Item	Part Number	*Manufacturer & Model Number	Unit of Measure	Unit Cost	Qty	Exte	nded Cost
13.1.1	DS-2CD2122FWD-ISB-2.8mm Fixed Lens or Equal / Interior of Building	As Specified	EA	\$ 156.00	16	\$	2,496.00
13.1.2	DS-2CD2152F or Equal / Upper Sides of Building	As Specified	EA	\$ 212.00	9	\$	1,908.00
13.1.3	DS-2DF8836IV-AEL or Equal / Lower Rear Side of the Building	As Specified	EA	\$ 3,524.00	2	\$	7,048.00
13.1.4	DS-2DF6236-AEL or Equal / Upper Rear Side of the Building	As Specified	EA	\$ 1,833.00	2	\$	3,666.00
13.1.5	DS-96128NI-I24/H or Equal / Network Video Recorder (NVR)	As Specified	EA	\$ 5,414.00	1	\$	5,414.00
13.1.7	Miscellaneous Parts for CCTV System	HikVision Mounts WM110/WMP-L, Western Digital Hard Drives 8TB, Cat 6, Cabling, Jacks and termination equipment	Lump Sum	\$ 3,518.00	1	\$	3,518.00
13.1.8	Labor and Hardware Installation		Lump Sum	\$ 13,050.00	1	\$	13,050.00
13.1.9	Acceptance and Training		Lump Sum	\$ 684.00	1	\$	684.00
13.1.10	3-Year Warranty		Lump Sum	\$ 3,285.00	1	\$	3,285.00
				Total Bid An	ount	\$	41,069.00

^{*} When bidding an "or Equal", vendor must provide Manufacturer Specification sheet with bid.

BID BOND

K	NOW ALL MEN BY THESE PRE	SENTS, That we,	the undersig	ned, <u>Horiz</u>	zon Inform	ation Se	ervices, Inc.
of	Glenshaw	_,PA	١	_, as Princi	pal, and Phi	iladelphia	Indemnity Insurance Company
of							er the laws of the State of
PA	with its principal office in						
	rginia, as Obligee, in the penal su						
well and tr	uly to be made, we jointly and sev	rerally bind oursel	ves, our heir	s, administr	rators, exec	utors, su	ccessors and assigns.
	he Condition of the above oblig						-
	t of Administration a certain bid o						_
Purchase	of Security Camera System	<u>(s)</u>					
		-				_	
N	OW THEREFORE,						
(a (b) If said bid shall be rejected						
attached h	ereto and shall furnish any other	bonds and insurar	nce required	by the bid	or proposal.	, and sha	nce with the bid or proposal Il in all other respects perform
the agreem	ent created by the acceptance of nd effect. It is expressly underst	f said bid, then this	s obligation s	shall be null	l and void, o	otherwise	this obligation shall remain in
event, exce	ed the penal amount of this oblig	ation as herein sta	ated.	ty or the ot	ulety lor all	y and an	Ciains heredities shall, in No
way impain	ne Surety, for the value received, ed or affected by any extension e of any such extension.	hereby stipulates of the time within	and agrees which the	that the obl Obligee ma	ligations of ay accept s	said Sure uch bid,	ety and its bond shall be in no and said Surety does hereby
W	ITNESS, the following signatures	and seals of Prin	cipal and Su	rety, execut	ted and sea	aled by a	proper officer of Principal and
	y Principal individually if Principa					•	•
Principal Se	eal'			Hori	zon inform	nation S	ervices, Inc.
· · · · · · · · · · · · · · · · · · ·	7-3-1				- (of Principal)
				By /	(2,	1	
					(Must b	e Preside	nt, Vice President, or
				(\ \	Duly Aath	orized Agent)
							esident
						(l'itle)
	HOEMNITY CORPORATE THE CORPORA			Dhila	والمامامات	!	
Surety Seal	COPORATE TO THE			Phila	adeipnia ir		/ Insurance Company of Surety)
H.C.	TOO 7 TO				1	(Haino	Or outery)
DEL	102/ m			By:	Ka la	, (l	2000
ourety Services	WOYLVANIA O			- 1	ara A. Lee	ava	Attorphy in East
****	A AMBRITAN			- Laip	width Lot		Attorney-in-Fact

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.



PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004-0950

Power of Attorney

Surety Bond Number: Bid Bond

Principal: Horizon Information Services, Inc.

