

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.

	RMS 🟦 Goo 🤝 Home 🔑 Personalize 🚳 Accessibility 📴 App Help 🐔 About 🙋
Welcome, Lu Anne Cottrill Procurement Budge	ting Accounts Receivable Accounts Payable
Solicitation Response(SR) Dept: 0603 ID: ESR0528200000007058 Ver.: 1 Function: New Phase: Final	Modified by batch , 05/28/2020
Header () 10	
General Information Contact Default Values Discount Document Information	E List View
Procurement Folder: 724701	SO Doc Code: CRFQ
Procurement Type: Central Purchase Order	SO Dept: 0603
Vendor ID: 000000203565	SO Doc ID: ADJ200000027
Legal Name: TRI STATE ROOFING & SHEET METAL CO	Published Date: 5/19/20
Alias/DBA:	Close Date: 5/28/20
Total Bid: \$465,667.00	Close Time: 13:30
Response Date: 05/28/2020	Status: Closed
Response Time: 10:03	Solicitation Description: Addendum No 2 - Gassaw ay Armory Roof Replacement
Total	of Header Attachments: 10
т	otal of All Attachments: 10
	×



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

## State of West Virginia Solicitation Response

	Proc Folder: 724701 Solicitation Description: Addendum No 2 - Gassaway Armory Roof Replacement Proc Type: Central Purchase Order					
Date issued	Solicitation Closes	Solicitation Response	Version			
	2020-05-28 13:30:00	SR 0603 ESR0528200000007058	1			

# VENDOR

00000203565

TRI STATE ROOFING & SHEET METAL CO

Solicitation Nu	umber:	CRFQ	0603	ADJ200000027			
Total Bid :	\$465,66	7.00		Response Date:	2020-05-28	Response Time:	10:03:46

Comments:

FOR INFORMATION CONTACT THE BUYER			
Tara Lyle			
(304) 558-2544 tara.l.lyle@wv.gov			
Signature on File	FEIN #	DATE	
All offers subject to all terms and conditions contained	in this solicitation		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Roof Replacement at Gassaway Armory				\$465,641.00
Comm Code	Manufacturer	Specification		Model #	
72152601					
Extended Des	scription : Contract Item#1- Labor, roofing system or equal.	materials and all a	ssociated cos	its to remove and o	dispose of old roof, and to install a new EPDM

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Decking Repair/Replacement (if necessary)				\$11.00
Comm Code	Manufacturer	Specification		Model #	
72152601					
Extended Des	scription : Contract Item#2- Deckin basis.	ng Repair/Replacem	nent (Only If I	Needed) provide pr	icing on a Price Per Square Foot Installed

Comments: \$11.00 per sf for Metal Decking \$18.00 per sf for Tectum Decking

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Masonry Coating Application (if necessary)				\$15.00
Comm Code	Manufacturer	Specification		Model #	
72152601					
Extended Description : Contract Item#3- Masc basis.		nry Coating Applicat	tion (Only If N	eeded) provide pr	icing on a Price Per Square Foot Installed



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

	Proc Folder: 724701					
	Doc Description: Addendum No 2 - Gassaway Armory Roof Replacement					
Date Issued	Proc Type: Central Purchase Order					
2020-05-19	2020-05-28 13:30:00	CRFQ 0603 ADJ200000027	3			

BID RECEIVING LOCATION			
BID CLERK			
DEPARTMENT OF ADMINISTRA	ATION		
PURCHASING DIVISION			
2019 WASHINGTON ST E			
CHARLESTON	WV	25305	
US			

VENDOR

Vendor Name, Address and Telephone Number:

Tri-State Roofing & Sheet Metal Company PO Box 1231 Charleston, WV 25324 (304) 755-8135

FOR INFORMATION CONTACT THE BUYER			
Tara Lyle			
(304) 558-2544			
tara.I.lyle@wv.gov			
2 0			
Really			
Signature X	FEIN # 55-0591156	DATE	05/28/2020
All offers subject to all terms and conditions contained in this	solicitation		

#### ADDITIONAL INFORMATION:

Addendum No. 2 - Responses to vendor questions attached. The bid opening remains on 05/28/2020 at 1:30 pm.

