

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

State of West Virginia Request for Quotation 09 — Construction

	Proc Folder: 113208		
	Doc Description: Building 88 Players Club Roof Replacement		
ı	Proc Type: Central Purch	nase Order	
Date Issued	Solicitation Closes	Solicitation No	Version
2015-07-09	2015-08-11 13:30:00	CRFQ 0211 GSD1600000001	1

BID RECEIVING LOCATION			
BID CLERK			
DEPARTMENT OF ADMINISTRATION			
PURCHASING DIVISION			
2019 WASHINGTON ST E			
CHARLESTON	WV	25305	
US			

endor Name, Address and Telephone Number:	
Cr.	

08/11/15 13:16:33 WV Purchasing Division

Signature X	FEIN#	DATE	
guy.l.nisbet@wv.gov			
(304) 558-2596			
Guy Nisbet			
FOR INFORMATION CONTACT THE BE	JYER		

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

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

INVOICE TO		SHIPTO	
DEPARTMENT OF ADMII	VISION	DEPARTMENT OF ADMIN	NISTRATION /ISION BLDG 88 PLAYERS CLUB
1900 KANAWHA BLVD E,	BLDG 1, RM MB-68	7 PLAYERS CLUB DR	
CHARLESTON	WV25305	CHARLESTON	WV 25311
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Building 88 Players Club Roof Replacement	1.00000	LS		1012.7 1100

Comm Code	Manufacturer	Specification	Model #	
72152601		-		

Extended Description:

Building 88 Players Club Roof Replacement, 7 Players Club Drive, Charleston WV 25311

	Document Phase	Document Description	Page 3	1
GSD1600000001	Draft	Building 88 Players Club Roof Replacement		

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

RFQ No. CRFQ 0211 GSD00000001

Purchasing Affidavit (Revised 07/01/2012)

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: TRI-STATE ROOFING & SHEET METAL COMPANY Authorized Signature: Date: AUGUST 11, 2015 TIM DORSCH, PRESIDENT State of WEST VIRGINIA County of KANAWHA , to-wit: Taken, subscribed, and sworn to before me this 11 day of AUGUST , 2015. My Commission expires OCTOBER 6, , 20 15. AFFIX SEAL HERE NOTARY PUBLIC SMAHAWHA

OFFICIAL SEAL STATE OF WEST VINCENDA WAS AND THE STATE OF WEST VINCENDA WAS AND THE STATE OF THE

WITNESS THE FOLLOWING SIGNATURE:

General Services Divisio 53
Building 88 – Players Club
Roof Replacement

Exhibit A Pricing Page

Name of Bidder: <u>T</u>	ri-State Roofing & Sheet Metal Company	
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		
One Hudred Twenty	/ Two Thousand Nine Hundred Twenty Nine Dollars	
(\$122,929.00)	
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	
Reference Na	mme: Charleston Town Center Mall, Greg Jordan	
Position:	Property Manager, Forest City Comm. Management	
Address:	3000 Charleston Town Center Charleston, WV 25389	
Telephone Number:	(304) 342-4882	
Project Name:	Charleston Town Center Mall	
Project Description:	Roof, Replacement	
2. Reference Na	me: Kanawha County Schools, Chuck Wilson	
Position:	Administrative Assistant, Facilities Planning Office	
Address:	3300 Pennsylvania Avenue Charleston, WV 25302	
Telephone Number:	(304) 348-6148	
Project Name:	Various Kanawha County Schools	
Project Description:	Roof Replacement	

3. Reference Na	ame: _Marrs Jewelry, James Marrs
Position:	Owner
Address:	1 Bank Street, Nitro WV 25143
Telephone Number:	(304) 755-1631
Project Name:	Marrs Jewelry
Project Description:	Roof Replacement

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.

	umbers Received: ox next to each addendum re	ceived)	
X	Addendum No. 1		Addendum No. 6
X	Addendum No. 2		Addendum No. 7
	Addendum No. 3		Addendum No. 8
	Addendum No. 4		Addendum No. 9
	Addendum No. 5		Addendum No. 10
discussion hel	rstand that any verbal repre d between Vendor's repres	sentation entatives	ddenda may be cause for rejection of this bid. made or assumed to be made during any oral and any state personnel is not binding. Only se specifications by an official addendum is
Tri-State F Company Authorized Sig	Roofing & Sheet Metal		
August 11, Date	2015		
NOTE: This	addendum acknowledgem	ent shou	ld be submitted with the bid to expedite

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.

