



# West Virginia Purchasing Division

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.

## Header

 List View

## General Information

Contact

Default Values

Discount

Document Information

Procurement Folder: 51734

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0612

Vendor ID:  

SO Doc ID: DPS1500000013

Legal Name: CIMCO INC

Published Date: 3/11/15

Alias/DBA:


Close Date: 3/19/15

Total Bid: \$72,497.00

Close Time: 13:30

Response Date:  

Status: Closed

Response Time: Solicitation Description:  

Total of Header Attachments: 0

Total of All Attachments: 0



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

**State Of West Virginia  
 Solicitation Response**

**Proc Folder :** 51734

**Solicitation Description :** Addendum No. 1 - HVAC Maintenance for WVSP

**Proc Type :** Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2015-03-19 13:30:00	SR 0612 ESR03191500000002651	1

**VENDOR**

000000209165

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Headquarters Monthly	12.00000	MO	\$1,833.00	

Comm Code	Manufacturer	Specification	Model #
72151003			

**Extended Description :** Addendum No. 1 - To provide the mandatory pre-bid sign-in sheet. The bid opening remains on 03/19/2015 at 1:30 pm. See attached pages.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Academy Monthly	12.00000	MO	\$1,248.00	

Comm Code	Manufacturer	Specification	Model #
72151003			

**Extended Description :** Academy Monthly

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Basic Hourly Technician rate	200.00000	HOUR	\$85.00	

Comm Code	Manufacturer	Specification	Model #
72151207			

**Extended Description :** Basic Hourly Technician rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Basic Hourly Helper rate	25.00000	HOUR	\$85.00	

Comm Code	Manufacturer	Specification	Model #
72151207			

**Extended Description :** Basic Hourly Helper rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Basic Hourly Laborer rate	25.00000	HOUR	\$0.00	

Comm Code	Manufacturer	Specification	Model #
72151207			

Extended Description : Basic Hourly Laborer rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Overtime Hourly Technician rate	30.00000	HOUR	\$85.00	

Comm Code	Manufacturer	Specification	Model #
72151207			

Extended Description : Overtime Hourly Technician rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Overtime Hourly Helper rate	10.00000	HOUR	\$0.00	

Comm Code	Manufacturer	Specification	Model #
72151207			

Extended Description : Overtime Hourly Helper rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Overtime Hourly Laborer rate	10.00000	HOUR	\$0.00	

Comm Code	Manufacturer	Specification	Model #
72151207			

Extended Description : Overtime Hourly Laborer rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Holiday Hourly Technician rate	10.00000	HOUR	\$85.00	

Comm Code	Manufacturer	Specification	Model #
72151207			

Extended Description : Holiday Hourly Technician rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Holiday Hourly Helper rate	5.00000	HOUR	\$0.00	

Comm Code	Manufacturer	Specification	Model #
72151207			

Extended Description : Holiday Hourly Helper rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Holiday Hourly Laborer rate	50.00000	HOUR	\$0.00	

Comm Code	Manufacturer	Specification	Model #
72151207			

Extended Description : Holiday Hourly Laborer rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Part Mark-up - See specifications for more information	1.00000	PCT	\$6,500.00	

Comm Code	Manufacturer	Specification	Model #
72151207			

Extended Description : Part Mark-up - See specifications for more information

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	Non-covered Part Mark-up - See specs for more information	1.00000	PCT	\$6,500.00	

Comm Code	Manufacturer	Specification	Model #
72151207			

<b>Extended Description :</b>	Non-covered Part Mark-up - See specs for more information
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**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: Cimeo Inc

Contractor's License No. WV 25512

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



**CERTIFICATION AND 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.

Cimco Inc  
(Company)

Jeff Hollenwater Vice President  
(Authorized Signature) (Representative Name, Title)

304-562-7705 / 304-392-4178 3/19/15  
(Phone Number) (Fax Number) (Date)

REQUEST FOR QUOTATION  
CRFQ DPS150000013 HVAC Maintenance

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**12.1.5 Exhaust Fans and Ventilation Fans**

