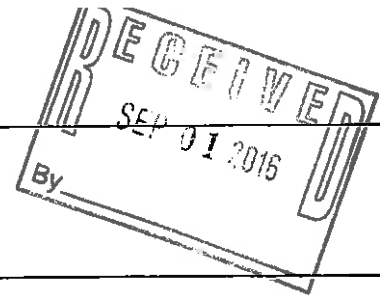




Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Request for Quotation  
 09 - Construction



Proc Folder: 234504

Doc Description: Addendum No.03- Elevator Maintenance for WV Guard

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-08-29	2016-09-07 13:30:00	CRFQ 0603 ADJ1700000002	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:

thyssenkrupp Elevator Corporation  
 901 Morris Street  
 Charleston, WV 25301  
 304-342-0187 Ext. 4129

09/06/16 16:30:59  
 WV Purchasing Division

**FOR INFORMATION CONTACT THE BUYER**

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

Signature X

FEIN # 62-1211267

DATE 8-30-2016

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

**ADDITIONAL INFORMATION:**

Addendum

Addendum No.03, issued to publish and distribute the following information to the Vendor community as attached herein.

\*\*\*\*\*

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Army National Guard, Construction and Facilities Management Office to establish an open-end contract for Elevator Maintenance, per the specifications, and Terms and Conditions as attached.

INVOICE TO		SHIP TO	
DIVISION ENGINEERING & FACILITIES ADJUTANT GENERALS OFFICE 1707 COONSKIN DR		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25311	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Please see Exhibit C Pricing Page for details				

Comm Code	Manufacturer	Specification	Model #
72101506			

**Extended Description :**

Elevator Preventative Maintenance per Exhibit C Pricing Page. Pricing page must be submitted with the bid as an attachment if submitting via wvOasis.

INVOICE TO		SHIP TO	
DIVISION ENGINEERING & FACILITIES ADJUTANT GENERALS OFFICE 1707 COONSKIN DR		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
CHARLESTON	WV25311	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Corrective Maintenance (Hourly Labor Rate)	0.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
72154010			

**Extended Description :**

Please list pricing on Exhibit C Pricing Page. This line is inactive in wvOasis.

INVOICE TO		SHIP TO	
DIVISION ENGINEERING & FACILITIES ADJUTANT GENERALS OFFICE 1707 COONSKIN DR  CHARLESTON WV25311  US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER  No City WV 99999  US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Parts-Markup Percentage	0.00000	PCT		

Comm Code	Manufacturer	Specification	Model #
72101506			

**Extended Description :**  
 Please list pricing on Exhibit C Pricing Page. This line is inactive in wvOasis.

<b>ADJ1700000002</b>	<b>Document Phase</b> Draft	<b>Document Description</b> Addendum No.03- Elevator Maintenance for WV Guard	
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**SOLICITATION NUMBER:** CRFQ 0603 ADJ1700000002

**Addendum Number:** No.03

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The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

**Description of Modification to Solicitation:**

Addendum issued to publish and distribute the attached documentation to the vendor community.

1. Technical Questions received are attached;
3. Revised commodity lines in wvOasis.

No other Changes.

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

# ATTACHMENT A

Technical Question for CRFQ ADJ17\*2  
August 29, 2016

Q: *Did anyone mention that the quantity is incorrect on page 2, Line 1 of the solicitation?*

*If you go to pages 40 – 43 you will count 13 units...also as we were doing our site surveys we saw 13 units.*

A: The quantity on Page 2, Line 1 of the solicitation is not incorrect, they are just interpreting it incorrectly, that Line is for a “Monthly” Charge for Preventative Maintenance, refer them to Page 44 of the solicitation Exhibit C-Pricing Page for further clarification. Monthly Charge x 12 months = Total Yearly Charge.

We agree and do not dispute that there are 13 units listed on pages 40-43, because that is how many elevators we requested to be covered in this contract.

