



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

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Procurement Folder: 112734

Procurement Type: Central Purchase Order

Vendor ID:

Legal Name: TRANE US INC

Alias/DBA:

Total Bid: \$23,938.00

Response Date:

Response Time:

SO Doc Code: CRFQ

SO Dept: 0211

SO Doc ID: GSD1500000030

Published Date: 6/25/15

Close Date: 7/15/15

Close Time: 13:30

Status: Closed

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 : 112734

Solicitation Description : Addendum-Annual Maint; Cleaning of Chillers and Towers Bld11

Proc Type : Central Purchase Order

Date issued	Solicitation Closes	Solicitation No	Version
	2015-07-15 13:30:00	SR 0211 ESR07151500000000183	1

VENDOR

000000159732
TRANE US INC

FOR INFORMATION CONTACT THE BUYER

Guy Nisbet
(304) 558-2596
guy.l.nisbet@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	Annual Maintenance and Cleaning of Chillers and Towers B11	1.00000	LS	\$23,938.00	\$23,938.00

Comm Code	Manufacturer	Specification	Model #
72151201			

Extended Description :	All equipment, labor and materials for the Annual Maintenance and Cleaning of Chillers and Towers in Building 11 Chiller Plant, 218 California Avenue, Charleston WV 25305
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Exhibit A Pricing Page

Name of Bidder: Trane

We, the bidder, having examined the site and being familiar with the local conditions affecting the cost of the work and also being familiar with the general conditions to bidders, drawings, and specifications, hereby propose to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding Documents.

TOTAL CONTRACT BID

Twenty Three Thousand, nine hundred Thirty eight dollars, ⁰⁰/₁₀₀
(\$ 23,938.00)

Total to be written in figures and words. In the event that the written amount and the numerical amount differ, the written amount shall prevail.

References

1. Reference Name: Tony Crislip

Position: Assistant Director of Physical Plant

Address: One John Marshall Drive Huntington, WV 25755

Telephone Number: 304-696-6241

Project Name: Marshall University

Project Description: Service Agreement including annual maintenance

2. Reference Name: Bryan Balazs

Position: Facility Administrator

Address: 107-109 Capital St. Charleston, WV 25301

Telephone Number: 304-543-2934

Project Name: Renaissance Tower Cooling Tower

Project Description: Chase Strickland performed annual maintenance on cooling tower

3. Reference Name: Steve Smith

Position: Facilities Supervisor

Address: 500 Lee St. E Charleston, WV 25301

Telephone Number: 304-284-5022

Project Name: Annual Maintenance Laidley Towers

Project Description: Joe Linville Performed annual Chiller Maintenance

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 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: TRANE

Authorized Signature: Bill Man Date: 7/8/15

State of Virginia

County of Roanoke, to-wit:

Taken, subscribed, and sworn to before me this 8th day of July, 2015

My Commission expires July 31, 2016

AFFIX SEAL HERE

NOTARY PUBLIC

Rachel M Saunders

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 _____, TO-WIT:

I, BILL MASON, after being first duly sworn, depose and state as follows:

1. I am an employee of TRANE; and,
(Company Name)
2. I do hereby attest that TRANE
(Company Name)

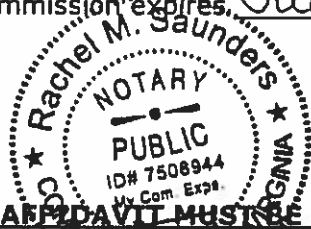
maintains a valid written drug free workplace policy and that such policy is in compliance with **West Virginia Code §21-1D**.

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

By: Bill Mason
Title: Service Sales Manager
Company Name: TRANE
Date: 7/8/15

Taken, subscribed and sworn to before me this 8th day of July, 2015.
By Commission Expires July 31, 2016

(Seal)



Rachel M Saunders
(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.



Drug and Alcohol Policy

Introduction

Ingersoll Rand has a responsibility to its employees, business visitors, and customers to provide a safe, secure and efficient working environment. Drug and alcohol use or abuse can seriously endanger safety and undermine our commitment to quality and operational excellence. The Company also has a legal commitment and duty to abide by the provisions of the U.S. Drug-Free Workplace Act of 1988 and a commitment in our Code of Conduct to provide a drug and alcohol-free workplace.

