



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

State of West Virginia
 Request for Quotation
 33 - Service - Misc

Proc Folder: 335007

Doc Description: Addendum 3- Distribution & Transportation for WVABCA

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-06-07	2017-06-21 13:30:00	CRFQ 0708 ABC1700000003	4

BID RECEIVING LOCATION

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

VENDOR

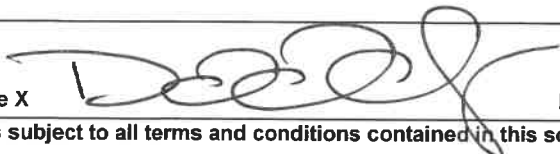
Vendor Name, Address and Telephone Number:

LB&B Associates Inc.
 9891 Broken Land Parkway, Suite 400
 Columbia, MD 21228
 301-596-2440

06/21/17 12:56:28
 WV Purchasing Division

FOR INFORMATION CONTACT THE BUYER

Michelle L Childers
 (304) 558-2063
 michelle.l.childers@wv.gov

Signature X 

FEIN # 56-1768228

DATE 19 June 2017

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

ADDITIONAL INFORMATION:

Addendum

Addendum No. 3 issued to publish and distribute the attached information to the vendor community.

Request for Quotation

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Alcohol Beverage Control Administration (WVABCA) to establish an open-end contract for a Vendor to provide distribution and transportation services for liquor from the WVABCA Warehouse located at 97 Independent Ave., Nitro, Putnam County, WV 25143

INVOICE TO		SHIP TO	
ACCOUNTING DEPARTMENT		ABCA WAREHOUSE	
ALCOHOL BEVERAGE CONTROL COMMISSION		HUB INDUSTRIAL PARK	
4TH FLOOR		97 INDEPENDENT AVE	
900 PENNSYLVANIA AVE		NITRO	WV 25143
CHARLESTON	WV25302		
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Wholesale distribution services - CASE	0.00000	CASE		

Comm Code	Manufacturer	Specification	Model #
80141702			

Extended Description :

The West Virginia Purchasing Division is soliciting bids on behalf of WEST VIRGINIA ALCOHOL BEVERAGE CONTROL ADMINISTRATION (WVABCA) to establish an Open-End Contract to provide distributions & transportation for liquor beverages from the WVABCA warehouse located at 97 Independent Avenue, Nitro, WV 25143 per the specifications and instructions contained in the solicitation.

INVOICE TO		SHIP TO	
ACCOUNTING DEPARTMENT		ABCA WAREHOUSE	
ALCOHOL BEVERAGE CONTROL COMMISSION		HUB INDUSTRIAL PARK	
4TH FLOOR		97 INDEPENDENT AVE	
900 PENNSYLVANIA AVE		NITRO	WV 25143
CHARLESTON	WV25302		
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Wholesale distribution services - HOUR	0.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
80141702			

Extended Description :

The West Virginia Purchasing Division is soliciting bids on behalf of WEST VIRGINIA ALCOHOL BEVERAGE CONTROL ADMINISTRATION (WVABCA) to establish an Open-End Contract to provide distributions & transportation for liquor beverages from the WVABCA warehouse located at 97 Independent Avenue, Nitro, WV 25143 per the specifications and instructions contained in the solicitation.

ABC1700000003	Document Phase Final	Document Description Addendum 3- Distribution & Transportation for WVABCA	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

REQUEST FOR QUOTATION
Distribution and Transportation Services

10.1.5 Failure, neglect or refusal to furnish distribution or transportation services in such manner as provided in this contract so as to insure full compliance therewith, or if the Vendor fails, neglects or refuses to furnish distribution or transportation service that is satisfactory, or to comply with any of the requirements, contract services, deliverables, or terms and conditions of this contract.

