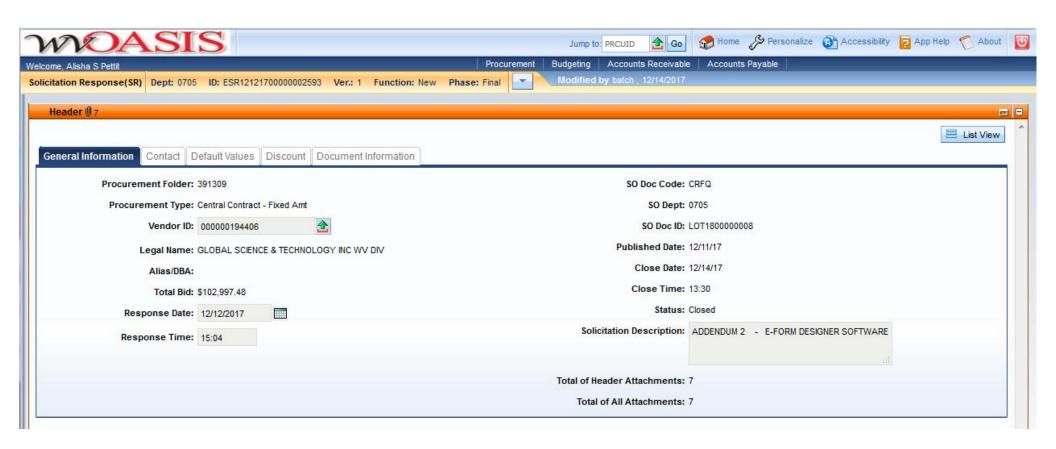


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

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.





State of West Virginia Solicitation Response

Proc Folder: 391309

Solicitation Description: ADDENDUM 2 - E-FORM DESIGNER SOFTWARE

Proc Type: Central Contract - Fixed Amt

| Date issued | Solicitation Closes | Solicitation Response | Version |
|-------------|------------------------|------------------------------|---------|
| | 2017-12-14 13:30:00 | SR 0705 ESR12121700000002593 | 1 |

VENDOR

000000194406

GLOBAL SCIENCE & TECHNOLOGY INC WV DIV

Solicitation Number: CRFQ 0705 LOT1800000008

Total Bid : \$102,997.48 **Response Date:** 2017-12-12 **Response Time:** 15:04:35

Comments:

FOR INFORMATION CONTACT THE BUYER

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

Signature on File FEIN # DATE

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

Page: 1 FORM ID: WV-PRC-SR-001

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|---------|------------|-----------------|-----------------------------|
| 1 | E-FORM SOFTWARE SUITE W/ 1ST YEAR MAINTENANCE INCLUDED | 1.00000 | EA | \$39,072.000000 | \$39,072.00 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 43230000 | | | | |

ENTERPRISE READY E-FORM SOFTWARE SUITE WITH WORKFLOW SOLUTION, AUDIT TRAIL, AND **Extended Description:**

SEARCHABLE INDEXING

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|---------|------------|-----------------|-----------------------------|
| 2 | LABOR TO INSTALL E-FORM SOFTWARE SUITE | 1.00000 | EA | \$30,020.000000 | \$30,020.00 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 43230000 | | | | |

LABOR TO INSTALL ENTERPRISE READY E-FORM SOFTWARE SUITE WITH WORKFLOW SOLUTION, AUDIT **Extended Description:**

TRAIL, AND SEARCHABLE INDEXING

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|---------|------------|-----------------|-----------------------------|
| 3 | OPTIONAL MAINTENANCE YEAR 2 FOR E-FORM SOFTWARE SUITE | 1.00000 | EA | \$10,722.600000 | \$10,722.60 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 81112201 | | | | |

MAINTENANCE FOR YEAR 2 E-FORM SOFTWARE SUITE WITH WORKFLOW SOLUTION, AUDIT TRAIL, AND **Extended Description:**

SEARCHABLE INDEXING

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|--|---------|------------|-----------------|-----------------------------|
| 4 | OPTIONAL MAINTENANCE YEAR 3 FOR E-FORM SOFTWARE SUITE | 1.00000 | EA | \$11,308.730000 | \$11,308.73 |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 81112201 | | | |