Scope

This policy applies to all U.S. salaried and non-union hourly employees.

Summary

The greatest danger from substance use or abuse in the workplace is safety related. An employee under the influence of a mind-altering substance is a danger to him/herself and to other employees as well. While safety concerns are obvious, often overlooked is the fact that productivity and quality are negatively impacted by the impaired employee. The Company's policy is to detect and deter users of alcohol, drugs or other controlled substances from our workplace.

- **Prohibited Activities:** The use, sale, manufacture, distribution, possession, receipt or transportation of alcohol, illegal drugs, controlled substances, or prescription medicines for which no prescription has been issued, and the abuse of prescription medications are strictly prohibited on Company property, in a Company vehicle, or while an employee is engaged in Company-related business (unless the possession and/or consumption of alcohol is authorized in connection with a Company-sponsored event).
- **Employee responsibilities:** The Company requires each of its employees to behave in a manner consistent with the highest standards of business conduct. The Company prohibits employees from reporting to work under the influence of alcohol or illegal drugs. Employees must consent to a search – based on visible evidence of sale, possession or use of controlled substances while on company property, worksites or on company business – and seizure of any such substance. All employees must consent to drug and/or alcohol testing – including required periodic non-random, for reasonable suspicion, as well as for post-accident and post injury testing -- as a condition of employment, when permitted by state law. All employees are required to notify their Human Resources leader of any or conviction for violation of a criminal drug statute and employees who drive a company or personal vehicle in the

Effective 1/1/2010

Version #1

Scope: U.S.

Policy Owner: Legal/HR

course of business are required to notify their Human Resources leader of any drivers license suspension or conviction of DUI/DWI immediately.

- **Supervisor responsibilities:** Supervisors have a responsibility to be alert for signs that employees are using, possess, or are under the influence of alcohol or drugs in the workplace. A supervisor who suspects or has cause to believe that an employee is impaired or using legal or illegal substances is responsible for reporting this to the Human Resources leader, or other personnel responsible for the implementation of this policy.
- **Assistance:** The Company encourages employees who feel they or a family member may have a drug or alcohol problem to seek help in the community or from the Company Employee Assistance Program (EAP). Treatment for alcoholism and drug addiction is handled the same as treatment for other illnesses and disabilities.

Types of Screening

The Company's Drug and Alcohol Testing Policy includes six types of tests:

- **Post Offer/Pre-Placement:** When permitted by state/local law, all job applicants will be tested after the Company makes a conditional offer of employment and prior to commencement of employment. An employee who has left the Company and being considered for rehire shall be treated as an applicant. The offer of employment will be conditioned on a satisfactory test result.
- **Reasonable Suspicion/For Cause:** When permitted by state/local law, employees will be subject to testing when there is a reasonable suspicion/for cause to believe they are under the influence of drugs and/or alcohol.
- **Post-Accident:** When permitted by state/local law, employees who commit an unsafe act and/or sustain or cause a recordable injury or illness are a result of a work related accident will be tested for drugs and/or alcohol as soon as possible after the incident. Testing after near misses, first aid, and property damage only incidents that are not considered unsafe acts are at the discretion of local management.
- **Periodic Non-random:** When permitted by state/local law, employees may be subject to periodic announced testing pursuant to specific customer contracts and/or requests or if otherwise required by law.
- **Random:** When permitted by state/local law, employees may be subject to random testing in accordance with a non-biased selection procedure. The decision whether to conduct random testing lies with the Sector VPHR or authorized designee.
- **Post-rehabilitation:** When permitted by state/local law, the Company may require employees to be tested at random as part of a drug or alcohol rehabilitation program.

