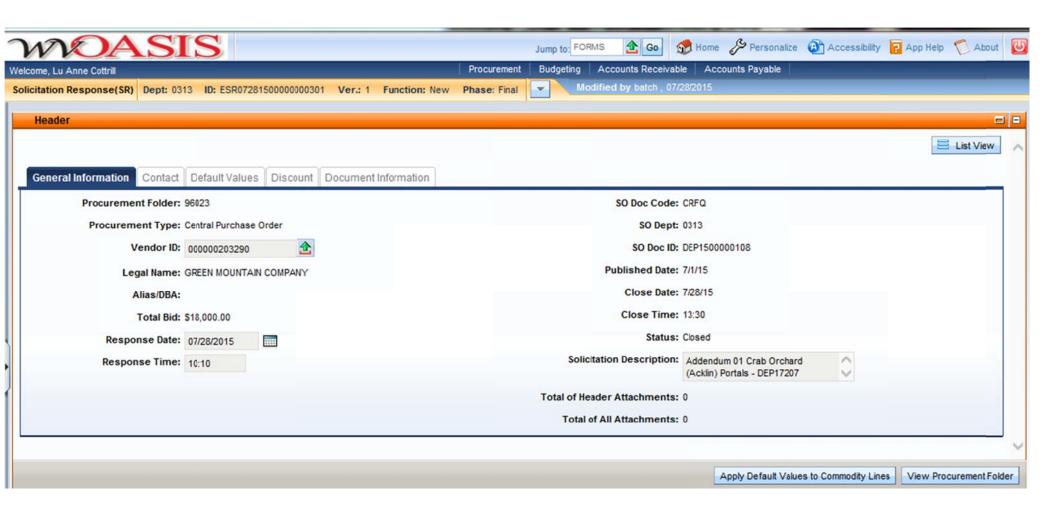


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





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

## **State of West Virginia Solicitation Response**

Proc Folder: 96023

Solicitation Description: Addendum 01 Crab Orchard (Acklin) Portals - DEP17207

Proc Type: Central Purchase Order

Date issued	Solicitation Closes	Solicitation No	Version
	2015-07-28 13:30:00	SR 0313 ESR07281500000000301	1

#### VENDOR

000000203290

**GREEN MOUNTAIN COMPANY** 

FOR INFORMATION CONTACT THE BUYER

Beth Collins (304) 558-2157 beth.a.collins@wv.gov

Signature X FEIN # DATE

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

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Mobilization & Demobilization	1.00000	LS	\$100.00	\$100.00
Comm Code	Manufacturer	Specification		Model #	
77111603					
Extended Des	(Cannot be more than	10% of Total Amour	t Bid)		
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Construction Layout Stakes	1.00000	LS	\$100.00	\$100.00
Comm Code	Manufacturer	Specification		Model #	
77111603					
Line 3	Comm Ln Desc	1.00000	Unit Issue LS	Unit Price \$100.00	Ln Total Or Contract Amount
<u> </u>	Quality Control	1.00000	LO	φ100.00	\$100.00
Comm Code	Manufacturer	Specification		Model #	
77111603					
Extended Des	(Cannot be more than 3	3% of Total Amount	Bid)		
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Site Preparation	1.00000	LS	\$1,500.00	\$1,500.00
Comm Code	Manufacturer	Specification		Model #	
Commit Code					
77111603					