No other changes.

INVOICE TO		SHIP TO					
DIVISION ENGINEERING & FACILITIES		BUILDING TRADE SPECI	ALIST				
ADJUTANT GENERALS OFFICE		GASSAWAY NATIONAL G	GASSAWAY NATIONAL GUARD ARMORY				
1707 COONSKIN DR		62 JOHN O. FRAME DRIV	Έ				
CHARLESTON	WV25311	GASSAWAY	WV 26624				
US		US					

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Roof Replacement at Gassaway Armory		LOT	\$465,641.00	\$465,641.00

Comm Code	Manufacturer	Specification	Model #	
72152601	n/a			

#### Extended Description :

Contract Item#1- Labor, materials and all associated costs to remove and dispose of old roof, and to install a new EPDM roofing system or equal.

INVOICE TO		SHIP TO			
DIVISION ENGINEERING & FACILITIES		BUILDING TRADE SPECIALIST			
ADJUTANT GENERALS OFFICE		GASSAWAY NATIONAL GUARD ARMORY			
1707 COONSKIN DR		62 JOHN O. FRAME DRIVE			
CHARLESTON	WV25311	GASSAWAY	WV 26624		
US		US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Decking Repair/Replacement (if	1	SF	\$11.00	\$11.00
	necessary)	1	SF	\$18.00	\$18.00

Comm Code	Manufacturer	Specification	Model #	
72152601				
	N/A			

#### Extended Description :

Contract Item#2- Decking Repair/Replacement (Only If Needed) provide pricing on a Price Per Square Foot Installed basis.

INVOICE TO	SHIP TO			
DIVISION ENGINEERING & FACILITIES	BUILDING TRADE SPECIALIST			
ADJUTANT GENERALS OFFICE	GASSAWAY NATIONAL GUARD ARMORY			
1707 COONSKIN DR	62 JOHN O. FRAME DRIVE			
CHARLESTON WV25311	GASSAWAY WV 26624			
US	US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Masonry Coating Application (if necessary)	1	SF	\$15.00	\$15.00
Comm Code	Manufacturer	Spec	ification	Model #	
72152601	N/A				

#### Extended Description :

Contract Item#3- Masonry Coating Application (Only If Needed) provide pricing on a Price Per Square Foot Installed basis.

# SCHEDULE OF EVENTS

<u>Line</u>	Event	Event Date
1	Mandatory pre-bid meeting at 10:30 am	2020-05-13
2	Technical questions due by 3:00 pm	2020-05-15

	Document Phase	Document Description	Page 4
ADJ200000027	Final	Addendum No 2 - Gassaway Armory Roof	of 4
		Replacement	

# ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

# EXHIBIT A RFQ # ADJ200000027

#### ALL LABOR, MATERIALS, EQUIPMENT, AND SUPPLIES NECESSARY TO REPLACE EPDM ADHERED ROOFING SYSTEM AT GASSAWAY NATIONAL GUARD ARMORY 62 JOHN O. FRAME DRIVE, GASSAWAY, WV 26624

# **BID FORM**

The undersigned, hereafter called the Bidder, being familiar with and understanding the bidding documents: and being familiar with the site and all local conditions affecting the Project, hereby proposes to furnish labor, material, equipment, supplies, and transportation to perform the work as described in the bidding documents

BIDDERS COMPANY	NAME: <u>Tri-State Roofing &amp; Sheet Metal Comp</u> any
VENDOR ADDRESS:	PO Box 1231
	Charleston, WV 25324
TELEPHONE:	(304)755-8135
FAX NUMBER:	(304)755-5275
E-MAIL ADDRESS:	charleston@tri-stateservice.com
WV CONTRACTOR'S LICENSE NO.	WV000104
	RALL TOTAL COST:
Four Hundred Sixty	Five Thousand Six Hundred Forty One Dollars
(\$465,641.00	) *** (Contract bid to be written in words and numbers.)
DECKING REPAIR/RE replace due to damage	PLACEMENT PRICE PER SQUARE FOOT INSTALLED (ONLY If needed to ):
Eleven Dollars per sf	for Metal Deck/Eighteen Dollars per sf for Tectum Deck
( <u>\$ 11.00 per sf : Metal</u> \$18.00 per sf: Tectu	<u>Deck</u> per sq/ft installed) *** (Unit cost to be written in words and numbers.) am Deck
MASONRY COATING replace due to damage	APPLICATION, PRICE PER SQUARE FOOT INSTALLED (ONLY If needed to ):
Fifteen Dollars per s	quare foot
(\$ <u>15.00</u> p	er sq/ft installed) *** (Unit cost to be written in words and numbers.)
Failure to use this big	form may result in bid disqualification.
SIGNATURE:	DATE: 05/28/20
NAME: Brian I	Linville (Please Print)
TITLE: <u>Vice Pr</u>	resident

# ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ ADJ20000000027

**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)

[x]	Addendum No. 1	[	]	Addendum No. 6
[x]	Addendum No. 2	[	]	Addendum No. 7
[]	Addendum No. 3	Ε	]	Addendum No. 8
[]	Addendum No. 4	[	]	Addendum No. 9
[]	Addendum No. 5	[	]	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 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.

Tri-State Roofing	8	Sheet Metal	Company

Company

Authorized Signature

05/28/2020

Date

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

# Subcontractor List Submission (Construction Contracts Only)

# Bidder's Name: <u>Tri-State Roofing & Sheet Metal Company</u>



Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project.

Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.

Attach additional pages if necessary

Revised 01/09/2020

# STATE OF WEST VIRGINIA 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 §15A-3-14, 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.

#### WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name:	_Tri-State Roofing & Sheet Metal Com	pany of WV	7
Authorized Signature:	-66	Date:	05/28/2020
	, to-wit:		
Taken, subscribed, and sworn to be	fore me this _28th_ day of <b>_</b> May		, 202 <u>0</u> .
My Commission expires <u>October</u>	<u>6, 20_24</u> .		
AFFIX SEAL HERE	NOTARY PUBLIC	Anah	f.Homle
TRI-ST.	ARY PUBLIC OFFICIAL SEAL Sarah J. Goode State of West Virginia Ay Commission Expires October 06, 2024 ATE ROOFING & SHEET METAL COMPANY PO BOX 1231 HARLESTON, WV 25324	Pure	Chasing Affidavit (Revised 03/09/2019)



#### **State of West Virginia** DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT West Virginia Code §21-1D-5

## STATE OF WEST VIRGINIA,

COUNTY OF Putnam \_\_\_\_, TO-WIT:

- I, Brian Linville \_\_\_\_\_, after being first duly sworn, depose and state as follows:
- I am an employee of <u>Tri-State Roofing & Sheet Metal Company</u>; and, 1.

(Company Name)

I do hereby attest that Tri-State Roofing & Sheet Metal Company 2.

(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: Brian Linville
Signature:SEehb
Title: Vice President
Company Name: Tri-State Roofing & Sheet Metal Company
Date: 05/28/2020

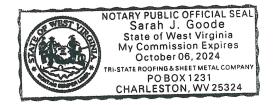
Taken, subscribed and sworn to before me this	28th	_day of	May,	2020
---	------	---------	------	------

By Commission expires October 6, 2024

(Seal)

Hool

(Notary Public)



Rev. July 7, 2017

**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.

**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.

Tri-State Roofing & Sheet Metal Company

(Company)

(Authorized Signature) (Representative Name, Title)

Brian Linville, Vice President (Printed Name and Title of Authorized Representative)

May 28, 2020 (Date)

(304)755-8135/(304)755-5275 (Phone Number) (Fax Number)

Agency ADJ REQ.P.O# ADJ200000027

#### **BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned,	Tri - State Roofing and Sheet Metal Company
of PO Box 1231, Charleston WV 25324	as Principal and Travelers Casualty and Surety
Company of of 119 Virginia Street W. Charleston WV 25302 <sub>a corporation of America</sub>	organized and existing under the laws of the State of
America with its principal office in the City of <u>Hartford</u>	_, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligee, in the penal sum of Five Percent	(\$ 5% ) for the payment of which
well and truly to be made, we jointly and severally bind ourselves, our heirs, adr	ninistrators, 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 ADJ200000027, Gassaway Armory Roof Replacement

#### according to plans and specifications.

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 Obligee may accept such bid, and said Surety does hereby waive notice of any such extension.