TRI-STATE ROOFING & SHEET METAL COMPANY
(Company)

TIM DORSCH, PRESIDENT

(Authorized Signature) (Representative Name, Title)

(304)755-8135/(304)755-5275 AUGUST 11, 2015 (Phone Number) (Fax Number) (Date)



CONTRACTORS FOR:

ROOFING ROOF DECKS INDUSTRIAL SHEETING AND ROOFING SHEET METAL FABRICATION AND ERECTION HVAC/ MECHANICAL SERVICE

WV CONTRACTOR LICENSE NO. WV000104

ROOFING & SHEET METAL COMPANY

P.O. BOX 1231, CHARLESTON, WEST VIRGINIA 25324 • TELEPHONE (304) 755-8135 • FAX (304) 755-5275 E-MAIL: charleston@tri-stateservice.com • WEBSITE ADDRESS: www.trl-stateservicegroup.com

Department of Administration Purchasing Division 2019 Washington Street East Charleston, WV 25305 August 11, 2015

RE: Experienced Licensed Electrician

Project: CRFQ 0211 GSD1600000001 Building 88 Players Club Roof Replacement

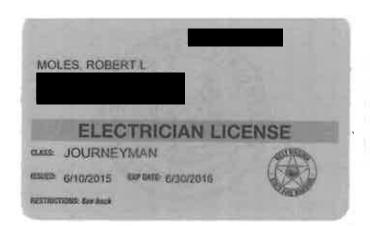
To Whom it May Concern:

Tri-State Roofing & Sheet Metal Company employs a licensed Electrician, Robert L. Moles. A copy of his credentials stating as such are attached.

Sincerely,

Tim Dorsch President

Tri-State Roofing & Sheet Metal Company





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

STATE OF WEST VIRGINIA,	
county of Kanawha	, TO-WIT:
I, Tim Dorsch	_, after being first duly sworn, depose and state as follows:
1. I am an employee of TR	(Company Name)
	(
2. I do hereby attest that _	TRI-STATE ROOFING AND SHEET METAL CO
·	(Company Name)
	n drug free workplace policy and that such with West Virginia Code §21-1D.
The above statements are swo	rn to under the penalty of perjury.
	By:
	Title: President
	Company Name: TRI-STATE ROOFING AND SHEET METAL CO
	Date: August 11, 2015
	Date:
Taken, subscribed and sworn t	to before me this 11 day of August , 2015
	ber 6, 2019
(Seal)	Sarah Hoode
THIS AFFIDAVIT MUST BE S	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.



WEST VIRGINIA CONTRACTOR LICENSING BOARD

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV000104

Classification:

HEATING, VENTILATING & COOLING SPECIALTY ROOFING CRANE

TRI STATE ROOFING & SHEET METAL CO
DBA TRI STATE ROOFING & SHEET METAL CO
PO BOX 1231
CHARLESTON, WV 25324-1231

Date Issued

Expiration Date

AUGUST 01, 2015

AUGUST 01, 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.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/26/2015

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(les) 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).

