

**REQUEST FOR QUOTATION**  
**Installation of a Tempered Glass Wall Panel: Great Hall, Culture Center**

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**EXHIBIT A - Pricing Page**

Quantity	Description	Total Bid Amount
1	Procurement and Turnkey Installation of Tempered Glass Wall Panel per Specification.	\$111,000. <sup>00</sup>

RECEIVED  
2018 SEP 13 AM 11:09  
WV PURCHASING  
DIVISION

 PRESIDENT

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Agsten Construction Co. Inc  
of 209 Washington St W, Charleston, WV 25314, as Principal, and General Casualty Company of  
Wisconsin of 7512 Slate Ridge, Reynoldsburg OH, a corporation organized and existing under the laws of the State of Wisconsin  
with its principal office in the City of Atlanta, GA, as Surety, are held and firmly bound unto the State  
of West Virginia, as Oblige, in the penal sum of Eight Thousand Two (\$ 8,250.00) for the payment of which,  
Hundred Fifty and no/100 Dollars  
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  
Sol# DCH 190000001 Installation of tempered glass wall panel @ WV Cultural Center, Charleston, WV

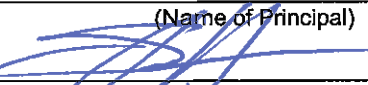
NOW THEREFORE,

- (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 Oblige 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 11th day of September, 2018.

Principal Seal

Agsten Construction Co Inc  
(Name of Principal)  
By   
(Must be President, Vice President, or  
Duly Authorized Agent)  
PRESIDENT  
(Title)

Surety Seal

General Casualty Company of Wisconsin  
(Name of Surety)  
  
Attorney-in-Fact  
David R. Brett

**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.**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS, that General Casualty Company of Wisconsin (the "Company"), a corporation duly organized and existing under the laws of the State of Wisconsin, having its principal office at 55 Water Street 20<sup>th</sup> Floor, New York, NY 10041, has made, constituted and appointed, and does by these presents make, constitute and appoint Andrew C. Heaner, Stefan E. Tauger, Arthur S. Johnson, James E. Feldner, Jeffery L. Booth, Melanie J. Stokes, David R. Brett, Scott E. Stoltzner, Jason S. Centrella, Kelley E.M. Nys, Michael J. Brown, Omar G. Guerra and Matthew Hollingsworth of Allstar Surety Company, Inc. of Atlanta, GA its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of financial guaranty insurance, to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of New York, without giving effect to the principles of conflict of laws. This Power of Attorney is granted pursuant to the following resolutions, which were duly and validly adopted at a meeting of the Board of Directors of the Company with effect from June 30, 2014.

RESOLVED, that the Chief Executive Officer, any President, any Executive Vice President, any Senior Vice President, any Vice President, the Corporate Secretary or any Assistant Corporate Secretary is authorized to appoint one or more Attorneys-in-Fact and agents to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof, to prescribe their respective duties and the respective limits of their authority, and to revoke any such appointment at any time,

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking will be valid and binding upon the Company when (a) signed by any of the aforesaid authorized officers; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and agents pursuant to the power prescribed in his/her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority, and

FURTHER RESOLVED, that the signature of any authorized officer and the seal of the Company may be drawn on or affixed by facsimile or electronically transmitted by email to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company, and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile or electronically reproduced signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this December 18, 2017

Attest

GENERAL CASUALTY COMPANY OF WISCONSIN

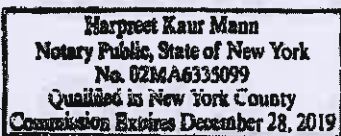
(Seal)

By: Brett Halsey  
Brett Halsey  
Senior Vice President

By: Matt Curran  
Matt Curran  
Senior Vice President

STATE OF NEW YORK )  
  )SS  
COUNTY OF NEW YORK )

On this December 18, 2017, before me personally appeared Brett Halsey and Matt Curran, both to me known to be Senior Vice Presidents of General Casualty Company of Wisconsin, and that each, as such, being authorized to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporation by each as a duly authorized officer



By: Harpreet Kaur Mann  
Harpreet Kaur Mann, Notary Public

CERTIFICATE

I, Jose Ramon Gonzalez, Jr., the undersigned, Corporate Secretary of General Casualty Company of Wisconsin do hereby certify that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth herein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date

Given under my hand and seal of the Company, this 11<sup>th</sup> day of September 2018.