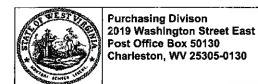
MAINTENANCE FOR YEAR 3 E-FORM SOFTWARE SUITE WITH WORKFLOW SOLUTION, AUDIT TRAIL, AND SEARCHABLE INDEXING **Extended Description:**

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---|---------|------------|-----------------|-----------------------------|
| 5 | OPTIONAL MAINTENANCE YEAR 4 FOR F-FORM SOFTWARE SUITE | 1.00000 | EA | \$11,874.150000 | \$11,874.15 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 81112201 | | | | |

Extended Description:

MAINTENANCE FOR YEAR 4 E-FORM SOFTWARE SUITE WITH WORKFLOW SOLUTION, AUDIT TRAIL, AND SEARCHABLE INDEXING



State of West Virginia Request for Quotation 21 — Info Technology

Proc Folder: 391309

Doc Description: E-FORM DESIGNER SOFTWARE

Proc Type: Central Contract - Fixed Amt

 Date Issued
 Solicitation Closes
 Solicitation No
 Version

 2017-11-29
 2017-12-14 13:30:00
 CRFQ
 0705 LOT1800000008
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EIDRÉCEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION 2019 WASHINGTON ST E

NENDOR BUT THE STREET HOUSE

CHARLESTON

WV

25305

US

Vendor Name, Address and Telephone Number:

Global Science & Technology 2000 Green River Drive, Suite 100 Fairmont, WV 26554

304-534-3128

FOR INFORMATION CONTACT THE BUYER

Michelle L Childers (304) 558-2063

michelle.l.childers@wv.gov

Signature X

. Stowart

FEIN# 52-1701242

DATE

12/12/2017

AD DITIONAL INFORMATION

Request for Quotation

The West Virginia Purchasing Division is soliciting bids on behalf of West Virginia Lottery to establish a contract for e-form designer software to include but not be limited to enterprise ready architecture, monitoring and management, digital signatures, easy integration with Application Xtender that enables automation of documents and forms-driven processes workflow. Business Process Management (BPM) software will capture, validate, review, update, and route information and will include development and creation of a maximum of twenty-five (25) e-forms which will be scalable for additional forms development as requested by the Lottery. The Lottery seeks a solution that combines enterprise-class search with the full range of structured, user-determined, and self-altering workflow options.

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|-----------------------------------|--------------|------------------------------------|-----------------------------|
| ACCOUNTS PAYABLE | | PURCHASING | |
| LOTTERY | | LOTTERY | |
| PO BOX 2067 | | 900 PENNSYLVANIA AVE | |
| | | | |
| CHARLESTON | WV25327-2067 | CHARLESTON | WV 25302 |
| us | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|---------|------------|------------|-------------|
| 1 | E-FORM SOFTWARE SUITE W/ 1ST YEAR MAINTENANCE INCLUDED | 1.00000 | EA | | \$39,072.00 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 43230000 | | | | |
| | | | | |

Extended Description:

ENTERPRISE READY E-FORM SOFTWARE SUITE WITH WORKFLOW SOLUTION, AUDIT TRAIL, AND SEARCHABLE INDEXING

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| ACCOUNTS PAYABLE | | PURCHASING | |
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| | | | |
| CHARLESTON | WV25327-2067 | CHARLESTON | WV 25302 |
| us | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|---|---------|------------|------------|-------------|
| 2 | LABOR TO INSTALL E-FORM SOFTWARE SUITE | 1.00000 | EA | | \$30,020.00 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 43230000 | | | | |

Extended Description:

