



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: 294456

Doc Description: Addendum 3-Annual Chiller and Towers Maintenance

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-02-14	2017-02-22 13:30:00	CRFQ 0211 GSD1700000012	4

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:

Trane
 2570A Pennsylvania Ave.
 Charleston, WV 25302
 304-348-2800

02/22/17 13:00:34
 WV Purchasing Division

FOR INFORMATION CONTACT THE BUYER

Jessica S Chambers
 (304) 558-0246
 jessica.s.chambers@wv.gov

Signature X *Kent Bell*

FEIN # 25-0900465

DATE 2/14/2017

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

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: CRFQ 021 BSD170000012

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.

Trane
 Company

Ch. Bump
 Authorized Signature

02/22/17
 Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
 Revised 6/8/2012

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number: WV026978

Classification:

ELECTRICAL
GENERAL BUILDING
HEATING, VENTILATING & COOLING
PLUMBING

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

Date Issued

MAY 16, 2016

Expiration Date

MAY 16, 2017



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.



STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

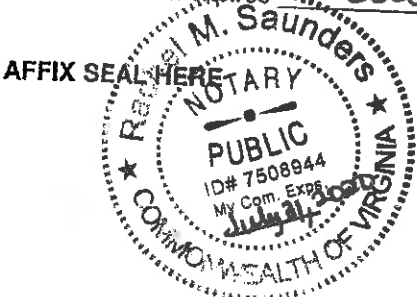
AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Trane US Inc.
Authorized Signature: [Signature] Date: 2/14/2017

State of Virginia
County of Roanoke, to-wit:

Taken, subscribed, and sworn to before me this 14th day of February, 2017
My Commission expires July 31, 2020



NOTARY PUBLIC [Signature]



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

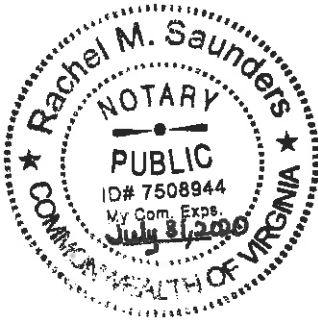
STATE OF WEST VIRGINIA,
COUNTY OF Kanawha, TO-WIT:

I, Kenny Bolin, after being first duly sworn, depose and state as follows:

1. I am an employee of Trane US Inc; and,
(Company Name)
2. I do hereby attest that Trane US Inc
(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: Kenny Bolin
 Signature: [Handwritten Signature]
 Title: Vice President + General Manager
 Company Name: Trane US Inc.
 Date: 2/14/2017

Taken, subscribed and sworn to before me this 14th day of February, 2017.

By Commission expires July 31, 2020.

(Seal)

Rachel M Saunders
(Notary Public)

THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.



Drug and Alcohol Policy

Introduction

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

Scope

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

Summary

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

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

Effective 1/1/2010

Version #1

Scope: U.S.

Policy Owner: Legal/HR

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

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

Types of Screening

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

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

Screening Provisions

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

Exceptions

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

Violations of the policy

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

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

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

Resources

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

Definition of Terms

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

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

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

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

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

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

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

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

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

Agency _____
REQ.P.O# _____

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Trane U.S. Inc.
of 3800 Pammel Creek Rd, LaCrosse, WI 54601, as Principal, and Liberty Mutual Insurance Company
of 175 Berkeley St, Boston, MA 02116, a corporation organized and existing under the laws of the State of Massachusetts
with its principal office in the City of Boston, as Surety, are held and firmly bound unto the State
of West Virginia, as Oblige, in the penal sum of Five Percent of Amount Bid (\$ 5%) 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
West Virginia State Annual Chillers
and Tower Maintenance
GSD1700012

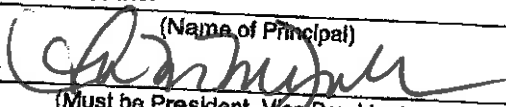
NOW THEREFORE,

- (a) If said bid shall be rejected, or
- (b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal
attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform
the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in
full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no
event, exceed the penal amount of this obligation as herein stated.