(Seal)

By: J.R. Gonzalez  
Jose Ramon Gonzalez, Jr., Corporate Secretary

**GENERAL CASUALTY COMPANY OF WISCONSIN**

Statement of Admitted Assets, Liabilities and Capital and Surplus

As of December 31, 2017

(in thousands)

As of  
Dec 31, 2017

**ADMITTED ASSETS**

Cash and invested assets	\$ 420,100
Agents' balances and uncollected premiums, net of commission and balances over 90 days past due	40,828
Reinsurance recoverable on paid losses and loss adjustment expenses	48,534
Net deferred tax asset	17,583
Investment income due and accrued	1,962
Receivables from parent, subsidiaries and affiliates	93,219
Other assets	174,865
<b>TOTAL ADMITTED ASSETS</b>	<b>\$ 797,391</b>

**LIABILITIES AND CAPITAL AND SURPLUS**

**Liabilities**

Reserves for losses and loss adjustment expenses	\$ 305,862
Unearned premiums	129,612
Reinsurance payable on paid loss and loss adjustment expenses	1,997
Ceded reinsurance premiums payable, net of commissions	70,177
Other expenses	2,050
Commissions payable	21,253
Taxes, licenses and fees	374
Remittances and items not allocated	4,929
Provision for reinsurance	223
Retroactive reinsurance	0
Amounts withheld or retained for account of others	1,025
Payable from parent, subsidiaries and affiliates	19,039
Other liabilities	(10,130)
<b>Total Liabilities</b>	<b>\$ 546,411</b>

**Capital and Surplus**

Common stock	\$ 4,000
Gross paid in and contributed surplus	224,378
Special surplus funds	0
Unassigned funds (deficit)	42,504
Treasury stock, at cost	(19,902)
<b>Total capital and surplus</b>	<b>\$ 250,980</b>

**Total liabilities and capital and surplus**

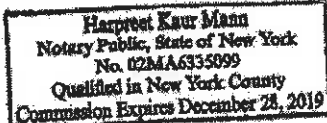
**\$ 797,391**

I, Matt Curran, Senior Vice President of General Casualty Company of Wisconsin, hereby certify that the above is an accurate representation of the financial statement of General Casualty Company of Wisconsin dated December 31, 2017, as filed with the various State Insurance Departments and is a true and correct statement of the condition of General Casualty Company of Wisconsin as of that date.

GENERAL CASUALTY COMPANY OF WISCONSIN

By: Matt Curran  
Matt Curran, Senior Vice President

Subscribed and sworn to me this 12<sup>th</sup> day of March, 2018.



By: Harpreet Kaur Mann  
Harpreet Kaur Mann, Notary Public

# CONTRACTOR LICENSE

Authorized by the

**West Virginia Contractor Licensing Board**

**Number:** WV031022

**Classification:**

**GENERAL BUILDING**

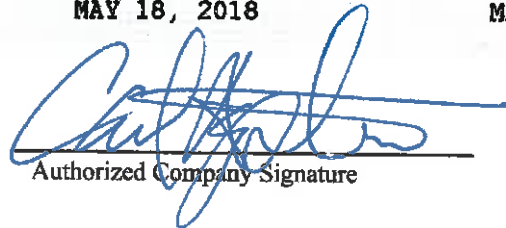
AGSTEN CONSTRUCTION COMPANY INC  
DBA AGSTEN CONSTRUCTION COMPANY INC  
209 WASHINGTON STREET W #100  
CHARLESTON, WV 25302

**Date Issued**

MAY 18, 2018

**Expiration Date**

MAY 18, 2019

  
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.