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Silt Fence Sediment Control	350.00000	LF	\$0.50	\$175.00
Comm Code	Manufacturer	Specification		Model #	
77111603					
Extended Des	Silt Fence Sediment Contr	ol			
Line	Community Door	Otto	Huit Issue	Heit Deice	La Total On Contract Amount
Line 6	Stone Construction Entrance (FO' v	<b>Qty</b> 60.00000	TON	Unit Price \$30.00	\$1,800.00
	Stone Construction Entrance (50' x 25' Width)		TON	ψ30.00	Ψ1,000.00
Comm Code	Manufacturer	Specification		Model #	
77111603					
Extended Des	Stone Construction Entran		•		
Line	Comm Ln Desc	Qtv	Unit Issue	Unit Price	Ln Total Or Contract Amount
Line 7	Comm Ln Desc Revegetation	<b>Qty</b> 1.00000	Unit Issue LS	<b>Unit Price</b> \$6,025.00	Ln Total Or Contract Amount \$6,025.00
7	Revegetation	1.00000		\$6,025.00	
7 Comm Code	Revegetation  Manufacturer	1.00000		\$6,025.00	
7 Comm Code 77111603 Extended Des	Manufacturer scription: Revegetation	1.00000  Specification	LS	\$6,025.00  Model #	\$6,025.00
7 Comm Code 77111603	Manufacturer  Scription: Revegetation  Comm Ln Desc	1.00000		\$6,025.00	
7 Comm Code 77111603 Extended Des	Manufacturer scription: Revegetation	1.00000  Specification	LS Unit Issue	\$6,025.00  Model #  Unit Price	\$6,025.00  Ln Total Or Contract Amount
7 Comm Code 77111603 Extended Des	Manufacturer  Scription: Revegetation  Comm Ln Desc	1.00000  Specification	LS Unit Issue	\$6,025.00  Model #  Unit Price	\$6,025.00  Ln Total Or Contract Amount
Comm Code 77111603 Extended Des	Manufacturer  Scription: Revegetation  Comm Ln Desc  Dry Mine Seal	1.00000  Specification  Qty 1.00000	LS Unit Issue	\$6,025.00  Model #  Unit Price \$2,000.00	\$6,025.00  Ln Total Or Contract Amount

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	36" HDPE Double Wall Corrugated Pipe	20.00000	LF	\$60.00	\$1,200.00

Comm Code M	anufacturer	Specification	Model #
77111603			

36" HDPE Double Wall Corrugated Pipe **Extended Description:** 

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	36" Bat Gate Mine Seal	1.00000	EA	\$5,000.00	\$5,000.00

Comm Code	Manufacturer	Specification	Model #	
77111603				
<b>Extended Descript</b>	tion: 36" Bat Gate Min	e Seal		

#### ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

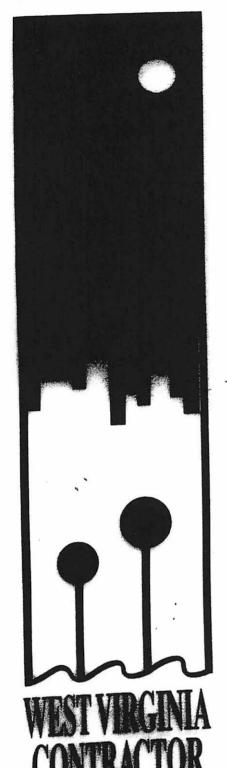
1. CONTRACTOR'S LICENSE: West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting 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: GREEN MOUNTAIN COMPANY

Contractor's License No. WV 002057

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-ID-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



# **CONTRACTOR LICENSE**

Authorized by the

West Virginia Contractor Licensing Board

WV002057

Number:

Classification:

GENERAL ENGINEERING SPECIALTY

GREEN MOUNTAIN COMPANY DBA GREEN MOUNTAIN COMPANY 511 50TH STREET CHARLESTON, WV 25304

**Date Issued** 

**Expiration Date** 

AUGUST 21, 2014

mensin 2h. 2015

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 performed. This license number must appear in all advertisements, on all bid submissions and on all fully e and binding contracts. This license cannot be assigned or transferred by licensee. Issued under provisions Virginia Code, Chapter 21, Article 11.

