



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: 215421

Doc Description: Addendum No. 1 - HVAC SERVICE - Troop Locations

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-09-19	2016-09-29 13:30:00	CRFQ 0612 DPS1700000002	2

**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:

Dave's Plumbing and Heating L.L.C.  
 27 Ten Mile Rd.  
 Belington, WV 26250  
 304-823-3479

09/28/16 09:16:28  
 WV Purchasing Division

**FOR INFORMATION CONTACT THE BUYER**

Tara Lyle  
 (304) 558-2544  
 tara.l.yyle@wv.gov

Signature X *M. Chevalier* FEIN # 74-3245279 DATE 9-27-16

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

CRMQ DPS 16\*11 HVAC SERVICE

Troop 3: Barbour, Lewis, Upshur, Gilmer, Braxton, Webster, Pocahontas, Randolph, Tucker, and Pendleton counties

Item No.	Description	Estimated Annual Hours	Unit Price	Extended Amount
<b>BASIC HOURLY LABOR RATE: for work performed between 8:00 AM and 5:00 PM, Monday through Friday.</b>				
8.1.1	HVAC SERVICE - TECHNICIAN	10	\$ 82.00	\$ 820.00
8.1.2	HVAC SERVICE - HELPER	10	\$ 55.00	\$ 550.00
8.1.3	HVAC SERVICE - LABORER	10	\$ 0	\$ 0
<b>OVERTIME HOURLY LABOR RATE: for work performed between 5:00 PM and 8:00 AM, Monday through Friday, and on weekends.</b>				
8.1.4	HVAC SERVICE - TECHNICIAN	10	\$ 92.00	\$ 920.00
8.1.5	HVAC SERVICE - HELPER	10	\$ 65.00	\$ 650.00
8.1.6	HVAC SERVICE - LABORER	10	\$ 0	\$ 0
<b>HOLIDAY HOURLY LABOR RATE: for work performed on special holidays (not Sundays unless the day is declared a national holiday).</b>				
8.1.7	HVAC SERVICE - TECHNICIAN	5	\$ 92.00	\$ 460.00
8.1.8	HVAC SERVICE - HELPER	5	\$ 65.00	\$ 325.00
8.1.9	HVAC SERVICE - LABORER	5	\$ 0	\$ 0
8.1.10	HVAC SERVICE - Truck Charge	1	\$ 49.00	\$ 49.00
8.1.11	PARTS PERCENTAGE MARKUP SUPPORTED AND MAINTAINED	NORMALLY \$2,500	PERCENTAGE MARKUP= 30 %	TOTAL COST = \$2500 X PERCENTAGE MARKUP \$ 3,250.00
8.1.12	PARTS PERCENTAGE MARKUP NORMALLY SUPPORTED AND MAINTAINED	NOT \$2,500	PERCENTAGE MARKUP= 30 %	TOTAL COST = \$2500 X PERCENTAGE MARKUP \$ 3,250.00
<b>TROOP 3 OVERALL COST</b>				<b>\$ 10,274.00</b>

**Bidder/Vendor Information:**

Name: Dave's Plumbing and Heating LLC  
 Address: 27 Ten Mile Rd  
Belington WV 26025  
 Phone No.: (304) 823-3479  
 Fax No.: (304) 823-3403  
 Email Address: davesplumbingheatingllc@gmail.com  
 Authorized Signature: [Signature]

\*Quantities are estimated annual usage for bidding purposes and bidder's information.  
 Failure to use this form may result in disqualification

**REQUEST FOR QUOTATION  
CRFQ DPS1700000002  
HVAC Service for troop locations**

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**13 MISCELLANEOUS:**

**13.1 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: Max Chevallier  
Telephone Number: (304) 823-3479  
Fax Number: (304) 823-3403  
Email Address: davesplumbingheatingllc@gmail.com

**13.2 Telephone Service:**

**13.2.1** The vendor shall maintain continuous telephone service by which he can be reached 24 hours a day, seven days a week. Sundays and Holidays are included.

**13.2.2** The owner shall provide the vendor with the phone numbers for the location where work is to be performed, and any other phone numbers that may allow for the necessary communications.

**13.2.3** The owner's representatives are listed on Appendix B.

**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.

Max Chevalier, Owner  
(Name, Title)  
Max Chevalier, Owner  
(Printed Name and Title)  
27 Tea Mile Rd. Belington, WV 26250  
(Address)  
(304) 823-3479 fax (304) 823-3403  
(Phone Number) / (Fax Number)  
chues.plumbingheating1@gmail.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.