**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)

- |  |  |
|--|--|
| <input type="checkbox"/> Addendum No. 1            | <input type="checkbox"/> Addendum No. 6  |
| <input 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.

thyssenkrupp Elevator Corporation  
 \_\_\_\_\_  
 Company

  
 \_\_\_\_\_  
 Authorized Signature

Eric Hackney  
 August 30, 2016  
 \_\_\_\_\_  
 Date

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



WV-73  
Approved / Revised 08/01/15



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, Eric Hackney, after being first duly sworn, depose and state as follows:

- 1. I am an employee of thyssenkrupp Elevator Corp.; and,  
(Company Name)
- 2. I do hereby attest that thyssenkrupp Elevator Corp.  
(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: Eric Hackney

Signature: *Eric Hackney*


Title: Sales Representative

Company Name: thyssenkrupp Elevator Corporation

Date: August 30, 2016

Taken, subscribed and sworn to before me this 30 day of August, 2016.

By Commission expires April 25, 2024

(Seal)  OFFICIAL SEAL  
Notary Public, State Of West Virginia  
**KATY J PETRY**  
168 Bear Tracks Drive  
Charleston, WV 25306  
My Commission Expires April 25, 2024

*Katy J Petry*  
(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 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: thyssenkrupp Elevator Corporation

Authorized Signature: *Eric Hackney* Date: August 30, 2016  
Eric Hackney

State of West Virginia

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 30 day of August, 2016.

My Commission expires April 25, 2024.

**AFFIX SEAL HERE**

**NOTARY PUBLIC** *Katy J. Petry*  
Purchasing Affidavit (Revised 08/01/2015)



**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: thyssenkrupp Elevator Corporation  
 Contractor's License No. WV-000525

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.

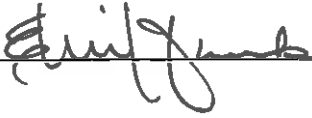
**2.1.DRUG-FREE WORKPLACE POLICY:** Pursuant to W. Va. Code § 21-1D-4, Vendor and its subcontractors must implement and maintain a written drug-free workplace policy that complies with said article. The awarding public authority shall cancel this contract if: (1) Vendor fails to implement and maintain 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.

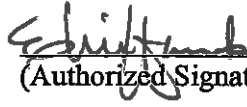
**3. DRUG FREE WORKPLACE REPORT:** Pursuant to W. Va. Code § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. For contracts over \$25,000, the public authority shall be the West Virginia 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.

Eric Hackney Sales Representative   
 (Name, Title)  
Eric Hackney Sales Representative  
 (Printed Name and Title)  
thyssenkrupp Elevator 901 Morris Street Charleston, Wv 25301  
 (Address)  
P- 304-342-0187 F- 866-812-5542  
 (Phone Number) / (Fax Number)  
eric.hackney@thyssenkrupp.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.

thyssenkrupp Elevator Corporation  
 (Company)  
 Eric Hackney, Sales Representative  
 (Authorized Signature) (Representative Name, Title)  
Eric Hackney, Sales Representative  
 (Printed Name and Title of Authorized Representative)  
August 30, 2016  
 (Date)  
P- 304-342-0187 F- 866-812-5542  
 (Phone Number) (Fax Number)

REQUEST FOR QUOTATION  
Elevator Maintenance and Repairs

EXHIBIT C - PRICING PAGE

Preventive Maintenance:

Monthly Charge	x	12 months	=	Total Yearly Charge
\$ <u>2,434.00</u>	x	12	=	\$ <u>29,208.00</u>

Corrective Maintenance:

Hourly Labor Rate	x	Estimated Hours	=	Total Labor Cost
\$ <u>185.00 per man hour</u>	x	100	=	\$ <u>18,500.00</u>

Estimated Parts Cost	x	Multiplier	=	Total Parts Cost
\$5,000.00	x	<u>1.10</u>	=	\$ <u>5,500.00</u>

**Total Cost \***      \$ 53,208.00

Due to the proprietary nature of elevator number EV0003683, Schindler elevator serial # G9818 located at the Buckhannon AFRC location will be excluded from coverage under this contract.

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

\*\*Quantities are estimated for bid evaluation purposes only.

\*\*\*Estimated cost for bid evaluation purposes only

\*\*\*\*Enter a Unit Price of Zero (0) if item will be provided at no cost- enter N/B if the item is not being bid or provided.