LABOR TO INSTALL ENTERPRISE READY E-FORM SOFTWARE SUITE WITH WORKFLOW SOLUTION, AUDIT TRAIL, AND SEARCHABLE INDEXING

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| ACCOUNTS PAYABLE | | PURCHASING | |
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| CHARLESTON | WV25327-2067 | CHARLESTON | WV 25302 |
| US | : | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|---------|------------|------------|-------------|
| 3 | OPTIONAL MAINTENANCE YEAR 2 FOR E-FORM SOFTWARE SUITE | 1.00000 | EA | | \$10,722.60 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|---|
| 81112201 | | • | | • |
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Extended Description:

MAINTENANCE FOR YEAR 2 E-FORM SOFTWARE SUITE WITH WORKFLOW SOLUTION, AUDIT TRAIL, AND SEARCHABLE INDEXING

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| US | | US | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|---------|------------|------------|-------------|
| 4 | OPTIONAL MAINTENANCE YEAR 3 FOR E-FORM SOFTWARE SUITE | 1.00000 | EA | | \$11,308.73 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 81112201 | | | | |

Extended Description:

MAINTENANCE FOR YEAR 3 E-FORM SOFTWARE SUITE WITH WORKFLOW SOLUTION, AUDIT TRAIL, AND SEARCHABLE INDEXING

| ACCOUNTS PAYABLE | | PURCHASING | |
|------------------|--------------|----------------------|----------|
| LOTTERY | | LOTTERY | |
| PO BOX 2067 | | 900 PENNSYLVANIA AVE | E |
| | | | |
| CHARLESTON | WV25327-2067 | CHARLESTON | WV 25302 |
| us | | us | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--|---------|------------|------------|-------------|
| 5 | OPTIONAL MAINTENANCE YEAR 4 FOR E-FORM SOFTWARE SUITE | 1.00000 | EA | | \$11,874.15 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 81112201 | | | · | |
| | | | | |

Extended Description:

MAINTENANCE FOR YEAR 4 E-FORM SOFTWARE SUITE WITH WORKFLOW SOLUTION, AUDIT TRAIL, AND SEARCHABLE INDEXING

| | Document Phase | Document Description | Page 5 |
|---------------|----------------|--------------------------|--------|
| LOT1800000008 | Final | E-FORM DESIGNER SOFTWARE | of 5 |

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

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 addendate) | um 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 |
| discussion held between Vendor's re- | ne receipt of addenda may be cause for rejection of this bid. epresentation 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 |
| Company Authorized Signature | Technology Inc. Director of Contracts |
| 12/12/2017 Date | |
| NOTE: This addendum acknowledgen document processing. | nent should be submitted with the bid to expedite |

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 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: Soveneus Technology Authorized Signature: Wandle Stereast Director of Date: 12/12/2017

Taken, subscribed, and sworn to before me this 2 day of

My Commission expires

AFFIX SEAL HERE

NOTARY PUBLIC

Purchasing Affidavit (Revised 08/01/2015)

LINDA KAY CONNOR Notary Public Official Seal State of West Virginia My Comm. Expires Aug 8, 2022 224 Liberty Avenue Clarksburg WV 26301

| 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. Dikerok of Contracts Dikerok of Contracts |
| (Name, Title) |
| (Name, Title) <u>Sandra Stewart</u> , Director of Contracts (Printed Name and Title) |
| 2000 areen River Dr. Fairmont W 26534 |
| (Address) |
| <u>304-368-6135</u> / 304-534-3396 (Phone Number) / (Fax Number) |
| (Phone Number) / (Fax Number) |
| (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. |
| Clobal Science & Technology Inc. (Company) |
| (Authorized Signature) (Representative Name, Title) |
| (Printed Name and Title of Authorized Representative) |
| |
| 304-368-6135 304-534-3296 (Phone Number) (Fax Number) |

REQUEST FOR QUOTATION ENTERPRISE READY E-FORMS SOFTWARE TO CAPTURE, VALIDATE, REVIEW, UPDATE, AND ROUTE INFORMATION WITH 3 YEARS ANNUAL MAINTENANCE