IN WITNESS WHEREOF, Principal and Surety have hereunto set their hands and seals, and such of them as are corporations have caused their corporate seals to be affixed hereunto and these presents to be signed by their proper officers, this

27th day of May 20 20

Principal Corporate Seal

Tri - State Roofing and Sheet Metal Company (Name of Principal) Bν Brian Linville (Must be President or

Vice President)

Vice President (Title)

Travelers Casualty and Surety Company of America (Name of Surety)

Attorney-in-Fact Sheila Midkiff

IMPORTANT - Surety executing bonds must be licensed in West Virginia to transact surety insurance. Corporate seals must be affixed and a power of attorney must be attached.

#### Surety Corporate Seal



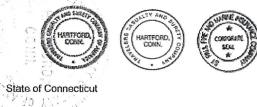
#### Travelers Casualty and Surety Company of America **Travelers Casualty and Surety Company** St. Paul Fire and Marine Insurance Company

#### POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Sheila Midkiff of Charleston their true and lawful Attomey-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, West Virginia

conditional undertakings and other writings obligatory 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, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 3rd day of February, 2017.



City of Hartford ss.

Robert L. Raney, Senior Vice President

On this the 3rd day of February, 2017, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021



By:

Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

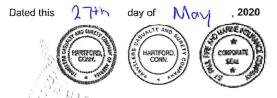
RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attomey executed by said Companies, which remains in full force and effect.



Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880. Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

# **CONTRACTOR LICENSE**

Authorized by the

# West Virginia Contractor Licensing Board

Number:

WV000104

# **Classification:**

HEATING, VENTILATING & COOLING SPECIALTY ROOFING CRANE

> TRI STATE ROOFING & SHEET METAL CO DBA TRI STATE ROOFING & SHEET METAL CO PO BOX 1231 CHARLESTON, WV 25324-1231

**Date Issued** 

AUGUST 01,

**Expiration Date** 

AUGUST 01, 2020

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.

	Client#: 118155 41LAURELMANA												
	ACORD. CERTIFICATE OF LIAB						ILITY INSURANCE DATE (MM/DD/YYYY) 4/30/2020					,	
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).													
JS	PRODUCER J Smith Lanier & Co Lexington PO Box 2030							CONTACT NAME:         Roxanne Cameron           PHONE (A/C, No, Ext):         800-796-3567         FAX (A/C, No):         859-254-8020					
		st Vine Street, St	te 200				E-MAIL ADDRESS:						
		ton, KY 40588						. Wostfield	INSURER(S) AF d Insurance C	FORDING COVERAGE		NAIC #	
INSU	-						INSURE			ompany		24112	
			ofing & Sheet	Meta	al Co	mpany	INSURE						
		of West Virgi P.O. Box 123					INSURE	RD:					
		Charleston, V	-				INSURE	RE:					
							INSURE	RF:					
		AGES	-			NUMBER: RANCE LISTED BELOW HAY		NISSUED TO		REVISION NUMBER:			
IN Ci	DICA ERTIF	TED. NOTWITHSTA FICATE MAY BE ISS	NDING ANY REG SUED OR MAY P	QUIR ERT/	EMEN AIN, T	T, TERM OR CONDITION O THE INSURANCE AFFORDED LIMITS SHOWN MAY HAN	F ANY D BY T	CONTRACT O	R OTHER DO	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WH	ICH THIS	
INSR LTR		TYPE OF INSUF	RANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
Α	Х	COMMERCIAL GENER				CMM5942244		04/30/2020	04/30/2021	EACH OCCURRENCE	\$ <b>1,00</b>	0,000	
		CLAIMS-MADE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>500</b> ,		
										MED EXP (Any one person)	\$10,0		
	GEN	L AGGREGATE LIMIT A								PERSONAL & ADV INJURY	\$1,00	,	
	GEN	PRO-								GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$2,00	0,000 0,000	
		POLICY JECT OTHER:	LOC							FRODUCTS - COMP/OF AGG	\$	0,000	
Α	¥	OMOBILE LIABILITY				CMM5942244		04/30/2020	04/30/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$1,00	0,000	
		ANY AUTO OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)			
		AUTOS ONLY X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		Drive Oth Car				<b></b>	\$						
Α	X	UMBRELLA LIAB	X OCCUR			CMM5942244					0,000		
		X	CLAIMS-MADE							AGGREGATE	\$ <b>5,00</b> \$	0,000	
-		KERS COMPENSATION	1							PER OTH STATUTE ER	•		
	ANY OFFI	EMPLOYERS' LIABILIT PROPRIETOR/PARTNEF CER/MEMBER EXCLUDI	R/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	lf yes	, describe under								E.L. DISEASE - EA EMPLOYEI			
	DES	CRIPTION OF OPERATION	JINS DEIOW							E.L. DISEASE - POLICY LIMIT	¢		
DES	RIPT	ION OF OPERATIONS /	LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Sched	ule, may	be attached if mo	ore space is requ	ired)			
CERTIFICATE HOLDER CANCELLATION													
	FOR INFORMATION PURPOSES ONLY					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							

