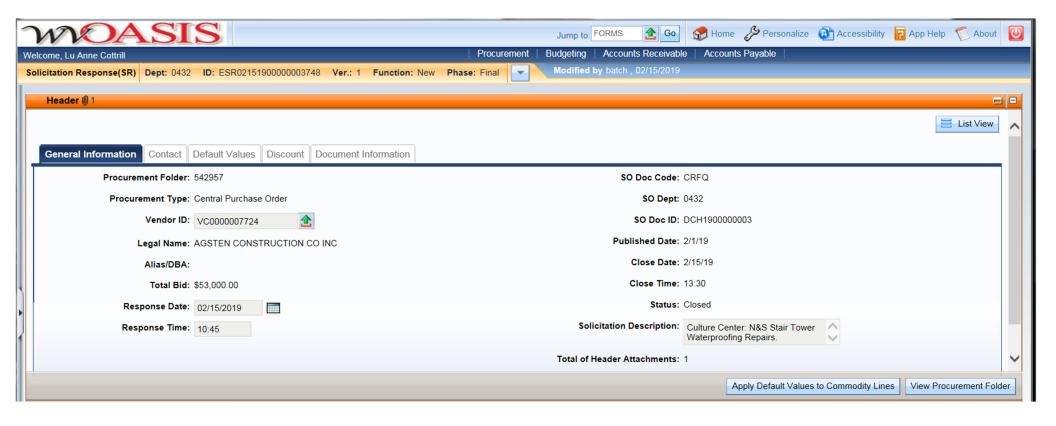


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronically-submitted 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: 542957

Solicitation Description : Culture Center: N&S Stair Tower Waterproofing Repairs.

Proc Type: Central Purchase Order

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-02-15 13:30:00	SR 0432 ESR02151900000003748	1
			i

VENDOR

VC0000007724

AGSTEN CONSTRUCTION CO INC

Solicitation Number: CRFQ 0432 DCH1900000003

Total Bid: \$53,000.00 **Response Date:** 2019-02-15 **Response Time:** 10:45:58

Comments:

FOR INFORMATION CONTACT THE BUYER

Stephanie L Gale (304) 558-8801 stephanie.l.gale@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	Culture Center: N&S Stair Tower Waterproofing Repairs.				\$53,000.00

Comm Code	Manufacturer	Specification	Model #	
72101500				
Extended Descrip	tion: Culture Center: N	I&S Stair Tower Waterproofing Re	pairs.	

REQUEST FOR QUOTATION THE CULTURE CENTER PLAZA DECK STEPS, RAMPS, & STAIR TOWERS WATERPROOFING REPAIRS

EXHIBIT A - Pricing Page

Water Proofing repairs to the North & South Plaza Deck Stairs; per Specifications:

South Fluza Deck Stairs; per Specifications:
VENDOR BASE BID: \$53,000.00
Vendor Name: AGSTEN CONSTRUCTION COMPANY
Authorized Signature:
Title: PRESIDENT
Date: 2/15/19