	ertificate holder in lieu of such endors				140130	ment. A out	GINGIIC ON LI	is continues at	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ngo to the		
	DUCER			CONTACT Jennifer Drake								
Mou	intain State Insurance Agen	CV			PHONE (304) 720-2000 FAX (A/C, No): (304) 720-2002							
1206 Kanawha Blvd. E.						E-MAIL ADDRESS: jdrake@mountainstateinsurance.com						
					INSURER(S) AFFORDING COVERAGE NAIC #							
Cha	erleston WV 253			INSURER A BrickStreet Insurance					12372			
INSURED												
Tri	State Roofing & Sheet Met	al			INSURER B:							
										1		
	Box 1231			INSURER D :								
Charleston WV 25324						INSURER F:						
			ATE	NUMBER:15/16 WC								
TI IN CI	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		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER				EACH OCCURRENCE \$				
	CLAIMS-MADE OCCUR		1					DAMAGE TO RENT PREMISES (Ea occ				
	CLAIMS-MADE CCCOR							MED EXP (Any one				
								PERSONAL & ADV		1		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$				
	POLICY PRO- LOC							PRODUCTS - COM				
	OTHER:								\$			
_	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT \$			
	ANY AUTO	:						BODILY INJURY (P	er person) \$			
	ALL OWNED SCHEDULED							BODILY INJURY (Po	er accident) \$			
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAG	GE \$			
	AUTOS AUTOS							ti oi doorgaliti	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$							·	\$			
	WORKERS COMPENSATION							X PER STATUTE	OTH-			
	AND EMPLOYERS' L'ABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		.					E.L. EACH ACCIDE	NT \$	1,000,000		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	WCB1005809			7/1/2015	7/1/2016	E.L. DISEASE - EA	EMPLOYEE \$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT \$	1,000,000		
					-							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	lule, may	be attached if m	ore space is requ	uired)				
CE	RTIFICATE HOLDER				CANCELLATION							
	Verification of Insur	e		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							
				Tonnifor Brake/IID								

41LAURELMANA

Client#: 118155

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/29/2015

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).

	ertificate holder in lieu of such endors											
PRODUCER						CONTACT Roxanne Cameron						
J Smith Lanier & Co-Lexington						PHONE (A/C, No, Ext): 800-796-3567 (A/C, No): 859-254-8020						
Powell-Walton-Milward						E-MAIL ADDRESS: rcameron@pwm-js!.com						
P O Box 2030						INSURER(S) AFFORDING COVERAGE						
Lexington, KY 40588					INSURER A: Westfield Insurance Company						24112	
INSURED TO COLOR OF THE PROPERTY OF THE PROPER						INSURER B:						
Tri-State Roofing & Sheet Metal					INSURE	RC:						
Company of West Virginia						INSURER D :						
P.O. Box 1231					INSURER E :							
Charleston, WV 25234 INSURER F:							- U					
				NUMBER:				REVISION NUM		Bot to	(DEDICE	
IN CI	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			ADDLSUBR INSR WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS		s			
Α	X COMMERCIAL GENERAL LIABILITY			CMM5942244			04/30/2016			\$1,00		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED urrence)	\$300,	000	
								MED EXP (Any one	person)	\$10,0		
						 		PERSONAL & ADV	INJURY	\$1,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:]	GENERAL AGGREG		\$2,00		
	POLICY JECT LOC							PRODUCTS - COMP	P/OP AGG	\$2,00	0,000	
_	OTHER:					0.410.010.04.5	04/00/0040	COMBINED SINGLE (Ea accident)	LIMIT	\$ 4.00	0.000	
Α	AUTOMOBILE LIABILITY			CMM5942244		U4/3U/2U15	04/30/2016	(Ea accident) BODILY INJURY (Pe		\$1,00 \$	0,000	
	X ANY AUTO ALL OWNED SCHEDULED						•	BODILY INJURY (Pe		\$,	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAG	•	s		
	HIRED AUTOS X AUTOS							(Per accident)		\$		
Α	X UMBRELLA LIAB X OCCUR			CMM5942244		04/30/2015	04/30/2016	EACH OCCURRENCE	CE	\$5,00	0.000	
~	EXCESS LIAB CLAIMS-MADE			UNINUVTEET?			J ., JUI EU 1 U	AGGREGATE		\$5,00		
	DED X RETENTION \$0									\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					ĺ	E.L. EACH ACCIDE	NT	\$		
								E.L. DISEASE - EA I	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	JCY LIMIT	\$		
										_		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER C						CANCELLATION						
FOR INFORMATION PURPOSES ONLY						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						

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WEST VIRGINIA STATE TAX DEPARTMENT BUSINESS REGISTRATION CERTIFICATE

ISSUED TO:
TRI STATE ROOFING & SHEET METAL COMPANY OF WEST VIRGINIA
321 HARRIS DR
POCA. WV 25159-7521

BUSINESS REGISTRATION ACCOUNT NUMBER:

1037-1512

This certificate is issued on:

08/14/2014

This certificate is issued by the West Virginia State Tax Commissioner in accordance with Chapter 11, Article 12, of the West Virginia Code

The person or organization identified on this certificate is registered to conduct business in the State of West Virginia at the location above.