THYSSENKRUPP ELEVATOR  
901 MORRIS STREET  
CHARLESTON, WV 25301

Agency \_\_\_\_\_  
REQ.P.O# \_\_\_\_\_

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, ThyssenKrupp Elevator Corporation  
of 114 Townpark Drive, Suite 300, Kennesaw, GA 30144, as Principal, and Federal Insurance Company  
of 15 Mountain View Road, Warren, NJ 07059 a corporation organized and existing under the laws of the State of IN  
with its principal office in the City of Warren, NJ, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligees, in the penal sum of Five Percent of Amount Bid (\$ 5% of amount bid ) for the payment of which,  
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the  
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for  
Elevator Maintenance and Repairs for WV Army National Guard

**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 Obligees 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 30th day of August, 2016

Principal Seal



Surety Seal

ThyssenKrupp Elevator Corporation  
(Name of Principal)

By [Signature]  
(Must be President, Vice President, or  
Michael Brown Agent)

Contract Analyst  
(Title)

Federal Insurance Company  
(Name of Surety)

[Signature]  
Attorney-in-Fact, Kimberly Bragg

**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.**

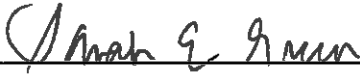
ACKNOWLEDGEMENT OF SURETY

STATE OF ILLINOIS  
COUNTY OF COOK

On this 30<sup>th</sup> day of August, 2016, before me personally came Kimberly Bragg to me known, who being by so duly sworn, did depose and say: that he/she is

Attorney-In-Fact of Federal Insurance Company

The Corporation described in and which executed the foregoing instrument; that he/she knows the seal of said Corporation; that the seal affixed by authority granted to him/her in accordance with By-Laws of the said Corporation, and that he/she signed his/her name thereto by like authority.

  
\_\_\_\_\_  
Notary Public, Sarah E. Green





**Chubb  
Surety**

**POWER  
OF  
ATTORNEY**

**Federal Insurance Company  
Vigilant Insurance Company  
Pacific Indemnity Company**

**Attn: Surety Department  
15 Mountain View Road  
Warren, NJ 07059**

Know All by These Presents, That **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, and **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, do each hereby constitute and appoint

**Kimberly Bragg**

as their true and lawful Attorney- in- Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, the following Surety Bond:

Surety Bond Number : Bid Bond  
Obligee : State of West Virginia

And the execution of such bond or obligation by such Attorney- in- Fact in the Company's name and on its behalf as surety thereon or otherwise, under its corporate seal, in pursuance of the authority hereby conferred shall, upon delivery thereof, be valid and binding upon the Company.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** have each executed and attested these presents and affixed their corporate seals on this **1st** day of **March 2013**.

Dawn M. Chloros, Assistant Secretary

Richard A. Ciullo, Vice President

STATE OF NEW JERSEY ss.  
County of Somerset

On this **1st** day of **March 2013** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY**, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of the By- Laws of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Richard A. Ciullo, and knows him to be Vice President of said Companies; and that the signature of Richard A. Ciullo, subscribed to said Power of Attorney is in the genuine handwriting of Richard A. Ciullo, and was thereto subscribed by authority of said By- Laws and in deponent's presence.

Notarial Seal



**WENDIE WALSH**  
Notary Public, State of New Jersey  
No. 0054504  
Expires April 18, 2018

Notary

Public

**CERTIFICATION**

Extract from the By- Laws of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY**:

"All powers of attorney for and on behalf of the Company may and shall be executed in the name and on behalf of the Company, either by the Chairman or the President or a Vice President or an Assistant Vice President, jointly with the Secretary or an Assistant Secretary, under their respective designations. The signature of such officers may be engraved, printed or lithographed. The signature of each of the following officers: Chairman, President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary and the seal of the Company may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing Assistant Secretaries or Attorneys- in- Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such power of attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

I, Dawn M. Chloros, Assistant Secretary of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** (the "Companies") do hereby certify that

- (i) the foregoing extract of the By- Laws of the Companies is true and correct,
- (ii) the Companies are duly licensed and authorized to transact surety business in all 50 of the United States of America and the District of Columbia and are authorized by the U.S. Treasury Department; further, Federal and Vigilant are licensed in Puerto Rico and the U.S. Virgin Islands, and Federal is licensed in American Samoa, Guam, and each of the Provinces of Canada except Prince Edward Island; and
- (iii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Warren, NJ this **30th** day of August, 2016 .



Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO NOTIFY US OF A CLAIM, VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT ADDRESS LISTED ABOVE, OR BY Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com



**WEST VIRGINIA  
STATE TAX DEPARTMENT  
BUSINESS REGISTRATION  
CERTIFICATE**

ISSUED TO:  
**THYSSENKRUPP ELEVATOR CORPORATION  
901 MORRIS ST  
CHARLESTON, WV 25301-1422**

**BUSINESS REGISTRATION ACCOUNT NUMBER: 1050-2284**

This certificate is issued on: **06/11/2010**

*This certificate is issued by  
the West Virginia State Tax Commissioner  
in accordance with W.Va. Code s. 11-12.*

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

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

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

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

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

# CONTRACTOR LICENSE

Authorized by the  
West Virginia Contractor Licensing Board

Number: WV000525

Classification:

SPECIALTY

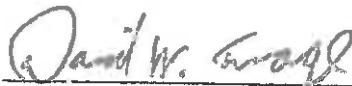
THYSSENKRUPP ELEVATOR CORPORATION  
DBA THYSSENKRUPP ELEVATOR CORPORATION  
114 TOWNPARK DR NW STE 300  
KENNESAW, GA 30144-5876

Date Issued

AUGUST 06, 2016

Expiration Date

AUGUST 06, 2017



Authorized Company Signature

David W. Turnage  
VP - Tax



Chair, West Virginia Contractor  
Licensing Board

WEST VIRGINIA  
CONTRACTOR  
LICENSING  
BOARD

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work is being performed. This license number must appear in all advertisements, on all bid submissions and on all fully executed and binding contracts. This license cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)  
10/07/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Willis of Illinois, Inc. 233 S. Wacker Drive, Suite 2000 CHICAGO, IL 60606	<b>CONTACT NAME:</b> Willis of Illinois, Inc. <b>PHONE (A/C No.Ext):</b> 312-288-7489 <b>FAX (A/C No.Ext):</b> 312-621-6866 <b>E-MAIL ADDRESS:</b> tke.certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> THYSSENKRUPP ELEVATOR CORPORATION	INSURER A: HDI-Geirling America Insurance Company	41343
	INSURER B: ACE American Insurance Company	22667
	INSURER C: Indemnity Insurance Company of NA	43575
	INSURER D: Agri General Insurance Company	42757
	INSURER E: ACE Fire Underwriters Insurance Company	20702
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 963434

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			SLR12574-02	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS -COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ISAH08859279	10/01/2015	10/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
B C D E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC48590007 (AOS) WLRC48589996 (CA,MA) WLRC48593306 (TN) SCFC48590019 (WI)	10/01/2015 10/01/2015 10/01/2015 10/01/2015	10/01/2016 10/01/2016 10/01/2016 10/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE -EA EMPLOYEE \$ 1,000,000 E.L. DISEASE -POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required)**

Division Number: 0001 - Named Insured: ThyssenKrupp Elevator Corporation - Address: 114 Town Park Drive, Suite 300 KENNESAW, GA 30144  
 Project Number: - Project Name: SPECIMEN

**CERTIFICATE HOLDER****CANCELLATION**
 SPECIMEN  
 , AL  
 United States

 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

# ThyssenKrupp Elevator

Americas Business Unit

Service Sales Department – Charleston, WV



## The TKE Advantage

Thank you for the opportunity to present information on behalf of ThyssenKrupp Elevator (formerly known as Dover Elevator). We are the industry leader for manufacturing, installation, service, maintenance and repair of vertical transportation. Many companies claim they are the best. At ThyssenKrupp Elevator, we demonstrate every day what it takes to *be* the best by providing quality, customer driven service. These are just a few of the benefits you will experience with the TKE Advantage:

- ◊ 14 IUEC certified route mechanics and 2 dedicated Repair Teams managed out of the Charleston, WV office with combined experience of over 300 years
- ◊ Over 2,185 units serviced/maintained out of the Charleston, WV office
- ◊ On-call mechanics available 24 hours a day, 7 days a week
- ◊ Each mechanic operates from a fully equipped service vehicle
- ◊ Branch office/warehouse in Charleston with over \$100K in spare parts
- ◊ Award winning Safety program that makes employee & customer safety Priority 1
- ◊ International Technical Services Group
  - Engineers on call 24/7 dedicated to on-the-spot troubleshooting
  - Diagnostic tools for virtually all competitors equipment
- ◊ Regional Trainers provide ongoing instruction to our field personnel
- ◊ Service/Repair/Sales Management Team with over 50 years combined field experience and over 50 years combined management experience
  - Routine Safety audits of field personnel, their vehicles and tools
  - Routine service audits of our field personnel and customer facilities
- ◊ Dedicated Sales and Customer Service Representatives
  - Address customer concerns in a timely and efficient manner
  - Process City/State Inspection reports and schedule appropriate work for completion in the allotted time
  - Inform and educate customers about every aspect of their elevator service needs from contractual issues to repairs and improvement opportunities
- ◊ Service Superintendent with QEI-1 (Qualified Elevator Inspector) certification
- ◊ CSP website provides online access to maintenance records for your facilities