10.2 The following remedies shall be available to Agency upon default.

10.2.1 Cancellation of the Contract.

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

10.2.3 The Director of Purchasing for the State of West Virginia, at the written request of the WVABCA, may employ other persons necessary to supply the deficiency in distribution or transportation service caused by such failure; or the Director of Purchasing for the State of West Virginia, upon written request of the WVABCA, may cancel this contract after giving thirty (30) days written notice to the Vendor, and in its discretion, the WVABCA may purchase said distribution in the open market, or upon competitive bidding, the Vendor to remain liable for all damage sustained on the account of such non-compliance or failure, including the difference, if any, between the cost of distribution or transportation service so purchased and the price for which the Vendor agreed to furnish the same under this contract. In the determination of the question whether there has been such non-compliance by the Vendor with the contract as to warrant either actions above stated, the decision of the WVABCA shall be final.

10.2.4 Any other remedies available in law or equity.

11 MISCELLANEOUS:

11.1 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: Graham Thompson

Telephone Number: 919-624-6686

REQUEST FOR QUOTATION
Distribution and Transportation Services

Fax Number: 919-773-2873

Email Address: gthompson@lbbncabc.com

REQUEST FOR QUOTATION
Qualified Vendor to provide distribution and transportation services

ATTACHMENT 5

REQUEST FOR QUOTATION
Qualified Vendor to provide distribution and transportation services

PRICING PAGE

West Virginia Alcohol Beverage Control Administration Distribution and Transportation Services

	Estimated Quantity	Vendor Rate	Extended Rate
Delivery rate per standard case (bids with a sliding scale of rates or index of rates will be disqualified)	690,000	\$ <u>2.39</u> per case	\$ <u>1,649,100.00</u>
Hourly Rate for transporting supplies & equipment	40 hour	\$ <u>40.00</u> per hour	\$ <u>1600.00</u>
Total Cost			\$ <u>1,650,700.00</u>

VENDOR NAME (PRINT): LB&B Associates Inc.

VENDOR ADDRESS: 9891 Broken Land Parkway, Suite 400
Columbia, MD 21228

VENDOR SIGNATURE: 

DATE: 19 June 2017

The contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0708 ABC1700000003

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

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

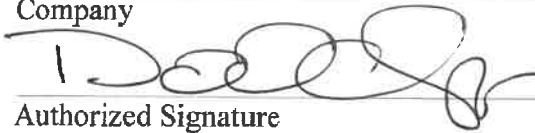
Addendum Numbers Received:
(Check the box next to each addendum received)

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

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

LB&B Associates Inc.

Company



Authorized Signature

19 June 2017

Date

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

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.

Fred W. Jones

 (Name, Title)
 Fred W. Jones, Contracts Administrator

 (Printed Name and Title)
 9891 Broken Land Parkway, Suite 400 Columbia, MD

 (Address)
 301-596-2440/301-596-7879

 (Phone Number) / (Fax Number)
 fjonas@lbbassociates.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.

LB&B Associates Inc.

 (Company)

David VanSoyoc

 (Authorized Signature) (Representative Name, Title)

David VanSoyoc, Chief Operating Officer

 (Printed Name and Title of Authorized Representative)

19 June 2017

 (Date)

301-596-2440

 (Phone Number) (Fax Number)

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: LB&B Associates Inc.

Authorized Signature:  Date: 19 June 2017

State of Maryland

County of Carroll, to-wit:

Taken, subscribed, and sworn to before me this 19th day of June, 2017

My Commission expires 8/6/17, 20 .