Screening Provisions

- **Testing Locations and Procedures:** All drug and alcohol testing will utilize appropriate and legally required processes and procedures, including appropriate chain of custody procedures and confirmatory testing methods. If an initial drug or alcohol test is positive, a confirmation test will be performed on the same specimen. The laboratory will report positive drug or alcohol test results to a Medical Review Officer (MRO), who will contact the employee and the Company about the results. Employees who have tested positive for drugs and/or alcohol will be informed in writing of the test results and are entitled to receive, upon request, a copy of a positive test result.
- **Confirmation:** Employees with a confirmed positive result can, at their own expense, have a second confirmation test made on the same specimen.
- **Explanations:** In the event of a positive test result, the employee or job applicant will have an opportunity to present a valid medical or alternative explanation to the MRO.
- **Privacy:** The Company has designed the testing procedure and EAP to ensure the confidentiality and privacy rights of its employees. All records of the drug and alcohol testing program are strictly confidential and access to such records strictly controlled. These records will be kept in a secure location and will not be part of an employee's personnel file.

Exceptions

- **Legal prescriptions:** Employees can use legally prescribed medications, in accordance with the prescription, in the workplace. The prescription can be no older than one year. Employees using prescription and/or over-the-counter medications that may impair ability to perform duties in a safe manner must report their usage to their HR manager and/or management before beginning work.
- **Social consumption of alcohol:** The reasonable consumption of alcohol can play a role in social discourse, business meetings, customer entertainment and company social functions. In all circumstances, employees are responsible for acting in a manner that reflects the highest standards of business conduct and must comply with all applicable laws regarding alcohol consumption, including laws regulating driving while under the influence and public intoxication.

Violations of the policy

- **Refusal to comply:** Refusal to consent to a test or a search is cause for immediate termination.
- **Positive test result:** Employees who test positive on an initial drug and/or alcohol test will be placed on suspension pending the confirmatory test results. Unless prohibited by local or state law, the consequences of a confirmed positive test result will be termination.

- **Revocation of offer:** Applicants who test positive for drugs and/or alcohol and cannot present a valid medical or alternative explanation will have their conditional offer of employment revoked.

Any exception to this policy must be approved by the Sector VPHR or authorized designee.

Resources

- **Employee Assistance Program (EAP):** The EAP is a free resource, available 24 hours a day, 7 days a week, offering counseling, information and referral services for all kinds of issues employees face—from life-altering questions and events to day-to-day concerns. Employees can speak confidentially with an EAP representative by calling the toll-free number of the EAP. Please see your local EAP poster for the contact information.

- **Human Resources:** Employees can direct questions, comments or concerns to their local or regional HR Leader.

Definition of Terms

Controlled substances – Drugs or chemicals whose possession and use are controlled by law.

Consent-and-release agreement – A document that employees and applicants must sign before submitting to testing, which authorizes performance of the test and the release of results to the Company.

Drug testing – The process of analyzing urine, blood, etc. for the purpose of ascertaining whether and to what extent drugs or alcohol were present in a person's body.

Illegal drugs – Those substances controlled under federal or state law and not authorized for sale, possession or use. They also include legal drugs obtained or distributed illegally.

Legal drugs – Legal drugs include alcohol, medications prescribed by a physician, and over-the-counter medications. (See “Exceptions” above for restrictions on the use of legal drugs.)

Medical Review Officer (MRO) – A licensed physician knowledgeable in the medical use of prescription drugs and the pharmacology and toxicology of alcohol and other drugs.

Negative result – A drug or alcohol test's result is negative when it shows no alcohol or drugs in a person's body above specified cut-off levels.

Positive result – A drug or alcohol test's result is positive when it reveals the presence of drugs or alcohol in a person's body above specified cut-off levels. Cut-off levels for alcohol shall be as defined by U.S. Department of Transportation regulations.

Reasonable suspicion – The actions, conduct or appearance of an employee are, in the company's judgment, indicative of the use, possession or influence of drugs, alcohol or controlled substances.