#### 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.

(Authorized Signature) (Representative Name, Title)

304 925-0253

OMB #1029-0119 Expiration Date: 1/31/16

#### AML CONTRACTOR INFORMATION FORM

You must complete this form for your AML contracting officer to request an eligibility evaluation from the Office of Surface Mining to determine if you are eligible to receive an AML contract. This requirement applies to contractors and their sub-contractors and is found under OSM's regulations at 30 CFR 874.16. When possible, please type your information onto this form to reduce errors on our end. NOTE: Signature and date this form is signed must be recent (within the last month) to be considered for a current bid

Part A: General Information

Business Name: Green Mountain Company Tax Payer ID No.: _55-0580174  Address: 511 50th Street	
City:         Charleston         State:         WV Zip Code:         25304         Phone:         (304)925-0253           Fax No.:         (304)925-9230         E-mail address:         gmtk16@aol.com	
Part B: Legal Structure	
(X) Corporation () Sole Proprietorship () Partnership () LLC () Other (please specify)	
Part C: Certifying and updating information in the Applicant/Violator System (AVS). Select only one of the following options, follow the instructions for that option, and sign below.	у
I, <u>Rodney W. Clay</u> , have the express authority to certify that: (print name)	
<ol> <li>X Information on the attached Entity Organizational Family Tree (OFT) from AVS is accurate complete, and up-to-date. If you select this option, you must attach an Entity OFT from AVS to this form. Sign and date below and do not complete Part D.</li> </ol>	
2Part of the information on the attached Entity OFT from AVS is missing or incorrect and m be updated. If you select this option, you must attach an Entity OFT from AVS to this form Use Part D to provide the missing or corrected information. Sign and date below and compl Part D.	
3Our business currently is not listed in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D.	
Date Signature President Title	

IMPORTANT! In order to certify in Part C to the accuracy of existing information in AVS, you must obtain a copy of your business' Entity OFT. To obtain an Entity OFT, contact the AVS Office, toll-free, at 800-643-9748 or from the AVS website at https://avss.osmre.gov.

Contractor's Business Name:	Green Mountain Company
-----------------------------	------------------------

If the current Entity OFT information for your business is incomplete or incorrect in AVS, or if there is no information in AVS for your business, you must provide all of the following information as it applies to your business. Please make as many copies of this page as you require.

- Every officer (President, Vice President, Secretary, Treasurer, etc.);
- . All Directors;
- · All persons performing a function similar to a Director;
- Every person or business that owns 10% or more of the voting stock in your business.
- Every partner, if your business is a partnership;
- Every member and manager, if your business is a limited liability company; and
- Any other person(s) who has the ability to determine the manner in which the AML reclamation project is being conducted.

Name Address	Telephone #	
Begin Date:		
Name Address	Telephone # % of Ownership	
Begin Date:	Ending Date:	
Name Address	Position/Title Telephone # % of Ownership Ending Date:	
Name Address	Position/Title Telephone # % of Ownership Ending Date:	
Regin Date:	2	

#### PAPERWORK REDUCTION STATEMENT

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501) requires us to Inform you that: Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This information is necessary for all successful bidders prior to the distribution of AML funds, and is required to obtain a benefit.

Public reporting burden for this form is estimated to range from 15 minutes to 1 hour, with an average of 22 minutes per response, including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. You may direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Office of Surface Mining Reclamation and Enforcement, Room 202 SIB, Constitution Ave., NW, Washington, D.C. 20240.



#### **Parent Entity**

(139758) Green Mountain Company (139758) Green Mountain Company

#### AVS OFT Report - 5/23/2013 9:33:04 AM

### All OFT's where the selected entity is listed as an entity or related entity Entity Selected (139758) Green Mountain Company

Description ExtDesc	Related Entity	% Ownership	Begin Date	End Date
Vice President	(139754) David H Bowman	Ownership	3/1/1993	
Chairman of the Board	(139752) Rodney W Clay		12/1/1988	
Director	(139752) Rodney W Clay		12/1/1988	
President	(139752) Rodney W Clay		12/1/1985	
Shareholder	(139752) Rodney W Clay	100%	12/1/1985	
Treasurer	(139752) Rodney W Clay		12/1/1988	
Secretary	(139753) Tammy J Clay		4/1/1987	

