

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

WOASIS	Jump to: FORMS 🟦 💿 🎲 Home 🌮 Personalize 🖓 Accessibility 🛜 App Help 🏷 About
Icome, Lu Anne Cottrill	Procurement Budgeting Accounts Receivable Accounts Payable
licitation Response(SR) Dept: 0608 ID: ESR0726160000000328 Ver.: 1 Fund	ction: New Phase: Final Modified by batch , 07/26/2016
Header	
	E List View
General Information Contact Default Values Discount Document Information	ation
Procurement Folder: 217062	SO Doc Code: CRFQ
Procurement Type: Central Master Agreement	SO Dept: 0608
Vendor ID: 000000172561	SO Doc ID: COR1600000040
Legal Name: PERFECTION GROUP INC	Published Date: 7/14/16
Alias/DBA:	Close Date: 7/26/16
	Class Times 12:20
Total Bid: \$18,541.20	Close Time: 13:30
Response Date: 07/26/2016	Status: Closed
Response Time: 8:55	Solicitation Description: ADDENDUM 1 EQUIPMENT AND SYSTEMS MAINTENANCE
	Total of Header Attachments: 0
	Total of All Attachments: 0



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

State of West Virginia Solicitation Response

	Proc Folder: 217062 Solicitation Description: ADDENDUM 1 EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS					
-	Proc Type : Central Master Agreement					
Date issued	Solicitation Closes	Solicita	ion No	Version		
	2016-07-26 13:30:00	SR	0608 ESR0726160000000328	1		

VENDOR

00000172561

PERFECTION GROUP INC

FOR INFORMATION CONTACT THE BUYER Crystal Rink

(304) 558-2402 crystal.g.rink@wv.gov

Signature X

FEIN #

DATE

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Equipment and Systems Bi-Annual Inspections and Testing	2.00000	LS	\$3,498.000000	\$6,996.00
Comm Code	Manufacturer	Specification		Model #	
78141600					
Extended Des	scription : Equipment and Systems E	Bi-Annual Inspect	ions and Tes	ling	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Regular Labor Rate	100.00000	LS	\$78.000000	\$7,800.00

Comm Code	Manufacturer	Specification	Model #	
78141600				
Extended Descriptio	n : Regular Labor Rate			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Overtime Labor Rate	16.00000	LS	\$117.000000	\$1,872.00

Comm Code	Manufacturer	Specification	Model #	
78141600				
Extended Descript	tion : Overtime Labor Ra	ate		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Holiday Labor Rate	8.00000	LS	\$156.000000	\$1,248.00
Comm Code	Manufacturer	Specification		Model #	
78141600					
Extended De	scription : Holiday Labor Rate				

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Emergency Labor Rate	8.00000	LS	\$78.000000	\$624.00
Comm Code	Manufacturer	Specification		Model #	
78141600					
Extended Des	scription : Emergency Labor Rate				

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Parts Markup Percentage	1.00000	PCT	\$1.200000	\$1.20

Comm Code	Manufacturer	Specification	Model #	
78141600				
Extended Description	on : Parts Markup Per	centage		
		-		



State of West Virginia Request for Quotation

P	roc Folder: 217062		
ם	oc Description: ADDEN	DUM 1 EQUIPMENT AND SYSTEMS MAINTENANG	CE AND REPAIRS
Р	roc Type: Central Maste	r Agreement	
Date Issued	Solicitation Closes	Solicitation No	Version
2016-07-14	2016-07-26 13:30:00	CRFQ 0608 COR160000040	2

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

VENDOR	A REAL PROPERTY AND A REAL
Vendor Name, Address and Telephone Number:	
Perfection Group	
Perfection Group 102 Roxalana Business Park Dunbar, W 25064	
Junhar WN 25064	
304-373-7246	
304-313-1246	

FOR INFORMATION CONTACT THE BUYER		
Crystal Rink		
(304) 558-2402		
crystal.g.rink@wv.gov		
Signature X	FEIN # 31-1067245	DATE 7/24/10
All offers subject to all terms and conditions contained in	this solicitation	

FORM ID : WV-PRC-CRFQ-001

ADDITIONAL INFORMAITON:

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA DIVISION OF CORRECTIONS, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS AT NORTHERN CORRECTIONAL CENTER PER THE ATTACHED.