When you join the ranks of satisfied ThyssenKrupp customers, you will come to appreciate the **TKE Advantage** that separates us from the competition. Thank you for your time. We sincerely appreciate the opportunity to become a trusted partner in the care of your facilities and property investment. Feel free to contact ThyssenKrupp Elevator for all your new installation, service & maintenance and repair needs.

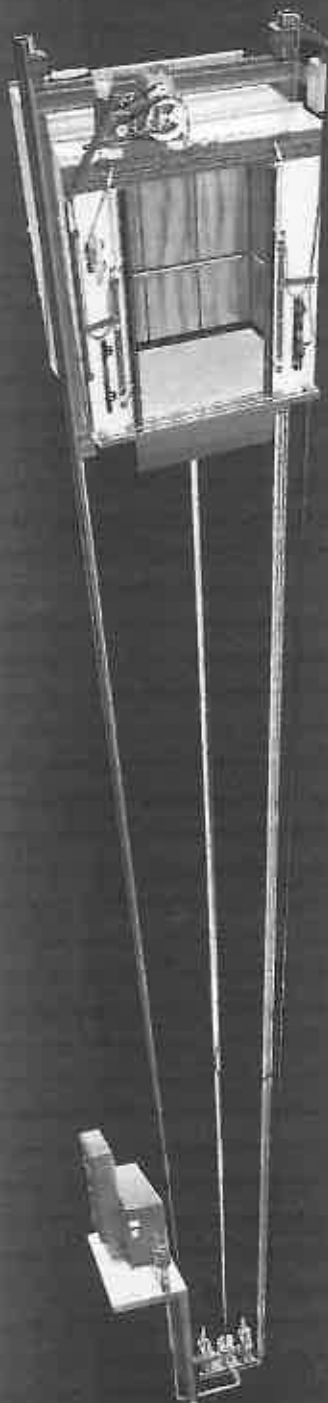
ThyssenKrupp Elevator  
Team Charleston

ThyssenKrupp Elevator Corporation  
901 Morris Street  
Charleston, WV 25301  
Telephone: (304) 342-0187  
Fax: (866) 812-5542



# TEAM *Service*

## Hydraulic Elevator Maintenance Tasks & Records



### JOBSITE INFORMATION 20\_\_

Job Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

Route/Contract #: \_\_\_\_\_ Elevator # \_\_\_\_\_ of \_\_\_\_\_

Contract Type: Platinum Premier  Platinum  Gold  Bronze

Building Manager/Supt.: \_\_\_\_\_ Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

Building Engineer: \_\_\_\_\_ Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

### EQUIPMENT DATA

Elevator # \_\_\_\_\_, State Installation # \_\_\_\_\_, Unit Serial # \_\_\_\_\_

Original Manufacturer: \_\_\_\_\_ Controller Mfr. : \_\_\_\_\_

Controller Name & Model: \_\_\_\_\_

Controller Type: Simplex  Duplex  Group  Other \_\_\_\_\_

Landings/Openings: \_\_\_\_\_ Valve Mfr. Model: \_\_\_\_\_

Door Equipment Mfr. : \_\_\_\_\_ Model: \_\_\_\_\_

Pump Motor Mfr. & Model: \_\_\_\_\_ HP \_\_\_\_\_ Voltage: \_\_\_\_\_

Supply Voltage: \_\_\_\_\_ Pump Mfr. & Model: \_\_\_\_\_ Belted \_\_\_\_\_

Submersible: \_\_\_\_\_ Main Piston Mfr. : \_\_\_\_\_ Packing Type & Sizes \_\_\_\_\_

The frequency of periodic inspections and tests are recommended by ASME A17.1-2007 (8.11.1.3 Periodic Inspection and Test Frequency). The frequency of maintenance intervals, as required by Section 8.6, are determined by the TKEstimate program.