10. VENDOR DEFAULT:

- 10.1. The following shall be considered a vendor default under this Contract.
 - 10.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.
 - 10.1.2. Failure to comply with other specifications and requirements contained
 - 10.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
 - 10.1.4. Failure to remedy deficient performance upon request.
- 10.2. The following remedies shall be available to Agency upon default.
 - 10.2.1. Immediate cancellation of the Contract.
 - 10.2.2. Immediate cancellation of one or more release orders issued under this Contract.
 - 10.2.3. 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: Sandka Stewart Telephone Number: 304-368-6135
> Fax Number: 304-534-3296
> Email Address: Sandka. Stewarte ast. Com

West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

| Contracting Business Entity: Global Science & Technol Address: | 2000 Green River Drive, |
|--|--|
| | |
| Authorized Agent: Sandra Stewart Die of Controls Address: | 2000 GREEN RIVER DR. Suite 100 FOIRMONT UN 2/0554 |
| Contract Number: Solieira From Lot /800000008 Contract Descript | ion: Eform Designer Software |
| Governmental agency awarding contract: W to theny | <u> </u> |
| ☐ Check here if this is a Supplemental Disclosure | |
| List the Names of Interested Parties to the contract which are known or reasonal entity for each category below (attach additional pages if necessary): | bly anticipated by the contracting business |
| 1. Subcontractors or other entities performing work or service under the | Contract |
| ☐ Check here if none, otherwise list entity/individual names below. | |
| Metasource, LLC, 1900 FROST ROAD, SO | uk 100, BRISTOL PA 19007 |
| 2. Any person or entity who owns 25% or more of contracting entity (not Check here if none, otherwise list entity/individual names below. Chen & Fomily TRUST 49.4% | applicable to publicly traded entitles) |
| 3. Any person or entity that facilitated, or negotiated the terms of, the services related to the negotiation or drafting of the applicable contract. Check here if none, otherwise list entity/individual names below. Signature: | e applicable contract (excluding legal et) |
| Notary Verification | |
| State of <u>West Vikounia</u> , County of <u>MARI</u> | na) |
| Soudie Simmer De of A composition | |
| entity listed above, being duly sworn, acknowledge that the Disclosure herein in penalty of perjury. | norized agent of the contracting business s being made under oath and under the |
| Taken, sworn to and subscribed before me this 12th day of 12th Against Control of Notary Public | eemBer , 2017 |
| Renda For Com | na |
| Date Received by State Agency: | 's Signature |
| Date submitted to Ethics Commission: Governmental agency submitting Disclosure: | LINDA KAY CONNOR Notary Public Official Seal State of West Virginia My Comm. Expires Aug 8, 2022 224 Liberty Avenue Remisser Worshoper 7, 2017 |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/29/2017

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(les) 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).

| 0012110220 1101001 111 1100 01 02011 0112010 | | | | | | |
|--|--------------------------|---|----------|--|--|--|
| PRODUCER | | CONTACT Kellie Jackson | | | | |
| Hankoff Insurance Group Inc. | | PHONE (A/C, No, Ext): (410)363-0661 FAX (A/C, No): (410)3 | 363-0685 | | | |
| 20 Crossroads Drive, Suite 215 | | E-MAIL ADDRESS; kjackson@hankoffinsurance.com | | | | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # | | | |
| Owings Mills MD 21: | 117 | INSURER A Travelers | 00914 | | | |
| INSURED | | INSURER B: | | | | |
| Global Science & Technology | y, Inc. | INSURER C: | | | | |
| West Virginia Division | | INSURER D: | | | | |
| 7855 Walker Dr., Suite 200 | | INSURER E: | | | | |
| Greenbelt MD 20 | 770 | INSURER F: | | | | |
| ACCUED A OFC | TICIOATE MUMDED 17 19 WT | DEVISION 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