INVOICE TO	SHIP TO
BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY 112 NORTHERN REGIONAL CORRECTIONAL D	BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY 112 NORTHERN REGIONAL CORRECTIONAL DR
MOUNDSVILLE WV26041	MOUNDSVILLE WV 26041
US	US

1 Equipment and Systems Bi-Annual 2.00000 LS 4 2 110	Total Price
Inspections and Testing 7349	8. \$6996

Comm Code	Manufacturer	Specification	Model #	
78141600			moder#	

Extended Description :

Equipment and Systems Bi-Annual Inspections and Testing

INVOICE	10		SHIP TO	I II II COMPANY	Carl (St. Carl and a state of the
BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY 112 NORTHERN REGIONAL CORRECTIONAL DR		BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY 112 NORTHERN REGIONAL CORRECTIONAL DR			
MOUND US	SVILLE W	/V26041	MOUNDSVILLE US	WV [°] 2	6041
Line 2	Comm Ln Desc Regular Labor Rate	Qty 100.00000	Unit Issue LS	Unit Price	Total Price

Comm Code	Manufacturer			
78141600	manulacturer	Specification	Model #	
10141000				

Extended Description :

Regular Labor Rate

INVOICE TO		SHIP TO	
BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY		BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY	(
112 NORTHERN REGION	AL CORRECTIONAL DR	112 NORTHERN REGIONAL CORRECT	
MOUNDSVILLE	WV26041	MOUNDSVILLE W	V 26041
US		US	

Unit Price	Unit Issue	Qty	ım Ln Desc	Line Con
\$117.00	LS	16.00000	rtime Labor Rate	3 Ove
Model #	Specification		Manufacturer	Comm Code
Model #	ion	Specifica	manuracturer	78141600
	\$117.00	LS \$117.00	16.00000 LS \$117.00	rtime Labor Rate 16.00000 LS \$117.00

Extended Description :

Overtime Labor Rate

INVOICE	то		SHIP TO	Souther and the second second	STATES STATES AND					
BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY 112 NORTHERN REGIONAL CORRECTIONAL DR		BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY 112 NORTHERN REGIONAL CORRECTIONAL DR								
					MOUND	SVILLE WV	26041	MOUNDSVILLE	WV 20	6041
					US			US		
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price					
4	Holiday Labor Rate	8.00000	LS	\$151 00	\$17110 M					

			1156.00	71248.00
Comm Code	Manufacturer	Specification	pecification Model #	
78141600			model #	

E.

Extended Description :

Holiday Labor Rate

INVOICE TO	SHIP TO
BUSINESS OFFICE	BUSINESS OFFICE
NORTHERN CORRECTIONAL FACILITY	NORTHERN CORRECTIONAL FACILITY
112 NORTHERN REGIONAL CORRECTIONAL DR	112 NORTHERN REGIONAL CORRECTIONAL DR
MOUNDSVILLE WV26041	MOUNDSVILLE WV 26041
US	US
Line Comm Ln Desc Qty	Unit Issue Unit Price Total Price

-			onklasue	Unit Price	Iotal Price
5	Emergency Labor Rate	8.00000	LS	\$1000	\$1.7400
				T10	9621-
	Name of the second s				

Comm Code	Manufacturer	Specification	Model #	- V.
78141600			induct in	

Extended Description :

Emergency Labor Rate

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INVOICE TO		· 这些C 102. 自由的错了	SHIP TO	ANT OF ALL STREAMER.	A MOTHER PROFILE AND A MARKED
BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY 112 NORTHERN REGIONAL CORRECTIONAL DR			BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY 112 NORTHERN REGIONAL CORRECTIONAL DR		
MOUNDSV US	ILLE WV260	41	MOUNDSVILLE	WV 2	26041
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Parts Markup Percentage	1.00000	PCT	20%	
Comm Code	Manufacturer	Spec	ification	Model #	

78141600

Extended Description :

Parts Markup Percentage

SCHEDULE	SCHEDULE OF EVENTS				
<u>Line</u>	Event	<u>Event Date</u>			
1	MANDATORY PRE-BID MEETING	2016-07-12			
2	VENDOR QUESTION DEADLINE	2016-07-15			

	Document Phase	Document Description	Page 5
COR160000040	Draft	ADDENDUM 1 EQUIPMENT AND	of 5
		SYSTEMS MAINTENANCE AND REPAIRS	l.

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: COR1600000040

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)

I]	Addendum No. 1	[Addendum No. 6
[]	Addendum No. 2	[Addendum No. 7
Į]	Addendum No. 3	Ĩ	Addendum No. 8
[1	Addendum No. 4	ĺ.	Addendum No. 9
[]	Addendum No. 5	1	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.

Prerfection Group
Dar E. Ray
Authorized Signature
Date

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



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

State of West Virginia Request for Quotation

-

Proc Folder: 217062

Doc Description: ADDENDUM 1 EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS

Date Issued	Solicitation Closes	Solicitation No	Version
2016-07-14	2016-07-26 13:30:00	CRFQ 0608 COR1600000040	2

BID RECEIVING LOCATION		Television and the second second second	
BID CLERK			
DEPARTMENT OF ADMINISTR	RATION		
PURCHASING DIVISION			
2019 WASHINGTON ST E			
CHARLESTON	WV	25305	
US		20000	

VENDOR

Vendor Name, Address and Telephone Number:

Perfection	Group	
102 Roxalana	Business	Park
Dunbar W 250	sleuf	
304-373-7246		

FOR INFORMATION CONTACT THE BUYER		
Crystal Rink		
(304) 558-2402		
crystal.g.rink@wv.gov		
Signature X Ullu B. Ray	FEIN# 31-1067245	DATE 7/210/16
All offers subject to all terms and conditions contained in th	is solicitation	1/24/14
		20

Page: 1

ADDITIONAL INFORMAITON:

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA DIVISION OF CORRECTIONS, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS AT NORTHERN CORRECTIONAL CENTER PER THE ATTACHED.