AFFIX SEAL HERE

NOTARY PUBLIC 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/28/2016

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

PRODUCER HMS Insurance Associates, Inc. 20 Wight Ave., Suite 300 Hunt Valley MD 20146	CONTACT NAME: Len Novotny PHONE (A/C, No, Ext): 410-337-9755 E-MAIL ADDRESS: lnovotny@hmsia.com	FAX (A/C, No): 410-337-0551
	INSURER(S) AFFORDING COVERAGE	
INSURED LB&B Associates, Inc. 9891 Broken Land Parkway, Suite 400 Columbia MD 21046	INSURER A: The Phoenix Ins. Co.	NAIC # 25623
	INSURER B: Travelers Indemnity Co. of CT	NAIC # 25682
	INSURER C: Starr Indemnity & Liability Company	NAIC # 38318
	INSURER D: Hartford Fire Insurance Co	NAIC # 19682
	INSURER E: The Travelers Indemnity Co.	NAIC # 25658
	INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** 64001152 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	6605868B874	10/1/2016	10/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA8E29728A	10/1/2016	10/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000	Y	Y	1000023093	10/1/2016	10/1/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	UB824K264916	10/1/2016	10/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Motor Truck Cargo			30MSUO9027	10/1/2016	10/1/2017	\$150,000

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

Additional Insured: State of West Virginia, WV Alcohol Beverage Control Administration with regard to the performance of Distribution and Transportation Services.

CERTIFICATE HOLDER State of West Virginia WV Alcohol Beverage Control Administration 900 Pennsylvania Ave. 4th Floor Charleston WV 25302	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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PERFORMANCE BOND

Bond No. 30BCSGM3973

KNOW ALL MEN BY THESE PRESENTS:

That LB&B Associates, Inc., 9891 Broken Land Parkway, Suite 400, Columbia, MD 21046, a Corporation
(Contractor name, complete address including ZIP Code and legal title)

as Principal, hereinafter called Contractor, and Hartford Fire Insurance Company, One Hartford Plaza, Hartford CT 06115
(Surety name and complete address including ZIP Code)

_____ a corporation organized and existing under
the laws of the State of Connecticut, with its principal office in the City of Hartford

as Surety, hereinafter called Surety, are held firmly bound unto West Virginia Alcohol Beverage Control Administration
(Owner name, complete address including ZIP Code and legal title)

900 Pennsylvania Avenue, 4th Floor, Charleston, West Virginia 25302

as Oblige, hereinafter called Owner, in the amount of One Hundred Thousand and 00/100

Dollars (\$100,000.00), for the payment whereof Contractor and Surety bind themselves, their heirs, executors,
administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, Contractor has by written agreement dated _____

_____ entered into a contract with Owner for distribution and transportation services
(ABCA 118)

in accordance with drawings and specifications prepared by State of West Virginia Department of Administration Purchasing Division

which contract is by reference made a part hereof, and is hereinafter referred to as the CONTRACT.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is such that if Contractor shall, promptly and faithfully Perform and CONTRACT,
then this obligation shall be null and void, otherwise it shall remain in full force and effect.

The Surety hereby waives notice of any alteration or extension of time made by the Owner.

Whenever Contractor shall be, and declared by Owner to be in default under the CONTRACT, the Owner having performed Owner's obligations
thereunder, the Surety may promptly remedy the default, or shall promptly:

1. Complete the CONTRACT in accordance with its terms and conditions, and
2. Shall save the Owner harmless from any claims, judgments, or liens arising from the Surety's failure to either remedy the default or to complete the CONTRACT in accordance with its terms and conditions in a timely manner.

No right of action shall accrue on this bond to or for the use of any person or corporation other than the Owner named herein or the successors of Owner.

Signed and sealed this * 1st _____ day of July 20 16.

Principal Raised Corporate Seal (MUST BE AFFIXED)

LB&B Associates, Inc. (Seal)

(Contractor Name)

BY: [Signature] (Seal)

(Must be President, Vice President, Owner, Partner, Manager or Member)

Chief Operating Officer/Owner-Partner

(Title)

Surety Raised Corporate Seal (MUST BE AFFIXED)

Hartford Fire Insurance Company

(Surety)

BY: [Signature] (Seal)

Craig Bancroft, Attorney-In-Fact

NOTE: Applicable sections of attached acknowledgments must be completed and returned as part of the bond.

NOTE: Raised Corporate Seals are mandatory.
Please attach Power of Attorney.

*Power of Attorney must be certified on this date or later.