Dave's Plumbing and Heating LLC  
(Company)  
Max Chevalier Owner  
(Authorized Signature) (Representative Name, Title)  
Max Chevalier Owner  
(Printed Name and Title of Authorized Representative)  
9-27-16  
(Date)  
304-823-3479 Fax 304-823-3403  
(Phone Number) (Fax Number)

**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: Davis Plumbing and Heating LLC  
Contractor's License No. WV 043565

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;



**WEST VIRGINIA  
DEPARTMENT OF TRANSPORTATION**  
1900 Kanawha Boulevard East • Building Five • Room 303  
Charleston, West Virginia 25305-0440 • (304) 558-3931

Earl Ray Tomblin  
Governor

Paul A. Mattox, Jr., P. E.  
Cabinet Secretary

September 22, 2016

Mr. Max L. Chevalier  
Dave's Plumbing & Heating, LLC  
27 Ten Mile Road  
Belington, WV 26250

Dear Mr. Chevalier:

West Virginia Department of Transportation  
Socially and Economically  
Disadvantaged Business Certification

This is to inform you that the documents your firm submitted have been reviewed and approved. Your firm will continue to be listed in the West Virginia Department of Transportation, Division of Highways Contractor's Proposals as a firm certified under the provisions of 49 CFR Part 26.

Please be reminded that as a DBE you must inform this office, within thirty days and in writing, of any change in circumstances affecting your ability to meet size, disadvantaged status, ownership, or control requirements or any material change in the information provided in your application form.

If you should have any questions, or if we can be of any assistance, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in black ink that reads "Drema L. Smith".

Drema L. Smith, Director  
EEO Division

DLS:tw

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ DPS1700000002**

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

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

**Addendum Numbers Received:**

(Check the box next to each addendum received)

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

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

Dave's Plumbing & Heating LLC  
Company  
Mac Chevrolet  
Authorized Signature  
9-27-16  
Date

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



100 Erie Insurance Place  
Erie, PA 16530

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 00 00 01A**  
INCLUDES COPYRIGHT MATERIAL OF THE NATIONAL COUNCIL ON COMPENSATION INSURANCE, USED WITH ITS PERMISSION  
**INFORMATION PAGE**

**PRIOR POLICY NUMBER - Q92 5700139**

<b>Agent</b> EE1377 INTRA-STATE INS CORP	<b>Insurance Is Provided By</b> FLAGSHIP CITY INS CO	<b>Policy Number</b> 35947 Q92 5700139	<b>BRANCH CODE</b>
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**ITEM 1. Named Insured and Address**

DAVE'S PLUMBING AND HEATING  
LLC  
27 TEN MILE RD  
BELINGTON WV 26250-1105

AMENDMENT 01 \*\*\* EFFECTIVE 08/07/15 \*\*\* ATTACH THIS TO YOUR POLICY  
REASON FOR AMENDMENT- AMENDED REMUN DUE TO AUDIT  
LIMITED LIABILITY CO BARBOUR CO  
OTHER WORKPLACES NOT SHOWN ABOVE - AS SCHEDULED FED ID # 74-3245279  
RISK IDENTIFICATION NUMBER - 470524146

**ITEM 2. THE POLICY PERIOD IS FROM 08/07/15 TO 08/07/16 AT THE INSUREDS MAILING ADDRESS.**

**ITEM 3.A. WORKERS COMPENSATION INSURANCE- PART ONE OF THE POLICY APPLIES TO THE WORKERS COMPENSATION LAW OF THE STATES LISTED HERE- WV.**

**ITEM 3.B. EMPLOYERS LIABILITY INSURANCE- PART TWO OF THE POLICY APPLIES TO WORK IN EACH STATE LISTED IN ITEM 3.A. THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE-**

BODILY INJURY BY ACCIDENT	\$1,000,000	EACH ACCIDENT
BODILY INJURY BY DISEASE	\$1,000,000	POLICY LIMIT
BODILY INJURY BY DISEASE	\$1,000,000	EACH EMPLOYEE

**ITEM 3.C. OTHER STATES INSURANCE- PART THREE OF THE POLICY APPLIES TO THE STATES, IF ANY, LISTED HERE- ALL STATES EXCEPT ND, OH, WA, WY, STATES DESIGNATED IN ITEM 3.A.,**

**ITEM 3.D. SEE ATTACHED ENDORSEMENT SCHEDULE**

**ITEM 4. THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.**

	SEE ATTACHED SCHEDULE OF OPERATIONS		2,291
9812	PREMIUM FOR INCREASED COV TWO LIMITS		30
9848	AMT FOR INCREASED COV TWO MIN PREMIUM	.0140	120
	EXPENSE CONSTANT		100
	TOTAL ESTIMATED ANNUAL PREMIUM		\$2,541
	WV REGULATORY SURCHARGE	5.00%	\$109
	WV DEFICIT REDUCTION SURCHARGE	9.00%	\$196
	WV FIRE AND CASUALTY SURCHARGE	0.55%	\$2
	DEPOSIT PREMIUM		\$2,848
	CHANGE IN PREMIUM FOR REMAINDER OF POLICY PERIOD		\$1,308.00 CR
	MINIMUM PREMIUM	\$563	

RETURNED PAYMENT FEES WILL BE ADDED TO YOUR ACCOUNT.