INVOICE TO	CONCERNMENT OF THE STREET		SHIP TO		A CHARLEN CARE LONGING
BUSINESS	OFFICE		BUSINESS OFFICE		
NORTHERN	CORRECTIONAL FACILITY		NORTHERN CORREC	TIONAL FACILITY	
112 NORTH	ERN REGIONAL CORRECTIONAL DR	R	112 NORTHERN REG	IONAL CORRECTIONA	L DR
MOUNDSVI	LLE WV26041		MOUNDSVILLE	WV 26	6041
US			US		
	2				
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Equipment and Systems Bi-Annual Inspections and Testing	2.00000	LS	\$3498.00	\$6996.00

Comm Code	Manufacturer	Specification	Model #	
70444000				

78141600

Extended Description :

Equipment and Systems Bi-Annual Inspections and Testing

INVOICE TO	SHIP TO
BUSINESS OFFICE	BUSINESS OFFICE
NORTHERN CORRECTIONAL FACILITY	NORTHERN CORRECTIONAL FACILITY
112 NORTHERN REGIONAL CORRECTIONAL DR	112 NORTHERN REGIONAL CORRECTIONAL DR
MOUNDSVILLE WV26041	MOUNDSVILLE WV 26041
US	US
Line Comm Ln Desc Qty	Unit Issue Unit Price Total Price

2 Reg	ular Labor Rate	100.00000	LS	\$78.°D	\$7800,00
				NA 1.1.11	

Comm Code	Manufacturer	Specification	Model #	
78141600				

Extended Description :

Regular Labor Rate

INVOICE TO		SHIP TO	
BUSINESS OFFICE		BUSINESS OFFICE	
NORTHERN CORRECTIONAL FACI	LITY	NORTHERN CORRECTIONAL FACIL	LITY
112 NORTHERN REGIONAL CORR	ECTIONAL DR	112 NORTHERN REGIONAL CORRE	ECTIONAL DR
MOUNDSVILLE	WV26041	MOUNDSVILLE	WV 26041
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Overtime Labor Rate	16.00000	LS	\$ 117.00	\$1872.00
Comm Code	Manufacturer	Specificat	ion	Model #	

78141600

Extended Description :

Overtime Labor Rate

INVOICE TO	and the set of the set of the set of the	SHIP TO	at the state of the plates
BUSINESS OFFICE		BUSINESS OFFICE	
NORTHERN CORRECTIONAL FACILIT	γ	NORTHERN CORRECTIONAL FACIL	ITY
112 NORTHERN REGIONAL CORREC	TIONAL DR	112 NORTHERN REGIONAL CORRE	CTIONAL DR
MOUNDSVILLE W	VV26041	MOUNDSVILLE	WV 26041
US		US	£
			*

Line C	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4 F	Holiday Labor Rate	8.00000	LS	\$156.00	\$1248.00

Comm Code	Manufacturer	Specification	Model #	
78141600				

Extended Description :

Holiday Labor Rate

INVOICE TO		SHIP TO	2000年4月,《福林》后,《金林》(西南华))	
BUSINESS OFFICE		BUSINESS OFFICE		
NORTHERN CORRECTIONAL FACILITY		NORTHERN CORRECTIONAL FACILITY		
112 NORTHERN REGIONA	L CORRECTIONAL DR	112 NORTHERN REGION	AL CORRECTIONAL DR	
MOUNDSVILLE	WV26041	MOUNDSVILLE	WV 26041	
US		US		
		T		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Emergency Labor Rate	8.00000	LS	\$78.00	\$624.00

Comm Code	Manufacturer	Specification	Model #	
78141600				
1				

Extended Description :

Emergency Labor Rate

INVOICE TO			SHIP TO			
BUSINESS	OFFICE		BUSINESS OFFICE			
NORTHERN CORRECTIONAL FACILITY			NORTHERN CORREC	TIONAL FACILITY		
112 NORTH	ERN REGIONAL CORRECTIONAL	DR	112 NORTHERN REGI	ONAL CORRECTIONA	LDR	
		57				
		. 2		1487.00	2044	
MOUNDSVI	LLE WV2604	I	MOUNDSVILLE	WV 26	0041	
US			US			
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price	
6	Parts Markup Percentage	1.00000	PCT	2000		
				2010		
Comm Code	Manufacturer	Speci	fication	Model #		
78141600						
Extended Des	scription :					
Parts Markup	Percentage					