A.	1.	P	Barnett
-	¥~	f •	Daward

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# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 06/25/2019

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).											
PROD	DUCER				CONTAC NAME:	T Jennifer D	Drake				
Mou	untain State Insurance Agency				PHONE (A/C, No	Ext): (304) 72	20-2000	FAX (A/C,	No): (304) 7	720-2002	
1206	)6 Kanawha Blvd. E.				E-MAIL ADDRESS: jdrake@mountainstateinsurance.com						
Suite	te 100						SURER(S) AFFOR	DING COVERAGE		NAIC #	
Cha	arleston			WV 25301-2949		D : 10/	et Mutual Ins (			12372	
INSU					INSURER A: BrickStreet Mutual Ins Co 12372						
	Tri State Roofing & Sheet Metal 0	Comr	anv o	f West Virginia							
	PO Box 1231	0 0 mp	uny o		INSURER C :						
					INSURE						
	Charleston			WV 25324	INSURE						
001					INSURE	RF:					
		-						REVISION NUMBER:			
IN Ce	HIS IS TO CERTIFY THAT THE POLICIES OF IN IDICATED. NOTWITHSTANDING ANY REQUIR ERTIFICATE MAY BE ISSUED OR MAY PERTAI XCLUSIONS AND CONDITIONS OF SUCH POL	REME	NT, TE IE INS	RM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICI	CT OR OTHER	R DOCUMENT V D HEREIN IS S	VITH RESPECT TO WHI	CH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
LIN	COMMERCIAL GENERAL LIABILITY	ענאיי	1110	. CLIOT NOMBEN			(אוווישטיאוואין)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED			
								PREMISES (Ea occurrence)	, ,		
								MED EXP (Any one person)			
								PERSONAL & ADV INJURY			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AC			
	OTHER:							COMBINED SINGLE LIMIT	\$		
								(Ea accident)	\$		
								BODILY INJURY (Per perso			
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accide	ent) \$		
	HIRED NON-OWNED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
								X PER STATUTE X OT	TH- WV Co	ode 23-4-2	
•	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE			WOD4005000	07/04/0040	07/04/0000	E.L. EACH ACCIDENT	\$ 1,00	0,000		
A	OFFICER/MEMBER EXCLUDED?	N/A		WCB1005809		07/01/2019	07/01/2020	E.L. DISEASE - EA EMPLO	YEE \$ 1,00	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIN	1.00		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more s	bace is required)		I		
<u> </u>											
CER	RTIFICATE HOLDER				CANC	ELLATION					
Verification 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.					
				AUTHOR	RIZED REPRESE	NTATIVE					
					Sungularle						

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# WEST VIRGINIA STATE TAX DEPARTMENT BUSINESS REGISTRATION CERTIFICATE

# ISSUED TO: TRI STATE ROOFING & SHEET METAL COMPANY OF WEST VIRGINIA 321 HARRIS DR POCA, WV 25159-7521

# BUSINESS REGISTRATION ACCOUNT NUMBER:

1037-1512

This certificate is issued on: 08/14/2014

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.

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