100 Erie Insurance Place  
Erie, PA 16530

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 00 00 01A**  
INCLUDES COPYRIGHT MATERIAL OF THE NATIONAL COUNCIL ON COMPENSATION INSURANCE, USED WITH ITS PERMISSION  
**INFORMATION PAGE**

PRIOR POLICY NUMBER - Q92 5700139

Agent	Insurance Is Provided By	Policy Number	BRANCH CODE
EE1377 INTRA-STATE INS CORP	FLAGSHIP CITY INS CO	35947	Q92 5700139

**ITEM 1. Named Insured and Address**

DAVE'S PLUMBING AND HEATING  
LLC  
27 TEN MILE RD  
BELINGTON WV 26250-1105

**\*\* SCHEDULE OF PRIMARY AND ADDITIONAL LOCATIONS \*\***

LOC 001 27 TEN MILE RD, BELINGTON, WV 26250

**\*\* E N D O R S E M E N T S C H E D U L E \*\***

THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES- WC-C1/15,  
WC-000308 (WV), WC-000412 (WV), WC-990610 (WV), WC-470601 (WV), WC-000414 (WV),  
WC-UF4839 (WV), WC-000419 (WV), WC-000421D (WV), WC-000422B (WV), WC-UF4812  
(WV), WC-UF2634 (WV), WC-UF5215 (WV), WC-UF0143 (WV), WC-000000C (WV), WC-000403  
(WV).

**\*\* MISCELLANEOUS INFORMATION PAGE SCHEDULE \*\***

**ENDORSEMENT 308**

THE FOLLOWING IS USED WITH WC000308 -  
OTHER - MAX CHEVALIER



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/27/2016

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).

<b>PRODUCER</b> Intra State Insurance Corporation Rosemar Road P.O. Box 5526 Vienna WV 26105	<b>CONTACT NAME:</b> Ann Slaven <b>PHONE (A/C No. Ext):</b> (304) 295-1048 <b>FAX (A/C No.):</b> (304) 295-3369 <b>E-MAIL ADDRESS:</b> annslaven@suddenlinkmail.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> DAVE'S PLUMBING AND HEATING LLC 27 TEN MILE ROAD BELINGTON WV 26250-9508	<b>INSURER A:</b> Erie Insurance	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** CL1692701013 **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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Q32 5720078 W	8/7/2016	8/7/2017	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			Q08 5740008	8/7/2016	8/7/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Q925700139	8/7/2016	8/7/2017	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

**CERTIFICATE HOLDER**

**CANCELLATION**

WV STATE POLICE 1124 KANAWHA TURNPIKE SOUTH CHARLESTON, WV 25309	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  John Ballway/ANN <i>John T. Ballway</i>
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# CONTRACTOR LICENSE

Authorized by the

**West Virginia Contractor Licensing Board**

**Number:** WV043565

**Classification:**

HEATING, VENTILATING & COOLING  
PLUMBING

DAVES PLUMBING AND HEATING LLC  
DBA DAVES PLUMBING AND HEATING LLC  
27 TEN MILE ROAD  
BELINGTON, WV 26250

**Date Issued**

FEBRUARY 01, 2016

**Expiration Date**

FEBRUARY 01, 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.



REMITTER

MAX CHEVALIER

DATE 09/27/2016



PAY TO THE  
ORDER OF

\*\*\*\*\* WVSP \*\*\*\*\*

\$

513.70

PAYEXACTLY

513.70CTS

DOLLARS

CASHIER'S CHECK



*Tamy Juener*

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

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, \_\_\_\_\_  
of \_\_\_\_\_, \_\_\_\_\_, as Principal, and \_\_\_\_\_  
of \_\_\_\_\_, \_\_\_\_\_, a corporation organized and existing under the laws of the State of \_\_\_\_\_  
with its principal office in the City of \_\_\_\_\_, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligees, in the penal sum of \_\_\_\_\_ (\$ \_\_\_\_\_) 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Principal Seal

\_\_\_\_\_  
(Name of Principal)

By \_\_\_\_\_  
(Must be President, Vice President, or  
Duly Authorized Agent)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Name of Surety)

\_\_\_\_\_  
Attorney-in-Fact

Surety Seal

**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.**



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

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

I, Max Chevalier, after being first duly sworn, depose and state as follows:

1. I am an employee of Dave's Plumbing and Heating LLC and,  
(Company Name)
2. I do hereby attest that Dave's Plumbing and Heating LLC  
(Company Name)

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

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

Printed Name: Max Chevalier

Signature: Max Chevalier

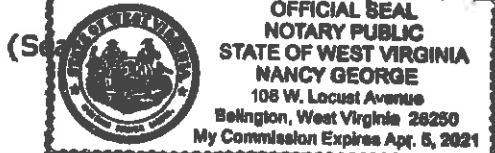
Title: Owner

Company Name: Dave's Plumbing and Heating LLC

Date: 9-27-2016

Taken, subscribed and sworn to before me this 27 day of September, 2016.