**ACORD™**

Client#: 1114657

AGSTECON1

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/15/2018

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 any rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> USI Ins Svcs C/L Charleston 1 Hillcrest Drive East Charleston, WV 25311 304 347-0611	<b>CONTACT NAME:</b> Diane Brown, AAI <b>PHONE (A/C, No, Ext):</b> 304-347-0629 <b>FAX (A/C, No):</b> 304-347-0605 <b>E-MAIL ADDRESS:</b> diane.brown@usi.com	
	INSURER(S) AFFORDING COVERAGE	
<b>INSURED</b> Agsten Construction Co., Inc. 209 Washington St W Suite #100 Charleston, WV 25302	<b>INSURER A :</b> Westfield Insurance Company	NAIC # <b>24112</b>
	<b>INSURER B :</b> BrickStreet Mutual Insurance Company	<b>12372</b>
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	

**COVERAGES**                                      **CERTIFICATE NUMBER:**                                      **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 SUBR INSR 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 <input checked="" type="checkbox"/> PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CMM3907572	04/26/2018	04/26/2019	EACH OCCURRENCE                      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)    \$500,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CMM3907572	04/26/2018	04/26/2019	COMBINED SINGLE LIMIT (Ea accident)    \$1,000,000 BODILY INJURY (Per person)                \$ BODILY INJURY (Per accident)              \$ PROPERTY DAMAGE (Per accident)          \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0		CMM3907572	04/26/2018	04/26/2019	EACH OCCURRENCE                      \$2,000,000 AGGREGATE                                  \$2,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N    N/A	WCB1019272	04/26/2018	04/26/2019	<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

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

<b>CERTIFICATE HOLDER</b> Agsten Construction Co., Inc. Evidence of Insurance	<b>CANCELLATION</b> 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 



**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, Sam Hull, after being first duly sworn, depose and state as follows:

- 1. I am an employee of Agsten Construction Company, Inc.; and,  
(Company Name)
- 2. I do hereby attest that Agsten Construction Company, Inc.  
(Company Name)

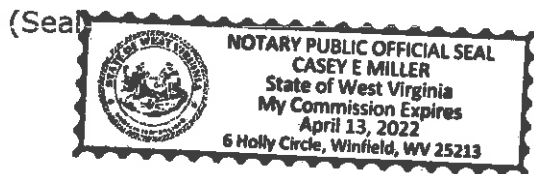
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code** §21-1D.

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

Printed Name: Sam Hull  
 Signature:   
 Title: President  
 Company Name: Agsten Construction Company, Inc.  
 Date: 9/14/18

Taken, subscribed and sworn to before me this 11<sup>th</sup> day of SEPTEMBER, 2018.

By Commission expires April 13, 2022



(Notary Public)

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** 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.

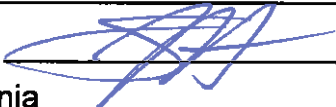
**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: Agsten Construction Company Inc.

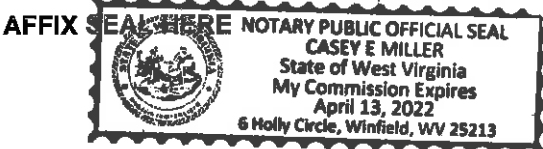
Authorized Signature:  Date: 9/11/18

State of West Virginia

County of Putnam, to-wit:

Taken, subscribed, and sworn to before me this 11<sup>th</sup> day of SEPTEMBER, 2018.

My Commission expires April 13, 2022.



NOTARY PUBLIC 



ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: 0432 DCH1900000001

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)

- 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 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.

ARSTEN CONSTRUCTION COMPANY  
Company

  
Authorized Signature

9/13/18  
Date

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