

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: West Virginia Elevator LLC
 Contractor's License No. WV-00049746

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

10. VENDOR DEFAULT:

10.1. The following shall be considered a vendor default under this Contract.

10.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.

10.1.2. Failure to comply with other specifications and requirements contained herein.

10.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

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. Immediate cancellation of the Contract.

10.2.2. Immediate 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: Destin Bozack
Vendor's Address: Dr. Box 57
Amma, WV 25005
Telephone Number: 304-881-1383
Fax Number: 304-381-4444
Email Address: WVelebor@gmail.com

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.

West Virginia Elevator, LLC
(Company)

 Dustin Bozich, Manager
(Authorized Signature) (Representative Name, Title)

304 - 881-1383 / 304-381-4444 / 8/31/15
(Phone Number) (Fax Number) (Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CFRQ_ GSD1600000004

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

West Virginia Electric, LLC
 Company

[Signature]
 Authorized Signature

8/31/15
 Date

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

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: West Virginia Elevator, LLC

Authorized Signature: [Signature] Date: 9-1-15

State of West Virginia

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 1st day of September, 2015

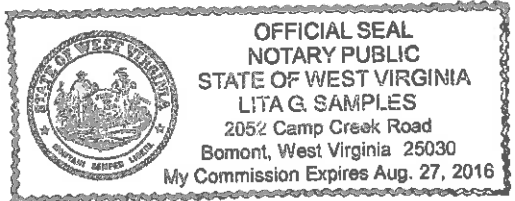
My Commission expires Aug 27, 2016.

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 ROANE, TO-WIT:

I, CHRIS BRADLEY, after being first duly sworn, depose and state as follows:

- 1. I am an employee of W.V. ELEVATOR; and,
(Company Name)
- 2. I do hereby attest that WV ELEVATOR
(Company Name)

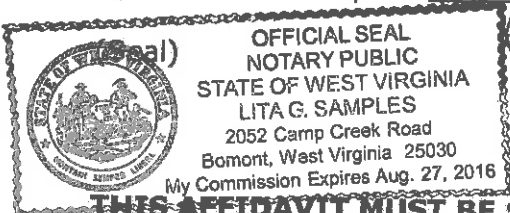
maintains a valid written drug free workplace policy and that such policy is in compliance with **West Virginia Code §21-1D**.

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

By: CHRIS BRADLEY 
 Title: V.P.
 Company Name: W.V. ELEVATOR
 Date: 9-1-15

Taken, subscribed and sworn to before me this 1st day of September, 2015.

By Commission expires Aug 27, 2016




(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.