By Commission expires Aug 5, 2021



Nancy George  
(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

**CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET**

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

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

**Contract Identification:**

Contract Number: CRFQ 0612 DPS1700000002

Contract Purpose: HVAC Service Troop 3

Agency Requesting Work: W.V.S.P.

**Required Report Content:** The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report.

- Information indicating the education and training service to the requirements of *West Virginia Code* § 21-1D-5 was provided;
- Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests;
- Average number of employees in connection with the construction on the public improvement;
- Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.

**Vendor Contact Information:**

Vendor Name: Dave's Plumbing & Heating LLC

Vendor Telephone: 304-823-3479

Vendor Address: 27 Ten Mile Rd  
Belington WV 26280

Vendor Fax: 304-823-3403

Vendor E-Mail: davesplumbingheatingllc@gmail.com



Patient Report

Specimen ID: 229-652-0088-0  
Control ID: 20011774

Acct #: 47502380 Phone: (304) 823-2800 Rtc: 01

**CARPENTER, JAMES R.**  
1977 COYATO RUN RD.  
BELINGTON WV 26250  
(304) 614-7271

Belington Clinic - Medical  
70 N Sturmer St  
Belington WV 26250



**Patient Details**  
DOB: 03/29/1983  
Age(y/m/d): 033/04/18  
Gender: M SSN: \*\*\*-\*\*-3873  
Patient ID: 908907

**Specimen Details**  
Date collected: 08/16/2016 1009 Local  
Date entered: 08/16/2016  
Date reported: 08/17/2016 2006 Local

**Physician Details**  
Ordering: J HENDERSON  
Referring:  
ID: 47502380  
NPI: 1619905940

**General Comments & Additional Information**  
Clinical Info: RESULTS TO DAVES HEATING  
Clinical Info: CCU:0330714580 H-00407688  
Clinical Info: LM

Alternate Control Number: 20011774

Alternate Patient ID: 908907

**Ordered Items**  
789254 9+Oxycodone-Bund

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
789254 9+Oxycodone-Bund						
Amphetamines, Urine	Negative		ng/mL	Cutoff=1000		01
Amphetamine test includes Amphetamine and Methamphetamine.						
Barbiturates	Negative		ng/mL	Cutoff=200		01
Benzodiazepines	Negative		ng/mL	Cutoff=200		01
Cannabinoid	Negative		ng/mL	Cutoff=50		01
Cocaine (Metab.)	Negative		ng/mL	Cutoff=300		01
Opiates	Negative		ng/mL	Cutoff=300		01
Opiate test includes Codeine, Morphine, Hydromorphone, Hydrocodone.						
Oxycodone/Oxymorphone, Urine	Negative		ng/mL	Cutoff=300		01
Test includes Oxycodone and Oxymorphone						
Phencyclidine	Negative		ng/mL	Cutoff=25		01
Methadone Screen, Urine	Negative		ng/mL	Cutoff=300		01
Propoxyphene, Urine	Negative		ng/mL	Cutoff=300		01

01	UI	LabCorp OTS RTP 1904 T W Alexander Drive, RTP, NC 27709-0153	Dir: Michael Fox, MD
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For inquiries, the physician may contact Branch: 800-352-3141 Lab: 800-333-0557



# VENDOR PREFERENCE CERTIFICATE

Certification and application is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

- 1.  **Application is made for 2.5% vendor preference for the reason checked:**  
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**  
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification;  
 Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **or,**  
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**
- 2.  **Application is made for 2.5% vendor preference for the reason checked:**  
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**
- 3.  **Application is made for 2.5% vendor preference for the reason checked:**  
 Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; **or,**
- 4.  **Application is made for 5% vendor preference for the reason checked:**  
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or,**
- 5.  **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**  
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or,**
- 6.  **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**  
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
- 7.  **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**  
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) rescind the contract or purchase order; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Dave's Plumbing & Heating LLC. Signed: Mac Chubb  
 Date: 9-27-16 Title: Owner

\*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

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: Davis Plumbing and Heating LLC  
Authorized Signature: Mc Chevrolet Date: 9-27-16

State of West Virginia  
County of Barbour, to-wit:

Taken, subscribed, and sworn to before me this 27 day of September, 2016.

My Commission expires Apr. 5, 2021, 20    .

**AFFIX SEAL HERE**

NOTARY PUBLIC Nancy George  
*Purchasing Affidavit (Revised 06/01/2015)*