**ThyssenKrupp Elevator**  
Americas Business Unit



ThyssenKrupp





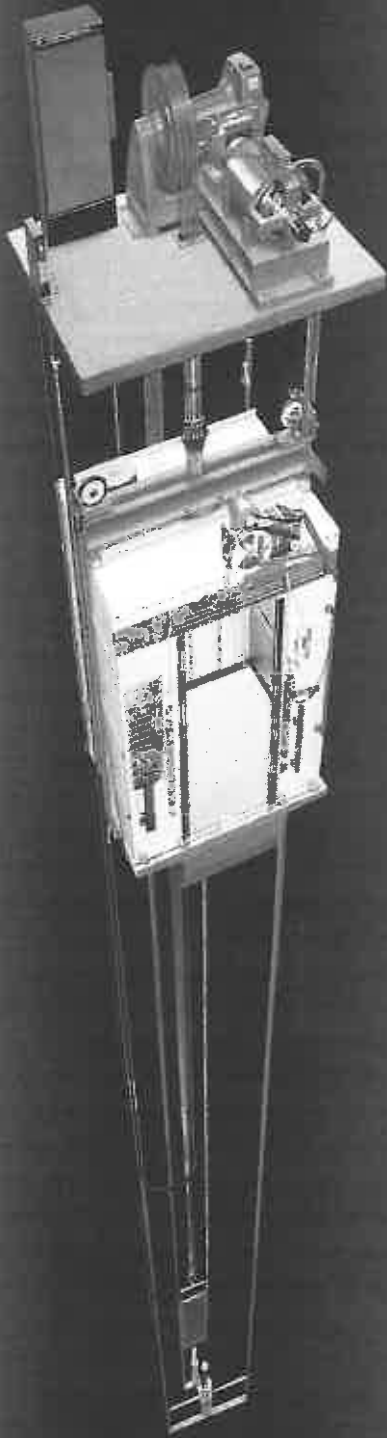






# TEAM *Service*

## Traction Elevator Maintenance Tasks & Records



### JOB SITE INFORMATION 20\_\_

Job Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

Route/Contract #: \_\_\_\_\_ Elevator # \_\_\_\_ of \_\_\_\_

Contract Type: Platinum Premier  Platinum  Gold  Bronze

Building Manager/Supt.: \_\_\_\_\_ Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

Building Engineer: \_\_\_\_\_ Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

### EQUIPMENT DATA

Elevator # \_\_\_\_\_, State Installation # \_\_\_\_\_, Unit Serial # \_\_\_\_\_

Original Manufacturer: \_\_\_\_\_ Controller Mfr.: \_\_\_\_\_

Controller Name & Model: \_\_\_\_\_

Controller Type: Simplex  Duplex  Group  Other \_\_\_\_\_

Landings/Opening: \_\_\_\_\_ Geared  Gearless  Speed \_\_\_\_\_

Door Equipment Mfr.: \_\_\_\_\_ Model: \_\_\_\_\_

Supply Voltage: \_\_\_\_\_

Drive: MG  SCR  VVVF  PWM  Other \_\_\_\_\_

Drive Mfr. & Model: \_\_\_\_\_ HP: \_\_\_\_\_ Voltage: \_\_\_\_\_

Hoist Motor Mfr.: \_\_\_\_\_ HP \_\_\_\_\_ Voltage \_\_\_\_\_ AC  DC

**The frequency of periodic inspections and tests are recommended by ASME A17.1-2007 (8.11.1.3 Periodic Inspection and Test Frequency). The frequency of maintenance intervals, as required by Section 8.6, are determined by the TKEstimate program.**

**ThyssenKrupp Elevator**  
Americas Business Unit



ThyssenKrupp





## Traction Repair Log

**INSTRUCTIONS:** (1) All Billable and Non-Billable repairs shall be recorded.  
 (2) Replacement parts used during repairs shall be recorded.

DATE	Description of Work	Parts Used	Technician

## Traction Service Request Log

**INSTRUCTIONS:** (1) This Service Request Report (Callback) Log shall be used to record all Callbacks or Complaints reported to Elevator Personnel by any means, including corrective actions taken.  
 (2) The Technician is responsible to report all trouble calls to ThyssenKrupp Dispatch that he or she receives by means other than Authorized Dispatch.

Date	Time	Description	Resolution	Technician