Obligee: State of West Virginia

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint <u>Barbara A. Leeper</u>, its true and lawful Attorney-infact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$75,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED:

That the Board of Directors hereby authorizes the the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED:

That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 14TH DAY OF NOVEMBER, 2016.

1927 CE

Robert D. O'Leary Jr., President & CEO Philadelphia Indemnity Insurance Company

On this 14th day of November, 2016, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly swom said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

COMMONWEALTH OF PENNSYLVANIA Robertyl Sank Norr Howard, Noberty Public Lower Merica Tup., Mantgomery Countyl May Commission Expires Jan. 8, 2018 Habise, Newsylvania Lassolathon of Partagon

(Seal)

Notary Public:

Marsa Horsa

(Notary Seal)

residing at: Bala Cynwyd, PA

My commission expires:

January 8, 2018

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do herby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto on this 14th day of November, 2016 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY,

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 31st day of August, 2017.



Edward Sayago, Corporate Secretary

PHILADELPHIA INDEMNITY INSURANCE COMPANY



CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV039098

Classification:

COMMUNICATION & SOUND

HORIZON INFORMATION SERVICES INC DBA HORIZON INFORMATION SERVICES INC 1659 EAST SUTTER ROAD GLENSHAW, PA 15116

Date Issued

Expiration Date

SEPTEMBER 22, Z016

Authorized Company Signature

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.

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:

WITNESS THE EOU LOWING SIGNATURE.

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

"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 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.

WEITEDS THE FOLLOWING SIGNATORE:
Vendor's Name: Horizon Information Services
Authorized Signature: Date: 8 31 17
State of Pennsylvonia
County of Alleghan, to-wit:
Taken, subscribed, and sworn to before me this $\frac{3}{4}$ day of $\frac{1}{2}$ My Commission expires $\frac{6}{2}$, $\frac{20}{8}$.
My Commission expires $\frac{6/29}{29}$, $\frac{20/8}{20}$
AFFIX SEAL HERE NOTARIAL SEAL Karla A Biddhauer, Notary Public Shelar Till
Shaler Twp., Allegheny County My Commission Expires June 29, 2018 MEMBER GENUSY Date: Notary Public 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 Kanawha TO-WIT:
I, Crais Hasley , after being first duly sworn, depose and state as follows:
1. I am an employee of Hocizon Information Services; and, (Company Name)
2. I do hereby attest that Horizon Information Services (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: Cfais Hasley Signature:
Title: UP of Sales
Company Name: Horizon Information Services
Date: 8 3/17
Taken, subscribed and sworn to before me this 31st day of August, 2017
By Commission expires COMMONWEALTH OF PENNSYLVANIA (Seal) NOTARIAL SEAL Karla A. Bildhauer, Notary Public
(Seal) Karla A. Bildhauer, Notary Public Shaler Twp., Allegheny County My Commission Expires June 29, 2018 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES (Notary Public)
THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY

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.

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.:

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

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

Addendum Numbers Received:	
(Check the box next to each addendu	m received)
Addendum No. 1 Addendum No. 2 Addendum No. 3 Addendum No. 4 Addendum No. 5	☐ Addendum No. 6 ☐ Addendum No. 7 ☐ Addendum No. 8 ☐ Addendum No. 9 ☐ Addendum No. 10
I further understand that any verbal re discussion held between Vendor's rep the information issued in writing and a binding.	e receipt of addenda may be cause for rejection of this bid. presentation made or assumed to be made during any oral presentatives and any state personnel is not binding. Only added to the specifications by an official addendum is
Horizon Informat	ion Selvices
Authorized Signature	A STATE OF THE PARTY OF THE PAR
8 31/17 Date	
Daic	

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

Contract Administrator and the initial point of contact for matters relating to this Contract.
CIP of C
(Name, Title)
Craig Hasley UP of Sales
(Printed Name and Title)
(Address) PA (Suffer Rd Glenshaw PA 15116
412-487-7071 412-487-7077
(Phone Number) / (Fax Number)
CHESTEY & HORRONIS 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.
Hosizon Information Services (Company)
the Con UP of Sales
(Authorized Signature) (Representative Name, Title)
Crais Hasley UP of Sales (Printed Name and Title of Authorized Representative)
8 31 17 (Date) 412-487-7071 412-487-7072 (Phone Number) (Fax Number)
417-487-1071/412-487-7072 (Phone Number) (Fax Number)