Item #	EV#	Location Name	Capacity	Type	Land	Monthly Cost	QTY	Yearly Cost
		Capitol Complex, Building 1						
1	EV0001639	Elevator #1, East Wing	2,500	Elev/Trac	5	400	12	\$ 4,800.00
2	EV0001639	Elevator #2, East Wing	2,500	Elev/Trac	5	400	12	\$ 4,800.00
3	EV0001639	Elevator #3, MB, AG Office	1,800	Elev/Trac	3	400	12	\$ 4,800.00
4	EV0001639	Elevator #4, MB	2,500	Elev/Hyd	4	191.61	12	\$ 2,299.32
5	EV0001639	Elevator #5, MB, House Side	2,500	Elev/Trac	4	400	12	\$ 4,800.00
6	EV0001639	Elevator #6, MB, Senate side	2,500	Elev/Trac	4	400	12	\$ 4,800.00
7	EV0001639	Elevator #7, MB, Gov. Office	1,800	Elev/Trac	3	400	12	\$ 4,800.00
8	EV0001639	Elevator #8, West Wing	2,500	Elev/Trac	5	400	12	\$ 4,800.00
9	EV0001639	Elevator #9, West Wing	2,500	Elev/Trac	5	400	12	\$ 4,800.00
10	EV0001639	W/C Lift, West Wing	750	WC Lift	2	100	12	\$ 1,200.00
11	EV0001639	W/C Lift, East Wing	750	WC Lift	2	100	12	\$ 1,200.00
		Capitol Complex, Building 3						
12	EV0001639	Elevator #1	3,000	Elev/Trac	9	400	12	\$ 4,800.00
13	EV0001639	Elevator #2	3,000	Elev/Trac	9	400	12	\$ 4,800.00
14	EV0001639	Elevator #3	3,000	Elev/Trac	9	400	12	\$ 4,800.00
15	EV0001639	Elevator #4	3,000	Elev/Trac	9	400	12	\$ 4,800.00
		Capitol Complex, Building 4						
16	EV0001639	Elevator #1, Left	2,500	Elev/Trac	8	400	12	\$ 4,800.00
17	EV0001639	Elevator #2, Right	2,500	Elev/Trac	8	400	12	\$ 4,800.00
18	EV0001639	W/C Lift,	450	WC Lift	2	100	12	\$ 1,200.00
		Capitol Complex, Building 5						
19	EV0001639	Elevator #1	3,500	Elev/Trac	11	400	12	\$ 4,800.00
20	EV0001639	Elevator #2	3,500	Elev/Trac	11	400	12	\$ 4,800.00
21	EV0001639	Elevator #3	3,500	Elev/Trac	11	400	12	\$ 4,800.00
22	EV0001639	Elevator #4	3,500	Elev/Trac	11	400	12	\$ 4,800.00
23	EV0001639	Elevator #5, Executive	2,500	Elev/Trac	11	400	12	\$ 4,800.00
24	EV0001639	Elevator #6, Frt	5,000	Elev/Trac	12	400	12	\$ 4,800.00
		Capitol Complex, Building 6						
25	EV0001639	Elevator #1	3,500	Elev/Trac	9	400	12	\$ 4,800.00
26	EV0001639	Elevator #2	3,500	Elev/Trac	9	400	12	\$ 4,800.00
27	EV0001639	Elevator #3	3,500	Elev/Trac	9	400	12	\$ 4,800.00
28	EV0001639	Elevator #4	3,500	Elev/Trac	9	400	12	\$ 4,800.00
29	EV0001639	Elevator #5	5,000	Elev/Trac	10	400	12	\$ 4,800.00
		Capitol Complex, Building 7						
30	EV0001639	Elevator #1	2,000	Elev/Hyd	3	191.61	12	\$ 2,299.32
31	EV0001639	Elevator #2, Frt	10,000	Elev/Hyd	3	191.61	12	\$ 2,299.32
		Capitol Complex, Building 8						
32	EV0001639	Elevator #1, Governors Mansion	750	Priv Res	4	191.61	12	\$ 2,299.32
		Capitol Complex, Building 13						
33	EV0001639	Elevator #1, Parking Garage	2,500	Elev/Hyd	4	191.61	12	\$ 2,299.32
34	EV0001639	Elevator #2, Parking Garage	2,500	Elev/Hyd	4	191.61	12	\$ 2,299.32
		Capitol Complex, Building 15						
35	EV0001639	Elevator #1, 2019 Wash. St E.	2,500	Elev/Hyd	2	191.61	12	\$ 2,299.32
		Capitol Complex, Building 17						
36	EV0001639	Elevator #1, 2101 Wash. St E.	2,100	Elev/Hyd	3	191.61	12	\$ 2,299.32
		Building 20, Leon Sullivan Way						
37	EV0001639	Elevator #1	6,000	Elev/Trac	6	400	12	\$ 4,800.00
38	EV0001639	Elevator #2	4,000	Roped/Hy	6	200	12	\$ 2,400.00

		Total Monthly Charge						\$ 19,882.00
		Total Yearly Charge				A		\$ 238,584.00
			(sample 1.25)					
67		Cost for Parts Markup (%)	0.125	X \$10,000		B		\$ 1,250.00
			(enter this number as a unit price of mark-up cost in line item 67 in WVOASIS)					
			(sample \$85)					
68		Flat Hourly Rate (Open-end Services)	\$94.82	X 200 Hours =		C		\$ 18,964.00
			(enter this hourly rate in the hourly rate of Item 68 in WVOASIS)					
		Add Columns A+B+C= D Your Bid						
		Total Bid				D		\$ 258,798.00

Note: When entering prices through VSS in WVOASIS, enter each of the unit prices as listed here in the pricing pages. Cost for Parts Mark-up and Flat hourly for open-end services are estimates and for evaluation purposes only

<u>CONTACT INFORMATION</u>								
<u>Company Name:</u>			West Virginia Elevator, LLC.					
<u>Company Address:</u>			PO Box 57 Amma, WV 25005					
<u>Contractor Contact Name:</u>			Dustin Bozek					
<u>Contractor Phone Number:</u>			304-881-1383					
<u>Contractor Fax Number:</u>			304-381-4444					
<u>Contractor Email Address:</u>			wvelevator@gmail.com					
<u>Please provide the following numbers below:</u>								
<u>24 Hour Phone Number for Callback Services:</u>			1-888-454-0193					
<u>Fax/email for Release Order Receipt:</u>			304-381-4444 / wvelevator@gmail.com					

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, West Virginia Elevator, LLC
of Amma, WV, as Principal, and The Cincinnati Insurance Company
of Cincinnati, OH, a corporation organized and existing under the laws of the State of
OH with its principal office in the City of Cincinnati, as Surety, are held and firmly bound unto the State
of West Virginia, as Oblgee, in the penal sum of Five Percent of 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
Elevator Maintenance - According to Plans & Specifications

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 Oblgee 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 1st day of September, 2015.