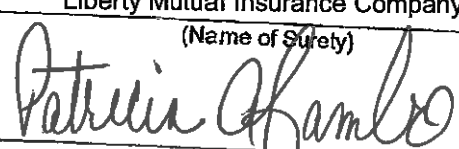
The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no
way impaired or affected by any extension of the time within which the Oblige may accept such bid, and said Surety does hereby
waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and
Surety, or by Principal individually if Principal is an individual, this 14th day of February, 20 17.

Principal Seal

Trane U.S. Inc.
(Name of Principal)
By 
(Must be President, Vice President, or
Duly Authorized Agent)
Anna M. McDonah, Contract Analyst
(Title)

Surety Seal

Liberty Mutual Insurance Company
(Name of Surety)

Patricia A. Rambo 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.**

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 7588990

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Douglas R. Wheeler; Elizabeth Marrero, Jaquanda S. Martin; Joanne C. Wagner; Kimberly G. Sherrod; Marina Tapia; Maureen McNeill; Patricia A Rambo; Sara Owens; Wayne G. McVaugh

all of the city of Philadelphia, state of PA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 10th day of January, 2017



The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 10th day of January, 2017, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2017
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12 Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts - SECTION 5 Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, 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 14th day of February, 2017



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.



LIBERTY MUTUAL INSURANCE COMPANY
FINANCIAL STATEMENT — DECEMBER 31, 2015

Assets	Liabilities
Cash and Bank Deposits	Unearned Premiums
\$753,038,641	\$6,580,520,311
*Bonds — U.S Government.....	Reserve for Claims and Claims Expense
1,547,613,446	16,917,138,677
*Other Bonds.....	Funds Held Under Reinsurance Treaties.....
11,088,162,545	210,794,503
*Stocks	Reserve for Dividends to Policyholders.....
9,919,835,033	358,033
Real Estate.....	Additional Statutory Reserve.....
295,926,247	29,659,093
Agents' Balances or Uncollected Premiums.....	Reserve for Commissions, Taxes and
4,487,501,643	Other Liabilities
Accrued Interest and Rents.....	2,789,478,276
120,872,424	Total
Other Admitted Assets.....	\$26,527,948,893
<u>14,130,266,527</u>	Special Surplus Funds.....
Total Admitted Assets	\$67,890,944
<u>\$42,343,216,506</u>	Capital Stock.....
	10,000,000
	Paid in Surplus
	8,829,183,823
	Unassigned Surplus.....
	6,908,192,846
	Surplus to Policyholders.....
	<u>15,815,267,613</u>
	Total Liabilities and Surplus.....
	<u>\$42,343,216,506</u>



* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2015, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 15th day of March, 2016.

T. Mikolajewski

Assistant Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/8/2016

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 MARSH & MCLENNAN COMPANIES 1166 Avenue of the Americas New York NY 10036 ATTN: 212-345-6000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
COMPANY A: National Union Fire Insurance Company of Pittsburgh, PA		19445
COMPANY B: Travelers Indemnity Co of America		25666
COMPANY C: Travelers Property Casualty Co of Amer		25674
INSURER E:		
INSURER F:		


COVERAGES **CERTIFICATE NUMBER:** 398369 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GL 3796571	4/17/2016	4/17/2017	EACH OCCURRENCE \$7,500,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000.00 MED EXP (Any one person) \$10,000.00 PERSONAL & ADV INJURY \$7,500,000.00 GENERAL AGGREGATE \$7,500,000.00 PRODUCTS - COMP/OP AGG \$7,500,000.00 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> PHYSICAL <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS APD - Self Insured			CA3434125 (AOS) CA3434124 (MA) CA3434123 (VA)	4/17/2016 4/17/2016 4/17/2016	4/17/2017 4/17/2017 4/17/2017	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
B C C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	TC2HUB-7434L10A-16 (AOS) TC2HUB-7434L448-16 (MN) TRJUB-7434L424-16 TWXJUB-7434L45A-16 (Ohio Excess)	4/17/2016 4/17/2016 4/17/2016 4/17/2016	4/17/2017 4/17/2017 4/17/2017 4/17/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$3,000,000.00 E.L. DISEASE - EA EMPLOYEE \$3,000,000.00 E.L. DISEASE - POLICY LIMIT \$3,000,000.00

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

Please see page 2 for additional information.