APPROVED AG 08-20-09

ACKNOWLEDGMENTS


Acknowledgment by Principal if Individual or Partnership

1. STATE OF _____
2. County of _____ to-wit:
3. I, _____, a Notary Public in and for the
4. county and state aforesaid, do hereby certify that _____
whose name is signed to the foregoing writing, has this day acknowledged the same before me in my said county.
5. Given under my hand this _____ day of _____ 20_____
6. Notary Seal _____
7. _____
(Notary Public)
8. My commission expires on the _____ day of _____ 20_____

Acknowledgment by Principal if Corporation

9. STATE OF _____
10. County of _____ to-wit:
11. I, _____, a Notary Public in and for the
12. county and state aforesaid, do hereby certify that _____
13. who as, _____ signed the foregoing writing for
14. _____ a corporation,
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
15. Given under my hand this _____ day of _____ 20_____
16. Notary Seal _____
17. _____
(Notary Public)
18. My commission expires on the _____ day of _____ 20_____

Acknowledgment by Surety

19. STATE OF Maryland
20. County of Baltimore to-wit:
21. I, Rebecca Poremski, a Notary Public in and for the
22. county and state aforesaid, do hereby certify that Craig Bancroft
23. who as, Attorney-In-Fact signed the foregoing writing for
24. Hartford Fire Insurance Company a corporation,
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
25. Given under my hand this 1st day of July _____ 20 16
26. Notary Seal _____
27. 
(Notary Public)
28. My commission expires on the 2nd day of December _____ 20 110

Sufficiency in Form and Manner
of Execution Approved

Attorney General

This _____ day of _____ 20_____

By: _____

(Deputy Attorney General)

CRAIG J. BANCROFT
13010 JEROME JAY DR
COCKEYSVILLE MD 21030-1522

License No: 3336262	State of West Virginia Agent License		NPN: 3336262
CRAIG J. BANCROFT			
LICENSE TYPE	LINE(S) OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EXPIRATION DATE
PRODUCER	Property Casualty	01/19/2011 01/19/2011	11/30/2017

License No: 3336262	State of West Virginia Agent License		NPN: 3336262
CRAIG J. BANCROFT			
This is to certify that the above named agent is licensed in the State of West Virginia with the following authority(ies):			
LICENSE TYPE	LINE(S) OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EXPIRATION DATE
PRODUCER	Property Casualty	01/19/2011 01/19/2011	11/30/2017

Please visit sbs.wv.naic.org/Lion-Web/jsp/sbsreports/AgentLookup.jsp for the current status of this license.

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
 Bond T-12
 One Hartford Plaza
 Hartford, Connecticut 06155
 email: bond.claims@thehartford.com
 call: 888-266-3488 | fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Code: 30-720307

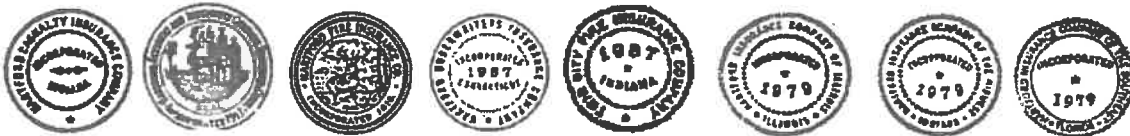
- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited** :

Craig Bancroft, Gary L. Berger, Shari Bowers, William Francik, Joshua B. Hauserman, Jonathan Kibler, Stephen M. Mutscheller, R Nelson Oster, Matthew Rankin, Robert F. White of HUNT VALLEY, Maryland

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on August 1, 2009, the Companies have caused these presents to be signed by its Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray

John Gray, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Vice President

STATE OF CONNECTICUT }
 COUNTY OF HARTFORD } ss. Hartford

On this 12th day of July, 2012, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



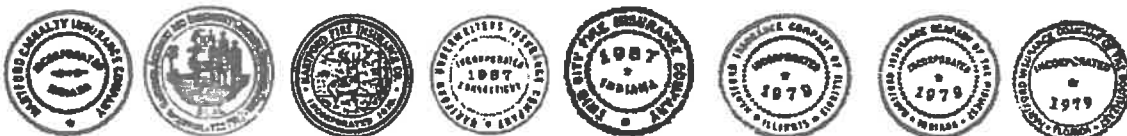
CERTIFICATE

Kathleen T. Maynard

Kathleen T Maynard
 Notary Public

My Commission Expires July 31, 2016

I, the undersigned, Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of July 1, 2016
 Signed and sealed at the City of Hartford.