Principal Seal

West Virginia Elevator, LLC
(Name of Principal)
By: Chris A. Berry
(Must be President, Vice President, or
Duly Authorized Agent)
VP
(Title)

Surety Seal

The Cincinnati Insurance Company
(Name of Surety)
By: Patricia A. Moye
Patricia A. Moye, WV Resident Agent 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.

THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

Allan L. McVey; Gregory T. Gordon; Patricia A. Moye and/or Kimberly Wilkinson

of Charleston, West Virginia its true and lawful Attorney(s)-in-Fact to sign, execute, seal and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows:

Any such obligations in the United States, up to Fifty Million and No/100 Dollars (\$50,000,000.00).

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

"RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7th day of December, 1973.

"RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company."

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 10th day of May, 2012.



THE CINCINNATI INSURANCE COMPANY

Signature of Scott R. Cohen

Vice President

STATE OF OHIO) ss:
COUNTY OF BUTLER)

On this 10th day of May, 2012, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



Signature of Mark J. Huller

MARK J. HULLER, Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio.
this 1st day of September 2015



Signature of Scott R. Cohen

Assistant Secretary

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number: WV049746

Classification:

SPECIALTY

WEST VIRGINIA ELEVATOR LLC
DBA WEST VIRGINIA ELEVATOR LLC
PO BOX 57
AMMA, WV 25005


Date Issued

JULY 05, 2015

Expiration Date

JULY 05, 2016


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)
7/8/2015

HIS 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
CLARKSBURG ASSOC/INSURE AMERICA
 PO Box 1638
 Clarksburg, WV 26302

CONTACT NAME:	
PHONE (A/C No. Ext):	(304) 622-1562
FAX (A/C No.):	(304) 622-1568
E-MAIL ADDRESS:	steve.haning@clarksburg-associates.com
INSURER(S) AFFORDING COVERAGE	
INSURER A:	Sentinel Ins Co
INSURER B:	The Hartford Co
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
West Virginia Elevator LLC
 PO Box 57
 Anna, WV 25005

VERAGES 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.

TYPE OF INSURANCE	ADOL INSD	SUBR TWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			13UENOJ6544	7/10/15	7/10/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 Maximum Aggre \$10,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			40UEZCZD5497	6/12/15	6/12/16	EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						

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

CERTIFICATE HOLDER

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
Marianne Sturgeon



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/15/2015

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 Insure America Clarksburg Associates PO Box 1638 Clarksburg WV 26302		CONTACT NAME: PHONE (A/C No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
INSURED West Virginia Elevator LLC 9862 Clay Rd Left Hand WV 25251		INSURER(S) AFFORDING COVERAGE INSURER A: Brickstreet Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 12372


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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 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 RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	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 Y	N/A WCB1021213	06/12/2015	06/12/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER BROAD FORM E.L. EACH ACCIDENT \$ 1,000,000 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)

OWNERS/OFFICERS/PARTNERS EXCLUDED: DUSTIN BOZEK AND CHRISTOPHER BRADLEY

CERTIFICATE HOLDER EVIDENCE OF INSURANCE	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 



**NATIONAL ELEVATOR INDUSTRY
EDUCATIONAL PROGRAM**

Be it known that

Christopher J. Bradley

*is hereby awarded this Certificate in recognition
of having successfully completed a Mechanic's Examination
held in conjunction with the
National Elevator Industry Educational Program*

William Johnson Jr.
CHAIRMAN, BOARD OF TRUSTEES

11/16/2005

DATE

[Signature]
NEIEP DIRECTOR



National Elevator Industry Educational Program Certificate of Completion

Certificate #: RBC76-ZWV/RBC74-S15

Student #: 36218

is hereby granted to:

Christopher J. Bradley

to certify that he/she has completed to satisfaction:

West Virginia State Licensing Course

Granted: February 3, 2011

and

8-Hour Machine Room Maintenance

Granted: February 3, 2011

Continuing Education Credit: 8 Hours

I _____ do hereby attest that
I, personally, completed the above program of study.

Signed: _____ Date: _____

NEIEP Director

John J. O'Donnell