



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

State of West Virginia
 Request for Quotation
 09 - Construction

Proc Folder: 188746

Doc Description: PURCHASE OF A DISHWASHER SYSTEM AND COMPLETE INSTALL

Proc Type: Central Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2016-04-27	2016-05-31 13:30:00	CRFQ 0506 WSH1600000003	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:

Hooten Equipment Company, LLC
 961 Virginia Street, West
 Charleston, WV 25302
 (304)346-0521

05/31/16 13:13:55
 WV Purchasing Division

FOR INFORMATION CONTACT THE BUYER

Mark A Atkins
 (304) 558-2307
 mark.a.atkins@wv.gov

Signature X

FEIN # 20-1961955

DATE 05/31/2016

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

ADDITIONAL INFORMATION:

The West Virginia Purchasing Division is soliciting bids on behalf of William R. Sharpe, Jr. Hospital to provide a dishwasher, electric blower-dryer, waste equipment system, complete installation of the equipment, custom dish racks, flex trays, and flex lids, per attached documents.

The contract awarded as a result of this solicitation may be funded in whole or in part with Federal Funds and thus this solicitation and its resulting awarded contract are subject to the requirements of Attachment_1 Provisions Required for Federally Funded Procurements.

SPECIAL NOTE:

A mandatory pre-bid meeting will be held on May 16, 2016 at 10:00 am EST at William R. Sharpe, Jr. Hospital located at 936 Sharpe Hospital Road, Weston, WV 26452

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-269-1210 HEALTH AND HUMAN RESOURCES WILLIAM R SHARPE JR HOSPITAL 936 SHARPE HOSPITAL RD WESTON WV26452 US		PROCUREMENT OFFICER - 304-269-1210 HEALTH AND HUMAN RESOURCES WILLIAM R SHARPE JR HOSPITAL 936 SHARPE HOSPITAL RD WESTON WV 26452 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	HOBART CLPS66e (480/60/3 voltage) DISHWASHER WITH A CLe	1.00000	EA	43,910.00	43,910.00

Comm Code	Manufacturer	Specification	Model #
48101615	Hobart		CLPS66E

Extended Description :

SECTION 4.1.1 - HOBART CLPS66e (480/60/3 voltage) DISHWASHER WITH A CLe ALL ELECTRIC BLOWER-DRYER OR EQUAL.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-269-1210 HEALTH AND HUMAN RESOURCES WILLIAM R SHARPE JR HOSPITAL 936 SHARPE HOSPITAL RD WESTON WV26452 US		PROCUREMENT OFFICER - 304-269-1210 HEALTH AND HUMAN RESOURCES WILLIAM R SHARPE JR HOSPITAL 936 SHARPE HOSPITAL RD WESTON WV 26452 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	HOBART WPS-1200 WASTE PRO WASTE EQUIPMENT SYSTEM OR	1.00000	EA	39,925.00	39,925.00

Comm Code	Manufacturer	Specification	Model #
48101615	HOBART		WPS-1200

Extended Description :

SECTION 4.1.2 - HOBART WPS-1200 WASTE PRO WASTE EQUIPMENT SYSTEM OR EQUAL

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-269-1210 HEALTH AND HUMAN RESOURCES WILLIAM R SHARPE JR HOSPITAL 936 SHARPE HOSPITAL RD		PROCUREMENT OFFICER - 304-269-1210 HEALTH AND HUMAN RESOURCES WILLIAM R SHARPE JR HOSPITAL 936 SHARPE HOSPITAL RD	
WESTON	WV26452	WESTON	WV 26452
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	COMPLETE INSTALLATION OF ALL ITEMS IN SECTIONS 4.1.1 & 4.1.2	1.00000	EA	31,815.00	31,815.00

Comm Code	Manufacturer	Specification	Model #
48101615			

Extended Description :

SECTION 4.1.3 - COMPLETE INSTALLATION OF ALL ITEMS IN SECTIONS 4.1.1 & 4.1.2

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-269-1210 HEALTH AND HUMAN RESOURCES WILLIAM R SHARPE JR HOSPITAL 936 SHARPE HOSPITAL RD		PROCUREMENT OFFICER - 304-269-1210 HEALTH AND HUMAN RESOURCES WILLIAM R SHARPE JR HOSPITAL 936 SHARPE HOSPITAL RD	
WESTON	WV26452	WESTON	WV 26452
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	CUSTOM DISHRACKS, FLEX TRAYS, AND FLEX LIDS	1.00000	EA	8,515.00	8,515.00

Comm Code	Manufacturer	Specification	Model #
48101615			Custom

Extended Description :

SECTION 4.1.4 - CUSTOM DISHRACKS, FLEX TRAYS, AND FLEX LIDS

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Mandatory Pre-Bid Meeting at 10:00 am EST	2016-05-16
2	Technical Questions due by 4:00 pm EST	2016-05-19

**EXHIBIT A
PRICING PAGE**

**CRFQ 0506 WSH1600000003
Conveyor Dishwasher System Installation**

Item Number	Quantity	Description	Unit Cost
4.1.1	1	Hobart CLPS66e 480/60/3 Dishwasher with a Cle All Electric Blower-Dryer or equal	43,910.00
4.1.2	1	Hobart WPS-1200 Waste Pro Waste Equipment System or equal	39,925.00
4.1.3	1	Complete Installation of the Dishwasher, Blower, and Waste Pro Equipment System (including the removal and disposal of the existing system)	31,815.00
4.1.4	1	6 Custom Dishracks, 200 Flex Trays, and 200 Flex Lids	8,515.00
GRAND TOTAL			124,165.00

Please type or write legibly

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: WSH1600000003

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|----------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Hooten Equipment Company, LLC