Kevin Heckman

Kevin Heckman, Assistant Vice President

State of West Virginia



Certificate

I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

L B & B ASSOCIATES INC.

a corporation formed under the laws of North Carolina filed an application to be registered as a foreign corporation authorizing it to transact business in West Virginia. The application was found to conform to law and a "Certificate of Authority" was issued by the West Virginia Secretary of State on January 04, 2012.

I further certify that the corporation has not been revoked by the State of West Virginia nor has a Certificate of Withdrawal been issued to the corporation by the West Virginia Secretary of State.

Accordingly, I hereby issue this Certificate of Authorization

CERTIFICATE OF AUTHORIZATION

Validation ID:5WV4T_PXRJ9



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of*

June 19, 2017

Mac Warner

Secretary of State

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

AP, C

ISSUED TO:
**L B & B ASSOCIATES INC.
97 INDEPENDENT AVE
NITRO, WV 25143-2508**

BUSINESS REGISTRATION ACCOUNT NUMBER: 2261-5674

This certificate is issued on: **05/31/2012**

*This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code*

*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.



STATE OF WEST VIRGINIA
State Tax Department, Taxpayer Services Division
P. O. Box 885
Charleston, WV 25323-0885



000001601010000



Jim Justice, Governor

Dale W. Steager, State Tax Commissioner

L B & B ASSOCIATES INC.
9891 BROKEN LAND PKWY STE 400
COLUMBIA MD 21046-3005

Letter Id: L1054420160
Issued: 04/25/2017

West Virginia State Tax Department

Statement of Good Standing

EFFECTIVE DATE: April 25, 2017

A review of tax accounts indicates that the above named taxpayer is in good standing as of the effective date of this document.

The issuance of this Statement of Good Standing shall not bar any audits, investigations, assessments, refund or credits with respect to the taxpayer named above and is based only on a review of the tax returns and not on a physical audit of records.

Sincerely,

Nicole Grant, Tax Unit Supervisor
Taxpayer Services Division

EFFECTIVE DATES:

January 01, 2017 - December 31, 2017

2017 - 2017



LICENSE NUMBER

00-P-110-000265

State of West Virginia

Office of West Virginia Alcohol Beverage Control Commissioner

This is to certify that the undersigned, in pursuance of the authority vested in the Commissioner by

CHAPTER 60, ARTICLE 6, SECTION 12

has this day granted in the name and for the place of business set out below this

LICENSE TO ENGAGE IN THE BUSINESS OF
TRANSPORTATION PERMIT
TO TRANSPORT ALCOHOLIC LIQUORS WITHIN, INTO AND THROUGH THE STATE OF WEST VIRGINIA

LB&B ASSOCIATES, INC.
LB&B ASSOCIATES
9891 BROKEN LAND PARKWAY
SUITE 400
COLUMBIA, MD 21046

Notice: This license is issued only to the Licensee named above for use as specified, and cannot be abandoned, loaned, rented, or leased, and is not assignable or transferable. **IT MUST BE RETURNED UPON SALE OR CLOSURE OF OUTLET!**

Physical Address:
8991 BROKEN LAND PARKWAY
SUITE 400
COLUMBIA, MD 21046

Given under my hand on
Monday, December 19, 2016

Commissioner



00P110000265

VALID ONLY IF IMPRESSION SEAL IS PRESENT

Post in a **CONSPICUOUS** place at the location for which issued.