Muly Willy

PRESIDENT



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

	e of west virginia, hty of Kanawha_, to-wit:
I, <u>R</u>	odney W. Clay, after being first duly sworn, depose and state as follows:
1.	I am an employee of Green Mountain Company; and,
2.	I do hereby attest that Green Mountain Company (Company Name)  (Company Name)
	maintains a valid written drug free workplace policy and that such policy is in compliance with <b>West Virginia Code</b> §21-1D.
The a	By:  By:  President
	Company Name: Green Mountain Company
	Date: 07/28/15
Taken	, subscribed and sworn to before me this 28 day of July, 2015
By Co (Seal)	April 06, 2015  NOTARY PUBLIC STATE OF WEST VIRGINIA DAVID H. BOWMAN 722 GORDON DR. CHARLESTON, WV 25303 My commission expires April 6, 2019  (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.

#### 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.

#### WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Green Mountain Company	1,	
Authorized Signature: ////////////////////////////////////		oate: 07/28/15
State of WV		
County of Kanawha , to-wit:		
Taken, subscribed, and sworn to before me this $\frac{28}{}$ da	y of	, 20 <mark>15</mark> .
My Commission expires April 06,	, 20_19	-101 0
AFFIX SEAL HERE	NOTARY PUBLIC	and H Barns

OFFICIAL SEAL **NOTARY PUBLIC** STATE OF WEST VIRGINIA DAVID H. BOWMAN 722 GORDON DR. CHARLESTON, WV 25303 My commission expires April 6, 2019

Purchasing Affidavit (Revised 07/01/2012)

#### State of West Virginia Purchasing Division

### CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with **West Virginia Code** § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

<u>Instructions:</u> Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than \$25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of \$25,000 or less, the vendor should mail the report to the public authority issuing the contract.

Contract Identif	<u>ication:</u>	
Contract Number	·	
Contract Purpose	);	
Agency Request	ing Work:	
	•	de each of the items listed below. The vendor ormation has been included in the attached report.
	on indicating the education and training senvas provided;	vice to the requirements of West Virginia Code §
	he laboratory certified by the United States that performs the drug tests;	Department of Health and Human Services or its
Average r	number of employees in connection with the	e construction on the public improvement;
	ests: (A) Pre-employment and new hires;	g the number of positive tests and the number of (B) Reasonable suspicion; (C) Post-accident; and
Vendor Contact	Information:	
Vendor Name:	Green Mountain Company	Vendor Telephone: 304-925-0253 Vendor Fax: 304-925-4043
Vendor Address:	511 50th Street	Vendor Fax: 304-925-4043
	Charleston WV 25304	

## Crab Orchard (Aklin) Portals Requisition # DEP

Contractor's Bid Sheet

Company Name:	Green Mounts 511 50th Charleston, V	Street			
The DEP reserves the r supporting documentat appears to be unreason	tion regarding unit p			Stri	(
	DESCRIPTION	/	1	UNIT PRICE	

ITEM					
NO.	Qty	Unit	DESCRIPTION	UNIT PRICE	AMOUNT
120					•
1.0	1	LS	Mobilization and Demobilization (Limited to 10% of Total Bid)		
2.0	1	LS	Construction Layout (Limited to 5% of Total Bid)		
3.0	1	LS	Quality Control (Limited to 3% of Total Bid)		
4.0	1	LS	Site Preparation (Limited to 10% of Total Bid)		
5.0	350	LF	Silt Fence Sediment Control		
5.1	60	TN	Stone Construction Entrance (50' x 25' Width)		
6.0	1	LS	Revegetation		
9.1	1	EA	Dry Mine Seal		
9.2	20	LF	36" HDPE Double Wall Corrugated Pipe		
9.3	1	EA	36" Bat Gate Mine Seal		
		1			
	/		TOTAL		