Company



Authorized Signature

5-31-16

Date

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

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: Hooten Equipment Company, LLC

Contractor's License No. WV038448

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 public authority shall be the West Virginia Purchasing Division. For contracts of \$25,000 or less, the public authority shall be the agency issuing the contract. The report shall include:

(1) Information to show that the education and training service to the requirements of



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

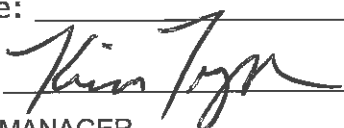
**STATE OF WEST VIRGINIA,
COUNTY OF KANAWHA, TO-WIT:**

I, KEVIN TRYON, after being first duly sworn, depose and state as follows:

1. I am an employee of HOOTEN EQUIPMENT COMPANY, LLC; and,
(Company Name)
2. I do hereby attest that HOOTEN EQUIPMENT COMPANY, LLC
(Company Name)

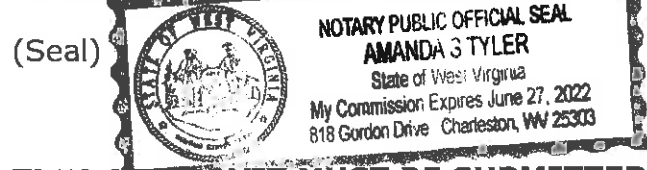
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code §21-1D**.


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

Printed Name: KEVIN TRYON
 Signature: 
 Title: SALE MANAGER
 Company Name: HOOTEN EQUIPMENT COMPANY, LLC
 Date: 05/31/2016

Taken, subscribed and sworn to before me this 31ST day of MAY, 2016

By Commission expires JUNE 27, 2022




 (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: HOOTEN EQUIPMENT COMPANY, LLC
Authorized Signature: *[Signature]* Date: 05/31/2016

State of WV

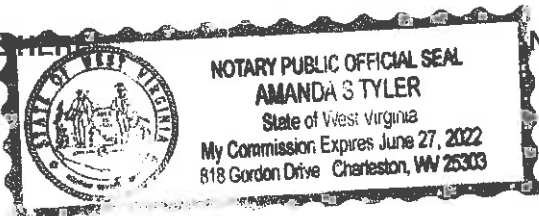
County of KANAWHA, to-wit:

Taken, subscribed, and sworn to before me this 31ST day of MAY, 2016

My Commission expires JUNE 27, 2022.

[Signature]

AFFIX SEAL HERE



NOTARY PUBLIC

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Hooten Equipment Company, LLC
of Charleston, WV, as Principal, and Ohio Farmers Insurance Company
of Westfield Center, OH, a corporation organized and existing under the laws of the State of
OH with its principal office in the City of Westfield Center, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligee, 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
WHS1600000003 Purchase and Install a Dishwasher System William R. Sharpe Jr. Hospital 936 Sharpe Hospital
Road Weston WV - 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 into a contract in accordance with the bid or proposal
attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform
the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in
full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no
event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no
way impaired or affected by any extension of the time within which the Obligee may accept such bid, and said Surety does hereby
waive notice of any such extension.

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 31st day of May, 2016.

Principal Seal

Hooten Equipment Company, LLC
(Name of Principal)
By [Signature]
(Must be President, Vice President, or
Duly Authorized Agent)
VP
(Title)

Surety Seal

Ohio Farmers Insurance Company
(Name of Surety)

By [Signature]
Attorney-in-Fact
Kimberly J. Wilkinson, WV Resident Agent

**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 12/17/13, FOR ANY PERSON OR PERSONS NAMED BELOW.

General Power of Attorney

POWER NO. 4752152 06

Westfield Insurance Co. Westfield National Insurance Co. Ohio Farmers Insurance Co. Westfield Center, Ohio

CERTIFIED COPY

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 GREGORY T. GORDON, ALLAN L. MC VEY, KIMBERLY J. WILKINSON, PATRICIA A. MOYE, 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 suretyship-

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:

"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 17th day of DECEMBER A.D., 2013.

Corporate Seals Affixed



WESTFIELD INSURANCE COMPANY WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

By: Dennis P. Baus

Dennis P. Baus, National Surety Leader and Senior Executive

State of Ohio County of Medina ss.:

On this 17th day of DECEMBER A.D., 2013, 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



William J. Kahelin

William J. Kahelin, Attorney at Law, Notary Public My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio County of Medina ss.:

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 31st day of May A.D., 2016



Frank A. Carrino Secretary

Frank A. Carrino, Secretary

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/26/2016

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: BB&T-Carson Insurance Services, 601 Tennessee Avenue, Charleston, WV 25302, 304 346-0806. CONTACT NAME: [Blank], PHONE (A/C, No, Ext): 304 346-0806, FAX (A/C, No): 8887513002. INSURED: Hooten Equipment Company LLC, PO Box 109, Charleston, WV 25321. INSURER(S) AFFORDING COVERAGE: INSURER A: Westfield Insurance Company (NAIC # 24112), INSURER B: Brickstreet Mutual Insurance Co (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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

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

** Supplemental Name **
Policy# CMM3116196
Virginia Street Corporation - (Landlord)
Zenith Warehouse, LLC - (Landlord) (Shell Company)
Zenith Investments, LLC - (Personal / Residential)
(See Attached Descriptions)

CERTIFICATE HOLDER: Health and Human Resources, William R. Sharpe Jr. Hospital, 936 Sharpe Hospital Road, Weston, WV 26452. 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: Allan L McVey

DESCRIPTIONS (Continued from Page 1)

Zenith Farms, LLC

Hooten Properties, LLC - (Landlord)

HRW Properties, LLC

The Hooten Premium Water, LLC

C. R. Hooten Residuary Trust QTIP Marital Trust (Owner of Farms)

Evidence of Insurance