Agency _____
 REQ P.O# _____

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, TRANE U.S. INC.
 of 3600 Pammel Creek Road, LaCrosse, WI 54601, as Principal, and Travelers Casualty and Surety Company
of America of One Tower Square Bond/5PB, Hartford, CT 06183, a corporation organized and existing under the laws of the State of
Connecticut with its principal office in the City of Hartford, as Surety, are held and firmly bound unto the State
 of West Virginia, as Oblige, in the penal sum of Five Percent of Amount Bid (\$ 5% of Amount Bid) 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
Chiller & Cooling Tower Maintenance

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 9th day of July, 2015

Principal Seal

TRANE U.S. INC.

(Name of Principal)

By

(Signature)
 (Must be President, Vice President, or
 Duty Authorized Agent)

Baren Vogelsberg - Contract Manager

(Title)

Surety Seal

Travelers Casualty and Surety Company of America

(Name of Surety)

(Signature)
 Jessica Iannotta, 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.**



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 227984

Certificate No. 005904632

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Vivian Carti, Cynthia Farrell, Sandra Diaz, Evangelina L. Dominick, Annette Leuschner, Jessica Iannotta, and Kelly O'Malley

of the City of New York, State of New York, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory 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, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 19th day of May, 2014.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut
City of Hartford ss.

By:

Robert L. Raney, Senior Vice President

On this the 19th day of May, 2014, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
My Commission expires the 30th day of June, 2016.



Marie C. Tetreault, Notary Public

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2014

CAPITAL STOCK \$ 6,480,000

ASSETS	LIABILITIES & SURPLUS
CASH AND INVESTED CASH \$ 127,187,283	UNEARNED PREMIUMS \$ 855,348,712
BONDS 3,411,438,937	LOSSES 680,168,443
STOCKS 328,931,879	LOSS ADJUSTMENT EXPENSES 358,911,923
INVESTMENT INCOME DUE AND ACCRUED 45,277,103	COMMISSIONS 34,142,046
OTHER INVESTED ASSETS 4,019,416	TAXES, LICENSES AND FEES 11,534,868
PREMIUM BALANCES 209,982,904	OTHER EXPENSES 40,097,405
NET DEFERRED TAX ASSET 62,639,844	CURRENT FEDERAL AND FOREIGN INCOME TAXES 24,133,580
REINSURANCE RECOVERABLE 17,397,751	REMITTANCES AND ITEMS NOT ALLOCATED 11,082,082
SECURITIES LENDING REINVESTED COLLATERAL ASSETS 8,224,894	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS 41,744,886
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES 9,057,189	RETROACTIVE REINSURANCE RESERVE ASSUMED 853,430
OTHER ASSETS 3,078,656	POLICYHOLDER DIVIDENDS 7,378,699
	PROVISION FOR REINSURANCE 3,418,505
	ADVANCE PREMIUM 1,327,118
	PAYABLE FOR SECURITIES 4,590,768
	PAYABLE FOR SECURITIES LENDING 8,224,894
	CEDED REINSURANCE NET PREMIUMS PAYABLE 28,084,142
	ESCHEAT LIABILITY 1,138,046
	OTHER ACCRUED EXPENSES AND LIABILITIES 421,157
	TOTAL LIABILITIES \$ 2,110,576,180
	CAPITAL STOCK \$ 6,480,000
	PAID IN SURPLUS 433,803,760
	OTHER SURPLUS 1,874,373,715
	TOTAL SURPLUS TO POLICYHOLDERS \$ 2,114,657,475
TOTAL ASSETS \$ 4,225,233,665	TOTAL LIABILITIES & SURPLUS \$ 4,225,233,665

STATE OF CONNECTICUT)
COUNTY OF HARTFORD) SS.
CITY OF HARTFORD)

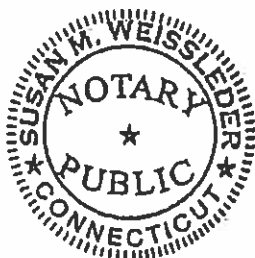
MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS SECOND VICE PRESIDENT, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA,
AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID
COMPANY AS OF THE 31ST DAY OF DECEMBER, 2014.

Michael J. Doody
SECOND VICE PRESIDENT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
19TH DAY OF MARCH, 2015

Susan M. Weissleder
NOTARY PUBLIC

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2017



ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.:

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.