- 12.1.5.1 Exhaust and ventilation fans will be checked monthly for proper, smooth and noiseless operation.
- 12.1.5.2 Drive belts on belt driven fans will be replaced as six month intervals.
- 12.1.5.3 Bearing in fans will be lubricated at three month intervals.
- 12.1.6 All adjustments, calibrations and lubricants are to be in compliance with the manufacturer's specifications for each system or individual piece of equipment. Any variations will not be accepted unless owner is informed beforehand of the reasons, and acknowledges such variations.
- 12.1.7 Periodic examinations, calibrations, lubrications and preventative maintenance includes those components shown on Appendix A which is incorporated herein by reference.
- 12.1.8 The specific types of equipment covered under this agreement are as listed in Appendix B, also herein incorporated.
- 12.1.9 Specific equipment or parts which are either not covered under the terms of this specification, or upon which coverage is provided contingent on circumstances, are as listed on Appendix C hereto. Service upon these items will be rendered by the vendor, with the prior approval of the owner, at additional fees as denoted in pricing pages.
- 12.1.10 Any additional information, limitations or exclusions to the work and materials contemplated by this specification will be as on Appendix D, if attached hereto. If so included, its contents are incorporated herein.

**13 MISCELLANEOUS:**

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

**Contract Manager:** Jeff Gillenwater  
**Telephone Number:** 304-562-7705  
**Fax Number:** 304-392-4178  
**Email Address:** service@cinco-wv.com

CRFQ - DPS1500000013

Labor Quote Item #	Description	Unit of Measure	Estimated Annual Quantity	Unit Price	Extended Amount
1	Headquarters Monthly	Each	12	\$1,833.00	\$ 21,996.00
2	Academy Monthly	Each	12	\$1,248.00	\$ 14,976.00
3	Basic Hourly Rate - Technician	Each	50	\$85.00	\$ 4,250.00
4	Basic Hourly Rate - Helper	Hour	20	\$85.00	\$ 1,700.00
5	Basic Hourly Rate - Laborer	Hour	20	0	0
6	Overtime Technican rate	Hour	15	\$85.00	\$ 1,275.00
7	Overtime Helper rate	Hour	10	0	0
8	Overtime Laborer rate	Hour	5	0	0
9	Holiday Technican rate	Hour	15	\$85.00	\$ 1,275.00
10	Holiday Helper rate	Hour	10	0	0
11	Holiday Laborer rate	Hour	5	0	0
	Description	Estimated Parts Cost		MarkUp Percentage	Extended Amount
Parts Quote Item # 1	Parts	\$5,000.00		30 %	\$ 6,500.00
Parts Quote Item #2	Non-covered parts	\$5,000.00		30 %	\$ 6,500.00
<b>OVERALL COST:</b>					<b>\$ 58,472.00</b>

<b>Bidder/Vendor Information:</b>	Name: <u>JEFF Gillenwater</u>
	Address: <u>2336 Virginia Ave Hurricane Wv 25526</u>
	Phone No.: <u>304-562-7705</u>
	Fax No.: <u>304-397-4178</u>
	Email Address: <u>SERVICE @ CIMCO WV.COM</u>
	Authorized Signature: <u>Jeff Gillenwater</u>

**NOTES:** Quantities are estimated for bid evaluation purposes only.  
 Estimated cost for bid evaluation purposes only.  
 Enter a Unit Price of zero (0) if item will be provided at no cost - enter N/B if the item is not being bid or provided.

Failure to use this form will result in automatic disqualification.