of Mary

#### **BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned	•
	, as Principal, and Ohio Farmers Insurance Company
of PO Box 5001, Westfield Center, Ohio 44251 , a corporation	
Ohio with its principal office in the City of Westfield Center	
of West Virginia, as Obligee, in the penal sum of Five Percent of Amount Bid	
well and truly to be made, we jointly and severally bind ourselves, our heirs, a	administrators, executors, successors and assigns.
The Condition of the above obligation is such that whereas the I	Principal has submitted to the Purchasing Section of the
Department of Administration a certain bid or proposal, attached hereto and n	
CRFQ: DEP1500000108, Crab Orchard (Acklin) Portals DEP17207, in Raleig	Supplied to the Company of the Compa
according to plans and specifications.	
NOW THEREFORE,	
(a) If said bid shall be rejected, or	
(b) If said bid shall be accepted and the Principal shall enter	
attached hereto and shall furnish any other bonds and insurance required by the agreement created by the acceptance of said bid, then this obligation sha	
full force and effect. It is expressly understood and agreed that the liability	
event, exceed the penal amount of this obligation as herein stated.	
The Surety, for the value received, hereby stipulates and agrees that	at 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 Ob	
waive notice of any such extension.	
WITNESS, the following signatures and seals of Principal and Suret	y, executed and sealed by a proper officer of Principal and
Surety, or by Principal individually if Principal is an individual, this 28th day	The state of the s
Principal Seal	Green Mountain Company
	(Name of Principal)
	By // Cul as ( ) ( )
	(Must be President, Vice President, or
	Dufy Authorized Agent)
	Rodney W. Clay, President
	(Title)
Surety Seal	Ohio Farmers Insurance Company
Salety Soul	(Name of Surety)
	bear Oak DMC In
	Attorney-in-Fact
	Sheila D. McCormick

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.

THIS POWER OF ATTORNEY SUPERCEDES ANY PREVIOUS POWER BEARING THIS SAME POWER # AND ISSUED PRIOR TO 04/21/15, FOR ANY PERSON OR PERSONS NAMED BELOW.

General Power of Attorney POWER NO. 4751892 01

## Westfield Insurance Co. Westfield National Insurance Co. Ohio Farmers Insurance Co.

CERTIFIED COPY

Westfield Center, Ohio

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint

ROSS E. JOHNSON, H. RANDOLPH NEVILLE, PATRICK B. KEE, SHEILA D. MCCORMICK, TAYLOR R. JOHNSON, BRADLEY

P. BOBERSKY, JOINTLY OR SEVERALLY

of CHARLESTON and State of WV its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"TO IT PRODUCTED TO THE PRODUCT OF THE PRODUCT

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact. may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and

deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting

held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto affixed this 21st day of APRIL A.D., 2015

Corporate HSURAL Seals Affixed

State of Ohio County of Medina

ALIONAL W Continue \*

WESTFIELD INSURANCE COMPANY WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

Dennis P. Baus, National Surety Leader and Senior Executive

On this 21st day of APRIL

A.D., 2015, before me personally came Dennis P. Baus to me known, who, being by me duly sworn, did depose and say, that he resides in Wooster, Ohio; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial Seal Affixed

State of Ohio County of Medina

SS.:



David A. Kotnik, Attorney at Law, Notary Public My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

I, Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 19th day of

2015

Sent House Marie



Frank A. Carrino, Secretary

## 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)					
[	N	Addendum No. 1	[	]	Addendum No. 6
[	]	Addendum No. 2	]	]	Addendum No. 7
[	]	Addendum No. 3	]	]	Addendum No. 8
[	]	Addendum No. 4	]	]	Addendum No. 9
[	]	Addendum No. 5	[	]	Addendum No. 10

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.

GREED MOUNTAIN COMPANY

Company

PRESIDENT

Authorized Signature

07/28/15

Date

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

Revised 6/8/2012