SCHEDUL	SCHEDULE OF EVENTS						
Line	Event	Event Date					
1	MANDATORY PRE-BID MEETING	2016-07-12					
2	VENDOR QUESTION DEADLINE	2016-07-15					

	Document Phase	Document Description	Page 5	Ì
COR160000040	Final	ADDENDUM 1 EQUIPMENT AND	of 5	
		SYSTEMS MAINTENANCE AND REPAIRS		Ĺ

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



VENDOR

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

State of West Virginia Request for Quotation -

	Proc Folder: 217062					
1	Doc Description: EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS					
F	roc Type: Central Maste	er Agreement				
Date Issued	Solicitation Closes	Solicitation No	Version			
2016-06-16	2016-07-26 13:30:00	CRFQ 0608 COR160000040	1			

BID RECEIVING LOCATION		些抗感的是否自然	In the second se	and share the second state of the
BID CLERK				
DEPARTMENT OF ADMINISTRATIC	N			
PURCHASING DIVISION				
2019 WASHINGTON ST E				
CHARLESTON	WV	25305		
US				

Vendor Name, Address and Telephone Number:

Perfection	Group	
102 Roxalana	Business Park	
Dunbar W 304-373-724	25064	

FOR INFORM	ATION CONTACT THE BUYER		
Crystal Rink			
(304) 558-24	02		
crystal.g.rink	@wv.gov		
	VANAI & Ilan	21 101.72.45	7/21/11
Signature X	DUM D. ILMA	FEIN # 01 - 104 1475	DATE / 2010
All offers subj	ect to all terms and conditions contained	in this solicitation	
	0	Page: 1	FORM ID . WAY DRO ORFO MA

FORM ID : WV-PRC-CRFQ-001

ADDITIONAL INFORMAITON:

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA DIVISION OF CORRECTIONS, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS AT NORTHERN CORRECTIONAL CENTER PER THE ATTACHED.

INVOICE TO			SHIP TO		
BUSINESS	OFFICE		BUSINESS OFFICE		
NORTHERN CORRECTIONAL FACILITY		NORTHERN CORREC	CTIONAL FACILITY		
112 NORTH	IERN REGIONAL CORRECTIONAL DF	ł	112 NORTHERN REG	IONAL CORRECTIONA	LDR
	U.F. WV26041		MOUNDSVILLE	140 / 00	
MOUNDSVI	LLE 00020041		WOUNDSVILLE	WV 26	6041
US			US		
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Equipment and Systems Bi-Annual Inspections and Testing	2.00000	LS	\$3498.00	\$6996.00
Comm Code	Manufacturer	Speci	fication	Model #	
78141600	>				
Extended Des	cription :				
	nd Systems Bi-Annual Inspections and 1	esting			
INVOICE TO	with the second	1 - Contraction	SHIP TO	世界建立法 一至 小	
BUSINESS (OFFICE		BUSINESS OFFICE		

BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY 112 NORTHERN REGIONAL CORRECTIONAL DR	NORTHERN CORRECTIONAL FACILITY 112 NORTHERN REGIONAL CORRECTIONAL DR		
MOUNDSVILLE WV26041	MOUNDSVILLE WV 26041		
US	US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Regular Labor Rate	100.00000	LS	\$78.00	\$7800 00

Comm Code	Manufacturer	Specification	Model #	
78141600				

Extended Description :

Regular Labor Rate

INVOICE TO	SHIP TO		
BUSINESS OFFICE	BUSINESS OFFICE		
NORTHERN CORRECTIONAL FACILITY	NORTHERN CORRECTIONAL FACILITY		
112 NORTHERN REGIONAL CORRECTIONAL DR	112 NORTHERN REGIONAL CORRECTIONAL DR		
MOUNDSVILLE WV26041	MOUNDSVILLE WV 26041		
US	US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Overtime Labor Rate	16.00000	LS	\$117.00	\$1872.00
Comm Code	Manufacturer	Specificatio	on	Model #	
791/1600					

78141600

Extended Description :

Overtime Labor Rate

INVOICE TO			SHIP TO		and the second second
BUSINESS OFFICE		BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY			
NORTHERN CORRECTIONAL FACILITY					
112 NORTHERN REGIONAL CORRECTIONAL DR			112 NORTHERN REGIONAL CORRECTIONAL DR		
MOUNDSV	ILLE	WV26041	MOUNDSVILLE	WV 2	26041
US		*	US		
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Holiday Labor Rate	8.00000	LS	\$156.00	\$1248.00
Comm Code	Manufacturer	Speci	fication	Model #	
78141600					

Extended Description :