CERTIFICATE HOLDER West Virginia Department of Administration 1900 Kanawha Boulevard E Building 1 Room MB60 Charleston, 25305 United States	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Marsh USA, Inc. BY: Kevin G. Tietjen 
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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED Trane U.S. Inc. dba Trane 2570A Pennsylvania Avenue Charleston, WV 25302 United States
EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: _____ FORM TITLE: _____

Job Description: HVAC

For questions regarding this certificate of insurance contact: Chrystal Flores Email: cflores@trane.com Phone: 540-563-2828

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: Trane US Inc.

Contractor's License No.: WV- WV026978

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 West Virginia Code § 21-1D-5 was provided;

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

 (Name, Title)
 Chris Scruggs / Account Manager

 (Printed Name and Title)
 2570 Pennsylvania Ave Ste A Charleston WV 25302

 (Address)
 304-348-2800

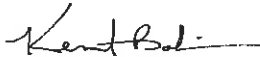
 (Phone Number) / (Fax Number)
 Chris.Scruggs@trane.com

 (email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated 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.

Trane US Inc.

 (Company)



Vice President & General Manager

 (Authorized Signature) (Representative Name, Title)

Kenny Bolin

 (Printed Name and Title of Authorized Representative)

2/14/2017

 (Date)

540-265-3342

540-366-4958

 (Phone Number) (Fax Number)

REQUEST FOR QUOTATION
Annual Chillers and Towers Maintenance

11. DEFAULT:

11.1 The following shall be considered a default under this Contract.

11.1.1 Failure to perform HVAC Maintenance in accordance with the requirements contained in herein.

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

11.1.3 Failure to comply with any applicable law, rule, ordinance, or building code applicable to this Contract or HVAC Maintenance generally.

11.1.4 Failure to remedy deficient performance upon request.

11.2 The following remedies shall be available upon default.

11.2.1 Cancellation of the Contract.

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

11.2.3 Any other remedies available in law or equity.

11.3 Agency reserves the right to inspect the HVAC Maintenance to ensure that Vendor's performance is in compliance with this Contract. If Agency determines that Vendor has failed to perform in accordance with this Contract, Agency may demand that the Vendor immediately remedy the failure or consider the failure to be a default. Vendor's failure to remedy the deficient performance, if given the opportunity to do so, shall be considered a default.

12. MISCELLANEOUS:

12.1 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: Joe Linville
Telephone Number: 304-348-2815
Fax Number: 304-348-2810
Email Address: Joe.Linville@irco.com

REQUEST FOR QUOTATION
Annual Chillers and Towers Maintenance

EXHIBIT C - PRICING PAGES

Preventive Maintenance:

Lump Sum Fee for Annual Preventive Maintenance	x	1	=	Total Yearly Cost
\$ <u>23,221.75</u>	x	1	=	\$ <u>23,221.75</u>

Corrective Maintenance:

Hourly Labor Rate	x	Estimated Hours	=	Total Labor Cost
\$ <u>100</u>	x	200	=	\$ <u>20,000.00</u>

Estimated Parts Cost	x	Multiplier	=	Total Parts Cost
\$10,000.00	x	<u>1.15</u>	=	\$ <u>11,500.00</u>

Total Cost * \$ 54,721.75

* Total Cost is calculated by adding the Total Yearly Cost, Total Labor Cost, and the Total Parts Cost.