BID BOND

	KNOW ALL MEN BY THESE PRESE	ENTS, That we,	the undersig	ned, <u>Agst</u>	en Constru	ction Co	mpany, Inc.	
of	Hurricane	,W	V	_, as Princ	ipal, and <u>Oh</u>	io Farme	rs Insurance	Company
of	Westfield Center ,						the laws of th	
OH	with its principal office in th							
of West	Virginia, as Obligee, in the penal sum							
	truly to be made, we jointly and seve							
	The Condition of the above obligati	ion is such tha	t whereas th	e Principa	l has submi	tted to the	Purchasing	Section of the
Departn	nent of Administration a certain bid or p	proposal, attach	ed hereto ar	id made a i	part hereof, t	o enter int	o a contract in	writing for
	e Center: N&S Stair Tower Water							
	NOW THEREFORE,							
	(a) If said bid shall be rejected,	or						
	(b) If said bid shall be accepted	ed and the Prin	icipal shall e	enter into a	contract in	accordan	ce with the bi	d or proposal
attached	d hereto and shall furnish any other bo ement created by the acceptance of s	onds and insura	nce required	by the bid	or proposal,	and shall	in all other res	pects perform
full force	e and effect. It is expressly understoo	od and agreed t	hat the liabili	ity of the S	urety for any	and all c	laims hereund	er shall, in no
event, e	xceed the penal amount of this obligat	ion as herein st	ated.					
	The Surety, for the value received, he	araby etinulator	and paroon	that the ob	lications of	said Comet	rand ita basal	-1-11 1- 1
way imp	paired or affected by any extension of	f the time within	n which the	Obligee ma	ay accept su	said Surety uch bid, ar	nd said Surety	does hereby
waive no	otice of any such extension.							•
	WITNESS, the following signatures a	nd seals of Prin	rinal and Su	rety evecu	ited and sea	led by a pr	oner officer of	Principal and
Surety, o	or by Principal individually if Principal is						•	Principal and
00.00,	or by the open marriadally in the open is	o all illarviadal,	u 113	_day or	1 051441	·,		
Principal	l Seal			Aas	ten Constr	uction Co	mpany, Inc.	
				- <u>5</u> -			Principal)	
		a.		B√			/	_
				Бу_	(Must be	Presiden	t, Vice Preside	ent. or
							rized Agent)	,
					PRES	DEN	7	
				-		(Tit	ile)	
Surety S	eal			Ohio	o Farmers		ompany	
					10 11	(Name o	Surety)	1
					Van	· KX	1 /) h. l.	,_)
				By:	WYVV	VIF	J U PULL	
				Kimber	ly L. Miles, License	ed Wy Resident	Agent Attorne	ey-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.

THIS POWER OF ATTORNEY SUPERCEDES ANY PREVIOUS POWER BEARING THIS SAME POWER # AND ISSUED PRIOR TO 09/15/17, FOR ANY PERSON OR PERSONS NAMED BELOW.

General Power of Attorney

CERTIFIED COPY

POWER NO. 4750172 01

Westfield Insurance Co. Westfield National Insurance Co. Ohio Farmers Insurance Co.

Westfield Center, Ohio

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint ANDREW K. TEETER, KIMBERLY L. MILES, DOUGLAS P. TAYLOR, GARY R. FREEMAN, KIMBERLY S. BURDETTE, JAIME L. CARPENTER, TAMMY SELBE, JOINTLY OR SEVERALLY

of CHARLESTON and State of WV its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact. may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8 2000)

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their **National Surety Leader and Senior Executive** and their corporate seals to be hereto affixed this **15th** day of **SEPTEMBER** A.D., **2017** .

Corporate MSURANC Seals Affixed

State of Ohio County of Medina

Tomataman *



WESTFIELD INSURANCE COMPANY WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

By Dennis P. Baus, National Surety Leader and Senior Executive

On this 15th day of SEPTEMBER A.D., 2017, before me personally came Dennis P. Baus to me known, who, being by me duly sworn, did depose and say, that he resides in **Wooster**, **Ohio**; that he is **National Surety Leader and Senior Executive** of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial Seal Affixed

State of Ohio County of Medina

SS '



David A. Kotnik, Attorney at Law, Notary Public My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

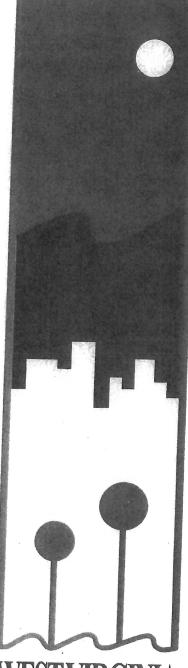
I, Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 15TH day of





Frank A. Carrino, Secretary



WEST VIRGINIA CONTRACTOR LICENSING BOARD

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

Expiration Date

MAY 18, 2018

MAY 18, 2019

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.

AGSTECON1

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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 endorsements.