Holiday Labor Rate

INVOICE TO		SHIP TO	
BUSINESS OFFICE		BUSINESS OFFICE	
NORTHERN CORRECTIONAL FA	CILITY	NORTHERN CORRECTIONAL FA	CILITY
112 NORTHERN REGIONAL CORRECTIONAL DR		112 NORTHERN REGIONAL COP	RECTIONAL DR
MOUNDSVILLE	WV26041	MOUNDSVILLE	WV 26041
US	8	US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Emergency Labor Rate	8.00000	LS	\$78.00	\$624.00
Comm Code	Manufacturer	Specific	ation	Model #	a contractor
78141600					

Extended Description :

Emergency Labor Rate

INVOICE TO			SHIP TO			
BUSINESS OFFICE NORTHERN CORRECTIONAL FACILITY			BUSINESS OFFICE			
			NORTHERN CORREC	NORTHERN CORRECTIONAL FACILITY		
112 NORTHERN REGIONAL CORRECTIONAL DR		L DR	112 NORTHERN REGIONAL CORRECTIONAL DR			
MOUNDSV	ULLE WV2604	11	MOUNDSVILLE	wv :	26041	
us			US			
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price	
6	Parts Markup Percentage	1.00000	PCT	20%		
Comm Code	Manufacturer	Spe	cification	Model #		
78141600						
Extended Des	cription :					

Parts Markup Percentage

SCHEDUL	OF EVENTS	
Line	Event	Event Date
1	MANDATORY PRE-BID MEETING	2016-07-12
2	VENDOR QUESTION DEADLINE	2016-07-15

	Document Phase	Document Description	Page 5
COR160000040	Draft	EQUIPMENT AND SYSTEMS	of 5
		MAINTENANCE AND REPAIRS	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

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:	Perfection Group	
Contractor's License No.		5

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;

Revised 05/04/2016

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.

opment Rep ran usiness (Name, Title) evelopment Rep siness VACI (Printed Name and Title) unbar WV 25064 ark 102 Koxalana (Address) 204-373 79-805 (Phone Number) / (Fax Number) erfectionarou (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.

ection omna Business Development Rep uthorized Signature) (Representative Name, Title evelopment Rep (Printed Name and Title of Authorized Representative)

(Phone Number) (Fax Number)

Revised 05/04/2016

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ COR1600000040

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)



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.

Herfection Group	
Company	
Upini B. Kaus	
Authorized Signature	
7/26/10	
Date	

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

Contract Manager: Telephone Number: 855-879-**Fax Number:** Email Address: 🥣 Derfectionarou

1.17 DAMAGES

A. Any damages occurring to the building or property resulting from the contractor's performance of this work shall be the responsibility of the contractor to repair at the contractor's expense; either by using his/her own forces or that of an approved sub-contractor. The repair method and finished product will be subject to the approval of the owner.

1.18 CLEANUP

A. The Contractor shall keep the work area as clean as possible during the entire progress of work, and shall be responsible to remove from the site, the packaging materials from the products and other debris as it accumulates. All items that are removed to allow the installation of the new items will become the property of the contractor to dispose of unless otherwise noted.

1.19 SAFETY

A. The contractor shall be responsible for all means and methods as they relate to safety and shall comply with all applicable local, state and federal requirements that are safety related. Safety shall be the responsibility of the contractor. All related personnel shall be instructed daily to be mindful of the full time requirement to maintain a safe environment for the facility's occupants including staff, visitors, customers and the occurrence of the general public on or near the site.

1.20 WORKMANSHIP

A. All work shall be of highest quality and in strict accordance with the manufacturer's published specifications and to the building owner's satisfaction.

1.21 QUALITY ASSURANCE

A. Unless otherwise noted in this specification, the contractor must strictly comply with the manufacturer's current specifications and details.

1.22 WARRANTY

A. One (1) year on any part that is installed from the date of installation, including both parts and labor.

EXHIBIT A

CRFQ COR1600000040 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

Inspections and Testing	Units	Number of Times Per Year	Unit Price Per Each Time	Annual Price For All Required Inspections and
uipment and Systems				Testing
Equipment and Systems	Bi-Annual	2	\$3498.00	\$10996.00
				P10410
		[Subtotal A:	+6994.00
Hourly Rates	Unit of Measure	Estimated Annual Hours *	Unit Price	Extended Amount
Regular Labor Rate	Hour	100	\$78.0-	
Overtime Labor Rate	Hour	16	F117 00	11000
Holiday Labor Rate	Hour	8	E 156.00	DIO16.
Emergency Labor Rate	Hour	8	170.00	\$ 624.00
Parts Quote Parts		d Parts Cost **	Markup Percentage	Extended Amount
Parts		,000.00	Markup Percentage	
			1100	- 0000,-
		[Subtotal C:	\$6000.00
		OVERALL COST (b	Subtotal C: y adding subtotals A, B, and C)	- \$550
lder/Vendor Information:		OVERALL COST (b		4000
me: Perfection Grow	2	OVERALL COST (b		<u> </u>
me: Perfection Group		OVERALL COST (b unbar, W 25064	y adding subtotals A, B, and C)	<u> </u>
me: Perfection Groy dress: 102 Roxalana Bu	siness Park Du		y adding subtotals A, B, and C)	<u> </u>
me: Perfection Grow dress: 102 Roxalana Bu one No.: 304-373-7246 (No.: 855-879-805)	siness Park Du		y adding subtotals A, B, and C)	<u> </u>
me: Perfection Groy dress: 102 Roxalana Bu	siness Park Du		y adding subtotals A, B, and C)	<u> </u>

NOTES:

* Quantities are estimated for bid evaluation purposes only.