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: Cimco Inc

Authorized Signature: [Signature] Date: 3/19/15

State of West Virginia

County of Putnam, to-wit:

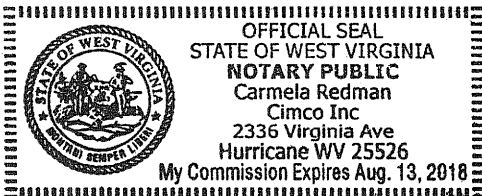
Taken, subscribed, and sworn to before me this 19th day of March, 2015

My Commission expires August 13, 2018

**AFFIX SEAL HERE**

**NOTARY PUBLIC**

[Signature]  
*Purchasing Affidavit (Revised 07/01/2012)*





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

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

I, Jeff Gillenwater, after being first duly sworn, depose and state as follows:

- I am an employee of Cimco Inc; and,  
(Company Name)
- I do hereby attest that Cimco Inc  
(Company Name)

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

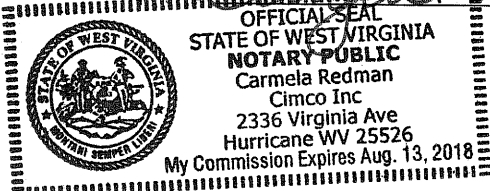
The above statements are sworn to under the penalty of perjury.

By: [Signature]  
 Title: Vice President  
 Company Name: Cimco Inc  
 Date: 3/19/15

Taken, subscribed and sworn to before me this 19<sup>th</sup> day of March, 2015.

By Commission expires August 13, 2018

(Seal)



[Signature]  
 (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 THESE PRESENTS, That we, the undersigned, Cimco, Inc.  
of P. O. Box 480, Culloden, WV 25510-0480, as Principal, and Great American Insurance Company  
of 301 E 4th Street, Cincinnati, OH 45242, a corporation organized and existing under the laws of the State of Ohio  
with its principal office in the City of Cincinnati, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligee, in the penal sum of Five Percent of Total Amount 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  
DPS150000013 HVAC Maintenance for WVSP Headquarters and Academy

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  
19th day of March, 20 15.

Principal Corporate Seal

Cimco, Inc.

(Name of Principal)

By Mitchell Smith

(Must be President or Vice President)

PRESIDENT

(Title)

Surety Corporate Seal

Great American Insurance Company

(Name of Surety)

Loren M. Dushinski  
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.**

**GREAT AMERICAN INSURANCE COMPANY®**

Administrative Office: 301 E 4TH STREET • CINCINNATI, 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.

Name	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 day of AUGUST, 2011  
Attest GREAT AMERICAN INSURANCE COMPANY



*Stephen C. Beraha*  
Assistant Secretary

*David C. Kitchin*  
Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 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 name thereto by like authority.



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

*Karen L. Grosheim*

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 Divisional 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 19th day of March, 2015.



*Stephen C. Beraha*  
Assistant Secretary

# CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV025512

Classification:

HEATING, VENTILATING & COOLING  
PIPING  
PLUMBING

CIMCO INC  
DBA CIMCO INC  
PO BOX 480  
CULLODEN, WV 25510


Date Issued

MAY 09, 2014

Expiration Date

MAY 09, 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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/01/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
George H. Friedlander Co.  
PO Box 2466  
1566 Kanawha Blvd. E.  
Charleston, WV 25311

Phone: 304-357-4520  
Fax: 304-345-8724

**CONTACT NAME:**  
**PHONE (A/C, No, Ext):** 304-357-4520  
**FAX (A/C, No):** 304-345-8724

**E-MAIL ADDRESS:**

**INSURED**  
Cimco, Inc.  
P O Box 480  
Culloden, WV 25510-0480

**INSURER(S) AFFORDING COVERAGE**      **NAIC #**  
INSURER A - Travelers Insurance      25674

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			CO-5614B143-13	05/01/2013	05/01/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Contractual Liab						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/POP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			810-5614B143-13	05/01/2013	05/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	CUP-5614B143-13	05/01/2013	05/01/2014	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED		<input type="checkbox"/> RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB-6557N779-13 INCL WV CODE ANNOT 23-4-2	05/01/2013	05/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Evidence of insurance

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Michael J. Higginbotham</i></p>	

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: DPS150000013**

**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 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.

Cimco Inc

Company

Jeff Hollenwater

Authorized Signature

3-19-15

Date

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