| TYPE OF INSURANCE LIABILITY IMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GREGATE LIMIT APPLIES PER: GCY PRO- JECT LOC BILE LIABILITY | ADDL INSR | | POLICY NUMBER ZLP14P8078A | 4/1/2017 | POLICY EXP (MM/DD/YYYY) 4/1/2018 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY | \$ \$ \$ | 1,000,000 300,000 10,000 1,000,000 |
|--|---|--|--|---|--|--|--|---|
| CLAIMS-MADE X OCCUR GREGATE LIMIT APPLIES PER: ICY PROLOCU JECT LOC BILE LIABILITY | | | ZLP14P8076A | 4/1/2017 | 4/1/2018 | DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY | \$ \$ | 300,000 10,000 |
| CLAIMS-MADE X OCCUR GREGATE LIMIT APPLIES PER: ICY PRO- LOC BILE LIABILITY | | | ZLP14P8078A | 4/1/2017 | 4/1/2018 | MED EXP (Any one person) PERSONAL & ADV INJURY | \$ | 10,000 |
| GREGATE LIMIT APPLIES PER: ICY PRO- JECT LOC BILE LIABILITY | | | | | | | \$ | 1,000,000 |
| PRO- JECT LOC BILE LIABILITY | | | | | | GENERAL AGORGOATE | | |
| PRO- JECT LOC BILE LIABILITY | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| BILE LIABILITY | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| BILE LIABILITY | | | | • | | · · | \$ | |
| | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| AUTO | | | | | | BODILY INJURY (Per person) | \$ | |
| OWNED SCHEDULED AUTOS | | | BA3B040400 | 4/1/2017 | 4/1/2018 | BODILY INJURY (Per accident) | \$ | |
| ED AUTOS X NON-OWNED AUTOS | 1 | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| p Ded \$100 X Coll Ded \$500 | ł | | | | | motorist combined sing | \$ | |
| RELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 4,000,000 |
| ESS LIAB CLAIMS-MADE | = | | | | | AGGREGATE | \$ | 4,000,000 |
| X RETENTIONS 10,00 | 0 | | ZUP14P80791-12 | 4/1/2017 | 4/1/2018 | | \$ | |
| S COMPENSATION | | | | | | X TORY LIMITS ER | | |
| PRIETOR/PARTNER/EXECUTIVE | ιl | | | | | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| ry in NH) | "" | | UB5B239154 | 4/1/2017 | 4/1/2018 | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| cribe under TION OF OPERATIONS below | | l _ | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | • |
| | | l | | | | | | |
| | 1 | | | | | | | |
| E | CLAIMS-MADE X RETENTION \$ 10,00 S COMPENSATION COYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED? y in NH) gribb under | CLAIMS-MADE X RETENTION \$ 10,000 S COMPENSATION COYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED? IN NH) STIPP Under | CLAIMS-MADE X RETENTION \$ 10,000 COMPENSATION COYERS' LIABILITY RIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED? In NH) In NH) | CLAIMS-MADE X RETENTION \$ 10,000 ZUP14P80791-12 COMPENSATION COYERS' LIABILITY PRIETOR/PARTMER/EXECUTIVE VIN NH) VIN NH) VIN NH) VIDENUM OF THE COMPONENT OF | CLAIMS-MADE X RETENTION \$ 10,000 ZUP14P80791-12 4/1/2017 COMPENSATION COYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE Vin NH) Vin NH) Vin NH) UB5B239154 4/1/2017 | SS LIAB | AGGREGATE X RETENTION \$ 10,000 ZUP14P80791-12 4/1/2017 4/1/2018 X WC STATU- OTH- COMPENSATION COYERS' LIABILITY MEMBER EXCLUDED? IN INH) WISSB239154 UB5B239154 AGGREGATE X WC STATU- OTH- EL. EACH ACCIDENT E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - EA EMPLOYEE TORY LIMITS TORY LIMITS E.L. DISEASE - EA EMPLOYEE TORY LIMITS TORY LIMITS TORY LIMITS TORY LIMITS TORY LIMITS TORY LIMITS E.L. DISEASE - EA EMPLOYEE TORY LIMITS TORY | SS LIAB |

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

| CERTIFICATE HOLDER | | CANCELLATION |
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State of West Virginia Department of Administration Purchasing Division 2019 Washington Street, East Charleston, WV 25305 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

Robert Samet/KLJ

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