** Estimated cost for bid evaluation purposes only.

Agency

REQ.P.O#_COR160000040

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, t	the undersioned	Perfection Group, Inc.
--	-----------------	------------------------

WV	en Britada da la						
OH	, as Principal, and Cincinnati Insurance Company						
	, a corporation organized and existing under the laws of the State of						
	Cincinnati , as Surety, are held and firmly bound upto the State						
Five Percent (5%)) of the total amount bid 5%						
of West Virginia, as Obligee, in the penal sum of Five Percent (5%) of the total 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.							
)	OH City of						

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 Semi-Annual HVAC PM's at Northern Correctional

_112 Northern Regional Correctional Drive, Moundsville, WV 26041

NOW THEREFORE,

If said bid shall be rejected, or (a)

If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal (b) 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 <u>26th</u> day of _____ July 20 16

Principal Seal

Surety Seal

Perfection Group, Inc.

(Name of Principal) (Must be President, Vice President, or Duly Authorized Agent) DIRECTOR OF OPERATIO,

(Title)

The Cincinnati Insurance Company

(Name of Surety Patricia L. Hehman, Attorney-in-

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.

83

THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

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

Thomas R. Dietz; Robert E. Gigax, Jr.; Patricia L. Hehman; Cassandra J. Krumpelman; Phyllis T. Neal; Shelly M. Martin and/or Christina A. Arvizu

of Cincinnati, Ohio its true and lawful Attorney(s)-in-Fact to sign, execute, seal and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows: Any such obligations in the United States, up to

Twenty Million and No/100 Dollars (\$20,000,000.00). This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

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

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

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

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 10th day of October, 2008.



STATE OF OHIO) ss: COUNTY OF BUTLER

THE CINCINNATI INSURANCE COMPANY

On this 10th day of October, 2008, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



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

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

GIVEN under my hand and seal of said Company at Fairfield, Ohio. this 26th day of July 2016



Bugery J secretary chloen



The Cincinnati Insurance Company
The Cincinnati Indemnity Company
The Cincinnati Casualty Company
The Cincinnati Specialty Underwriters Insurance Company
The Cincinnati Life Insurance Company

THE CINCINNATI INSURANCE COMPANY FINANCIAL STATEMENT DECEMBER 31, 2015

ASSETS

Cash Bonds Stocks Agents Balance Receivable All Other Admitted Assets TOTAL ADMITTED ASSETS

\$ 350,245,654 5,317,509,438 3,847,880,811 1,488,420,069 190,120,698 <u>\$11,194,176,670</u>

\$11,194,176,670

LIABILITIES

Reserve for Losses and Loss Expense		\$4,160,506,314
Reserve for Unearned Premiums		2,079,433,143
All Other Liabilities		541,805,740
Capital	\$ 3,586,355	011,000,710
Surplus	4,408,845,118	
	, .	4,412,431,473

TOTAL LIABILITIES & EQUITY

State of Ohio County of Butler

Theresa A. Hoffer, Senior Vice President & Treasurer of The Cincinnati Insurance Company, being duly sworn for herself, deposes and says that she is the above described officer of the said company and that the above Financial Statement as of December 31, 2015 is true and correct to the best of her knowledge and belief.

Theresa A. Hoffer Senior Vice President, Treasurer



Jennifer L. Scheid Notary Public, State of Ohio My Commission Expires 01-16-2021

Subscribed and sworn before me this 23rd day of February 2011

Sche (

Mailing Address: P.O. Box 145496 • Cincinnati, Ohio 45250-5496 • Headquarters: 6200 S. Gilmore Road • Fairfield, Ohio 45014-5141 cinfin.com = 513-870-2000

AGREEMENT ADDENDUM

In the event of conflict between this addendum and the agreement, this addendum shall control:

