an employee of; and, (Company Name)
2. I do hereby attest that(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: Joff Phillenwater
Title: <u>VicE President</u>
Company Name: Limco In C
Date: May 7, 2015
Taken, subscribed and sworn to before me this
By Commission expires with the state of West Virginia State of West Virginia Notary Public Notary Pu
Carmela Redman Cimco Inc 2336 Virginia Ave Hurricane Wy 25526 Hurricane Wy 25526 My Commicsion Expires Aug. 13, 2018 (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.

BID BOND

	KNOW ALL MEN BY THE	SE PRESENTS. Th	nat we, the undersigned.	Cimco, Inc.	
	of P.O. Box 480	Cullo	oden, WV 25510-0480	as Principal and	Great American Insurance Company
	of 301 E 4th Street	Cincinnati, OH	45242 a corporation of	ranized and existing	Great American Insurance Company under the laws of the State of
Ohio	with its principal	office in the City of	Cincinnati	as Surety are hel	d and firmly bound unto the State
of West \	√irginia, as Obligee, in the p			E0/) for the payment of which,
				_ 、	s, successors and assigns.
***************************************	and to be made, no joining	and dovorany bind		imstrators, executor	o, successors and assigns.
,	The Condition of the show	obligation is such	that whoroon the Orincina	I ban auhmittad ta th	e Purchasing Section of the
					e Purchasing Section or the nter into a contract in writing for
	00000043: Replaceme				
	y Correctional Center		roatoro, componento e	ind compressor o	ir Griller drifts at

	MONTHEDEEODE				
	NOW THEREFORE,				
	(a) If said bid shall be reje(b) If said bid shall be acc		cinal shall enter into a con	tract in accordance v	with the bid or proposal attached
hereto ar	nd shall furnish any other bo	onds and insurance	e required by the bid or pro	posal, and shall in a	all other respects perform the
agreeme	nt created by the acceptant	ce of said bid, then	this obligation shall be nu	III and void, otherwis	e this obligation shall remain in full daims hereunder shall, in no event,
exceed th	he penal amount of this obl	igation as herein st	a that the hability of the Su tated.	rety tor any and an o	aams nereunder snam, in no event,
		_			
	The Surety, for the value re	eceived, hereby stip	pulates and agrees that th	e obligations of said	Surety and its bond shall be in no
way impa waive no	aired or affected by any exti tice of any such extension.	ension of the time v	within which the Obligee n	ay accept such bid,	and said Surety does hereby
	and or any magnitude of the control of the				
	IN WITNESS WHEREOF,	Principal and Suret	ty have hereunto set their	hands and seals, an	d such of them as are corporations
have cau	sed their corporate seals to	be affixed hereun	to and these presents to b	e signed by their pro	oper officers, this
フィー	day of May				
Principal	Corporate Seal			Cimco, Inc.	
·				(1	Name of Principal)
				By July	Is Maryale
				/ 00 (1	Must be President or
				0/- \	Vice President)
				- flex	9 sessent
					(Title)
Surety C	orporate Seal				Insurance Company
				. (1	Name of Surety)
				000	0 0 00
				PUD	$\mathcal{L}(\mathcal{L})\mathcal{L}\mathcal{L}$
				= HAW	Attorney-in-Fact
Manont	1837 A				

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.

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET OCINCINNATI, OHIO 45202 513-369-5000 FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than FIVE

No. 0 20211

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Address

Limit of Power

JEFFERY O'DELL

RICHARD L. HIGGINBOTHAM ALL OF

ALL

C. DAVID THOMAS

ROSEANN B. DYE-SMALLEY CHARLESTON, WEST VIRGINIA

\$75,000,000

ROBIN M. HUBBARD-SHERROD

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above. IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 10TH AUGUST

GREAT AMERICAN INSURANCE COMPANY



Assistant Secretary

Divisional Senior Vice Presiden

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this

name thereto by like authority.

10TH day of AUGUST

2011 , before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his



KAREN L. GROSHEIM NOTARY PUBLIC, STATE OF OHIO MY COMMISSION EXPIRES 02-20-16 nem R. Gradi

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this

day of

Assistant Secretar



ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: COR1500000043

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.

(Check the	he bo	ox next to each addendum	receive	i)	
[1	Addendum No. 1	[]	Addendum No. 6
[]	Addendum No. 2	[]	Addendum No. 7
[]	Addendum No. 3	[]	Addendum No. 8
[]	Addendum No. 4	[]	Addendum No. 9
[]	Addendum No. 5	[]	Addendum No. 10

Addendum Numbers Received:

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

Cincs Inc

Company

Authorized Signature

5/2/65

Date

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