PRODUCER	of such endorsement(s)	nent on
RODUCER		
USI Ins Svcs C/L Charleston	CONTACT Diane Brown, AAI	
1 Hillcrest Drive East	PHONE (A/C, No, Ext): 304-347-0629 FAX (A/C, No): 304-3	347-0605
Charleston, WV 25311	ADDRESS: diane.brown@usi.com	
304 347-0611	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURER A: Westfield Insurance Company	24112
Agsten Construction Co., Inc.	INSURER B : BrickStreet Mutual Insurance Company	12372
209 Washington St W Suite #100	INSURER C:	
	INSURER D:	
	INSURER E:	
COVERACES	INSURER F:	

COVERAGES CERTIFICATE ANIMARER F:						URER F:				
			RTIFIC	ATE	NUMBER:		,	REVISION NUMBER:		
	INDIC	ATED NOTWITHSTANDING AND	ES OF	INSU	RANCE LISTED BELOW HAVE B					
	EXCL	USIONS AND CONDITIONS OF SUC	PERTA H POLI	IN, CIES	THE INSURANCE AFFORDED BY LIMITS SHOWN MAY HAVE B	· · · · · · · · · · · · · · · · · · ·	ON OTHER DI	JOUMENT WITH RESPECT	T TO WHI	PERIOD CH THIS TERMS,
LT	۲	TYPE OF INSURANCE	ADDL INSR	JUDK	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)			
A	X	COMMERCIAL GENERAL LIABILITY			CMM3907572		8 04/26/2019			
		CLAIMS-MADE X OCCUR				04/20/20 1	04/20/2013		\$1,000	,000
	X	PD Ded:500	1 1					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,0	00
			-					MED EXP (Any one person)	\$5,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:	-					PERSONAL & ADV INJURY	\$1,000	,000
		POLICY PRO- JECT LOC	1 1			1		GENERAL AGGREGATE	\$2,000	,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$2,000	,000
A	AUT	OMOBILE LIABILITY	+	-	CMM2007570				\$	
	X	ANY AUTO			CMM3907572	04/26/2018	04/26/2019	COMBINED SINGLE LIMIT (Ea accident)	s1,000,	000
		OWNED SCHEDULED				1		BODILY INJURY (Per person)	\$	
	V	HIRED NON-OWNED				1		BODILY INJURY (Per accident)	\$	
		AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
A	X	UMBRELLA LIAB X OCCUR		-	CMM3907572	0.4/0.0/0.4.0			\$	
		EXCESS LIAB CLAIMS-MADE			OMM 1390/3/2	04/26/2018	04/26/2019	EACH OCCURRENCE	\$2,000,0	000
		DED X RETENTION \$0	1					AGGREGATE	\$2,000,0	000
В	WORK	CERS COMPENSATION			WCB1019272				\$	
	ANY P	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?		"	WCB 10 19272	04/26/2018	04/26/2019	X PER OTH- STATUTE ER		
	(Mand	latory in NH)	N/A					E.L. EACH ACCIDENT	\$1,000,0	00
	If yes,	describe under RIPTION OF OPERATIONS below		-			<u> </u>	E.L. DISEASE - EA EMPLOYEE	\$1,000,0	00
		THE THE PROPERTY OF THE PROPER	_	+		-		E.L. DISEASE - POLICY LIMIT	\$1,000,0	00
										- 1
ESC	RIPTIO	N OF OPERATIONS / LOCATIONS / VEHIC	ES (400	200.46	24.4.1					
		N OF OPERATIONS / LOCATIONS / VEHIC	.E3 (ACO	אט 10	J1, Additional Remarks Schedule, may	be attached if mor	e space is require	ed)		
										1

CERTIFICATE HOLDER	CANOCIA
	CANCELLATION
Agsten Construction Co., Inc. Evidence of Insurance	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
	James P. Crouse

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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 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: (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.

CASEY E MILLER State of West Virginia

My Commission Expires April 13, 2022 6 Holly Circle, Winfield, WV 25213 Purchasing Affidavit (Revised 01/19/2018)



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 follo	ws:
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.	ł
The above statements are sworn to under the penalty of perjury.	
Printed Name: Sam Hull	
Signature:	
Title: TRESIDENT	
Company Name: Agsten Construction Company, I	nc.
Date: February 15, 2019	
Taken, subscribed and sworn to before me this 15th day of February, 2019 By Commission expires April 13, 2022	
NOTARY PUBLIC OFFICIAL SEAL CASEY E MILLER State of West Virginia My Commission Expires April 13, 2022 6 Holly Circle, Winfield, WV 25213	