- 1. <u>DISPUTES</u> Any references in the agreement to arbitration or to the jurisdiction of any court are hereby deleted. Disputes arising out of the agreement shall be presented to the West Virginia Court of Claims.
- 2. HOLD HARMLESS Any provision requiring the Agency to indemnify or hold harmless any party is hereby deleted in its entirety.
- 3. <u>GOVERNING LAW</u> The agreement shall be governed by the laws of the State of West Virginia. This provision replaces any references to any other State's governing law.
- 4. <u>TAXES</u> Provisions in the agreement requiring the Agency to pay taxes are deleted. As a State entity, the Agency is exempt from Federal, State, and local taxes and will not pay taxes for any Vendor including individuals, nor will the Agency file any tax returns or reports on behalf of Vendor.
- 5. **PAYMENT** Any reference to prepayment are deleted: Payment will be in arrears.
- 6. INTEREST Any provision for interest or charges on late payments is deleted. The Agency has no statutory authority to pay interest or late fees.
- 7. NO WAIVER Any language in the agreement requiring the Agency to waive any rights, claims or defenses is hereby deleted.
- 8. <u>FISCAL YEAR FUNDING</u> Service performed under the agreement may be continued in succeeding fiscal years for the term of the agreement, contingent upon funds being appropriated by the Legislature or otherwise being available for this service. In the event funds are not appropriated or otherwise available for this service, the agreement shall terminate without penalty on June 30. After that date, the agreement becomes of no effect and is null and void. However, the Agency agrees to use its best efforts to have the amounts contemplated under the agreement included in its budget. Non-appropriation or non-funding shall not be considered an event of default.
- 9. STATUTE OF LIMITATIONS Any clauses limiting the time in which the Agency may bring suit against the Vendor, lessor, individual, or any other party are deleted.
- 10. <u>SIMILAR SERVICES</u> Any provisions limiting the Agency's right to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are hereby deleted.
- 11. <u>FEES OR COSTS</u> The Agency recognizes an obligation to pay attorney's fees or costs only when assessed by a court of competent jurisdiction. Any other provision is invalid and considered null and void.
- 12. <u>ASSIGNMENT</u> Notwithstanding any clause to the contrary, the Agency reserves the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the Vendor and Vendor shall obtain the written consent of Agency prior to assigning the agreement.
- 13. LIMITATION OF LIABILITY The Agency, as a State entity, cannot agree to assume the potential liability of a Vendor. Accordingly, any provision limiting the Vendor's liability for direct damages to a certain dollar amount or to the amount of the agreement is hereby deleted. Limitations on special, incidental or consequential damages are acceptable. In addition, any limitation is null and void to the extent that it precludes any action for injury to persons or for damages to personal property.
- 14. <u>**RIGHT TO TERMINATE**</u> Agency shall have the right to terminate the agreement upon thirty (30) days written notice to Vendor. Agency agrees to pay Vendor for services rendered or goods received prior to the effective date of termination.
- 15. <u>TERMINATION CHARGES</u> Any provision requiring the Agency to pay a fixed amount or liquidated damages upon termination of the agreement is hereby deleted. The Agency may only agree to reimburse a Vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the Agency prior to the end of any current agreement term.
- 16. RENEWAL Any references to automatic renewal is hereby deleted. The agreement may be renewed only upon mutual written agreement of the parties.
- 17. INSURANCE Any provision requiring the Agency to purchase insurance for Vendor's property is deleted. The State of West Virginia is insured through the Board of Risk and Insurance Management, and will provide a certificate of property insurance upon request.
- 18. <u>**RIGHT TO NOTICE**</u> Any provision for repossession of equipment without notice is hereby deleted. However, the Agency does recognize a right of repossession with notice
- 19. ACCELERATION Any reference to acceleration of payments in the event of default or non-funding is hereby deleted.
- 20. <u>CONFIDENTIALITY</u> Any provision regarding confidentiality of the terms and conditions of the agreement is hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act.
- 21. <u>AMENDMENTS</u> All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by both parities. No amendment, modification, alteration or change may be made to this addendum without the express written approval of the Purchasing Division and the Attorney General.
- 22. DELIVERY All deliveries under the agreement will be FOB destination unless otherwise stated in the State's original solicitation. Any contrary delivery terms are hereby deleted.

ACCEP	TEI) BY:	
STATE	OF	WEST	VIRGINIA

Spending Unit:	
Signed:	
Title:	
Date [.]	

VENDOR erfectionGroup 1 B. Ray is Development Ref Company Nam Signed: Title: Date:

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

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: Perfection Gra	Sup
Authorized Signature: Diluci B. 2	Date: 7/2/2/14
State of West Virginia	\bigcirc
County of Kanawha , to-wit:	
Taken, subscribed, and sworn to before me this 200	ay of, 2010.
My Commission expires April 5th	
AFFIX SEAL HERE	NOTARY PUBLIC Aphligh Tillas
OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC ASHLEIGH FIELDS Perfection Group 102 Roxalana Business Park Dunbar, WV 25064 My Commission Expires April 5, 2021	Purchasing Affidavit (Revised 08/01/2015)



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

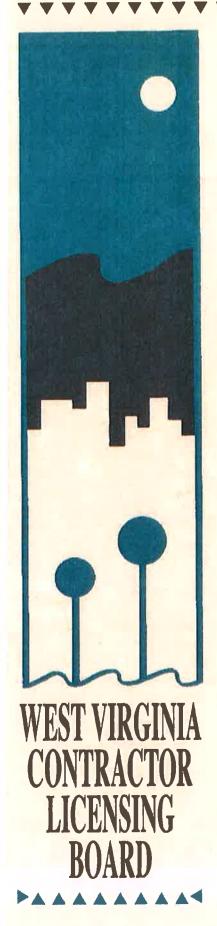
STATE OF WEST VIRGINIA,
COUNTY OF <u>Kanawha</u> , TO-WIT:
I, Traci Ray, after being first duly sworn, depose and state as follows:
1. I am an employee of <u>Perfection Group</u> ; and.
2. I do hereby attest that (Company Name) (Company Name)
maintains a written plan for a drug-free workplace policy 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.