This certificate is not transferrable and must be displayed at the location for which issued

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them. CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

atL006 v.4 L1901947456

BID BOND

KNOW ALL MEN BY THESE PRESENTS, Th	nat we, the undersigned, <u>Tri - State Roofing and Sheet Metal Company</u>
of PO Box 1231, Charleston WV 25324	4, as Principal, and Travelers Casualty and Surety Compa
of <u>America of 119 Virginia Street W. Charleston W</u>	VV 25302 _{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 Obligee, in the penal sum of Five	
well and truly to be made, we jointly and severally bind	ourselves, our heirs, administrators, executors, successors and assigns.
The Condition of the share shifted in the state of	
	that whereas the Principal has submitted to the Purchasing Section of the
CRFQ 0211 GSD1600000001, Building 88 Player	attached hereto and made a part hereof, to enter into a contract in writing for rs Club Roof Replacement
according to plans and specifications.	
NOW THEREFORE,	
(a) If said bid shall be rejected, or	
hereto and shall furnish any other bonds and insurance agreement created by the acceptance of said bid, then to	cipal shall enter into a contract in accordance with the bid or proposal attached required by the bid or proposal, and shall in all other respects perform the this obligation shall be null and void, otherwise this obligation shall remain in full that the liability of the Surety for any and all claims hereunder shall, in no event, ated.
way impaired or affected by any extension of the time w waive notice of any such extension.	ulates and agrees that the obligations of said Surety and its bond shall be in no within which the Obligee may accept such bid, and said Surety does hereby
	have hereunto set their hands and seals, and such of them as are corporations
	o and these presents to be signed by their proper officers, this
11th day of August , 20 15	
Principal Corporate Seat	Tri - State Roofing and Sheet Metal Company
	(Name of Principal)
	By The I
	(Must be President or
	Vice President)
	Tim Dorsch, President
	(Title)
Surety Corporate Seal	<u>Travelers Casualty and Surety Company of America</u> (Name of Surety)
	Sheila McCormick Attorney-in-Fact

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



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.

229290

Certificate No. 006422949

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 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

Ross E. Johnson, Patrick B. Kee, Beverly A. Holstine, Sheila McCormick, Taylor R. Johnson, and Bradley P. Bobersky

Ξ(
of the City of Charleston			West Virginia	, th	eir true and lawful	Attorney(s)-in-Fact,	
each in their separate capacity if in other writings obligatory in the in contracts and executing or guaran	ature thereof on behalf of the	Companies in their b	usiness of guaranteein	g the fidelity of pe	rsons, guaranteeinį	nal undertakings and g the performance of	
IN WITNESS WHEREOF, the day of	Companies have caused this in 2015	strument to be signed	and their corporate sea	als to be hereto affi	xed, this	30th	
	Farmington Casualty Com Fidelity and Guaranty Inst Fidelity and Guaranty Inst St. Paul Fire and Marine I St. Paul Guardian Insuran	Tra-	St. Paul Mercury Insurance Company Travelers Casualty and Surety Company Travelers Casualty and Surety Company of America United States Fidelity and Guaranty Company				
1977	MCORPORATED 1951	SE AL	SEAL S	HARTFORD, TO STAND OF THE PARTY	STATE OF THE PARTY	S TY AND THE SECOND SEC	
State of Connecticut City of Hartford ss.	2		Ву:	Robert L. Rane	y, Senior Vice Preside	ent	
On this the30th be the Senior Vice President of Foreign and Marine Insurance Company of Casualty and Surety Company of instrument for the purposes there	any, St. Paul Guardian Insuran f America, and United States F	Fidelity and Guaranty ice Company, St. Paul fidelity and Guaranty	Mercury Insurance Conpany, and that he,	Fidelity and Guaran empany, Travelers (as such, being aut	ity Insurance Under Casualty and Surety	rwriters, Inc., St. Paul y Company, Travelers	

58440-8-12 Printed in U.S.A.

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

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors 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, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, and Vi President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, 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 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 in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 11th day of August , 2015.



















To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.