TRANIZ
 Company
Bill Mar
 Authorized Signature
7/8/15
 Date

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



**WEST VIRGINIA
CONTRACTOR
LICENSING
BOARD**

CONTRACTOR LICENSE

Authorized by the
West Virginia Contractor Licensing Board

Number: WV026978

Classification:

ELECTRICAL
GENERAL BUILDING
HEATING, VENTILATING & COOLING
PLUMBING

TRANE U S INC
DBA TRANE
400 BUSINESS CENTER DR
PITTSBURGH, PA 15205-1332

Date Issued

MAY 16, 2015

Expiration Date

MAY 16, 2016


Authorized Company Signature


Chair, West Virginia Contractor
Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work is being performed. This license number must appear in all advertisements, on all bid submissions and on all fully executed and binding contracts. This license cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.

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.

TRANZ

(Company)

D. U. Man

(Authorized Signature) (Representative Name, Title)

(540) 265-3308 (540) 366-4958

(Phone Number) (Fax Number) (Date)

7/8/15

10.1.4 Failure to remedy deficient performance upon request.

10.2 The following remedies shall be available to Agency upon default.

10.2.1 Cancellation of the Contract.

10.2.2 Cancellation of one or more release orders issued under this Contract.

10.2.3 Any other remedies available in law or equity.

11. MISCELLANEOUS:

11.1 **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: David Smith

Telephone Number: 540-563-2828

Fax Number: 540-366-4958

Email Address: David_Smith@trane.com

11.2 **Permits:** The Vendor shall procure all necessary permits and licenses to comply with all applicable Federal, State, or Municipal laws, along with all regulations, and ordinances of any regulating body.

11.3 Project Closeout:

11.3.1. Final cleanup shall be completed prior to final inspection.

11.3.2. Vendor shall submit warranty documents to Agency Project Manager at final inspection.

11.3.3 Perform final inspection with the Agency Project Manager.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2015

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

MARSH & MCLENNAN COMPANIES
1166 Avenue of the Americas
New York NY 10036
ATTN: 212-345-6000

CONTACT

NAME:

PHONE

(A/C, No, Ext):

E-MAIL:

ADDRESS:

FAX

(A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

COMPANY A: National Union Fire Insurance Company of Pittsburgh, PA 19445

COMPANY B: Travelers Property Casualty Co of Amer 25674

COMPANY C: Travelers Indemnity Co of America 25666

INSURER E:

INSURER F:

INSURED

Trane U.S. Inc. dba Trane
2570A Pennsylvania Avenue
Charleston, WV 25302
United States

COVERAGES**CERTIFICATE NUMBER:** 373430**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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		GL 9575063	4/17/2015	4/17/2016	EACH OCCURRENCE \$7,500,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000.00 MED EXP (Any one person) \$10,000.00 PERSONAL & ADV INJURY \$7,500,000.00 GENERAL AGGREGATE \$7,500,000.00 PRODUCTS - COMP/OP AGG \$7,500,000.00 \$
A A A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS PHYSICAL <input type="checkbox"/>		CA5260808 (AOS) CA5260807 (MA) CA5260806 (VA) APD - Self Insured	4/17/2015 4/17/2015 4/17/2015	4/17/2016 4/17/2016 4/17/2016	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B C B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	TC2HUB-7434L10A-15 (AOS) TC2HUB-7434L14B-15 (MN) TRJUB-7434L42A-15 (AZ, MA, OR, WI) TWXJUB-7434L45A-15 (Ohio Excess)	4/17/2015 4/17/2015 4/17/2015 4/17/2015	4/17/2016 4/17/2016 4/17/2016 4/17/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$3,000,000.00 E.L. DISEASE - EA EMPLOYEE \$3,000,000.00 E.L. DISEASE - POLICY LIMIT \$3,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Please see page 2 for additional information.

CERTIFICATE HOLDER

West Virginia Department of Administration
1900 Kanawha Boulevard E
Building 1 Room MB60
Charleston, 25305
United States

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA, Inc
BY: Kevin G. Tietjen

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