30 65 - 20

Printed Name: Maci B. (Low)							
Signature: Draci & May							
Title: Business Development Rep							
Company Name: Perfection Group							
Date: 7/210/16							
Taken, subscribed and sworn to before me this 20^{m} day of 3000 , 2010 ,							
By Commission expires April 5m, 2021							
(Seal) STATE OF WEST VIRGINIA NOTARY PUBLIC ASHLEIGH FIELDS Perfection Group 102 Roxalana Business Park Dunbar, WV 25064 (Notary Public)							
THIS AFFIEAVIT MUST DE SUBMICTED WITH THE BID IN ORDER TO COMPLY							
WITH WY CODE PROVISIONS. FAILURE TO INCLUDE THE AFETDAVIT WITH THE							
BID SHALL RESULT IN DISQUALIFICATION OF THE BID.							

Rev. August 1, 2015



CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV022601

Classification: HEATING, VENTILATING & COOLING

> PERFECTION GROUP INC DBA PERFECTION SERVICES OF WV INC 2649 COMMERCE BLVD CINCINNATI, OH 45241

Date Issued

Expiration Date

DECEMBER 14, 2016

Authorized Company Signature

DECEMBER 14, 2015

Michael A. Carl Chair, West Virginia Contractor

Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work 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.

Ą	CORD [®] CERT	TIF	IC	ATE OF LIA	BIL	ITY IN	ISURA		DATE (11/5/20	(MM/DD/YYYY) 015
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.										
t	IPORTANT: If the certificate holder is te terms and conditions of the policy ertificate holder in lieu of such endors	, cert	ain p	olicies may require an en	olicy(ie ndorse	s) must be e ment. A sta	ndorsed. If tement on th	SUBROGATION IS WAIN	/ED, su onfer r	bject to ights to the
PRO	DUCER				CONTA NAME:	ст Karen N	/IcCloud			
	ur J. Gallagher Risk Management S	Servi	ces,	Inc.		o, Ext):513-97	7-3100	FAX (A/C, No):		
	. 4th Street, Suite 1300 cinnati OH 45202				É-MAII					
	51111ati 011 43202				INSURER(S) AFFORDING COVERAGE NAIC #					
				-	INSURE	R A :Cincinna	ati Insurance	e Company		10677
INSU	RED				INSURE	ER B :Cincinna	ati Casualty	Company		28665
	fection Group, Inc.						•	yndicate 1919		
	Roxalana Business Park bar WV 25064				INSURE	RD:				
	IDAI VVV 25064				INSURE	RE:				
					INSURE	RF:				
				E NUMBER: 351696128				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	equif Pert Poli	REME TAIN,	NT, TERM OR CONDITION OF THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR LTR			WVD	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A				CPP0885591		9/1/2015	9/1/2016	EACH OCCURRENCE	\$1,000	,000
	X COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)	\$1,000	
								MED EXP (Any one person)	\$10,000	
								PERSONAL & ADV INJURY	\$1,000	
								GENERAL AGGREGATE	\$2,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$2,000 \$,000
A				000005504		9/1/2015	9/1/2016			
ľ.	× _			CPP0885591		5/1/2015	5/1/2010	(Ea accident) BODILY INJURY (Per person)	\$1,000 \$,000
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)		
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$ \$	
	HIRED AUTOS							(Per accident)	\$	
A	X UMBRELLA LIAB X OCCUR			CPP0885591		9/1/2015	9/1/2016	EACH OCCURRENCE \$		0.000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$15,000,		-,	
	DED X RETENTION \$0							\$		0,000
в	WORKERS COMPENSATION			WC2119330		9/1/2015	9/1/2016	X WC STATU- TORY LIMITS ER	Ψ.	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$100,000		00
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$100,000		
L	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$500,000		
С	Professional Liability Pollution Liability			PGIARK05026-00		5/22/2015	5/22/2016	Each Claim Aggregate	2,000,00 2,000,00	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks S	Schedule	, if more space is	s required)			
	CERTIFICATE HOLDER CANCELLATION									
				I	GAN					
	SPECIMEN FOR ILLUSTRATION PURPOSES ONLY				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
NO OTHER USE IS AUTHORIZED				AUTHORIZED REPRESENTATIVE Thomas R. Diet						

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