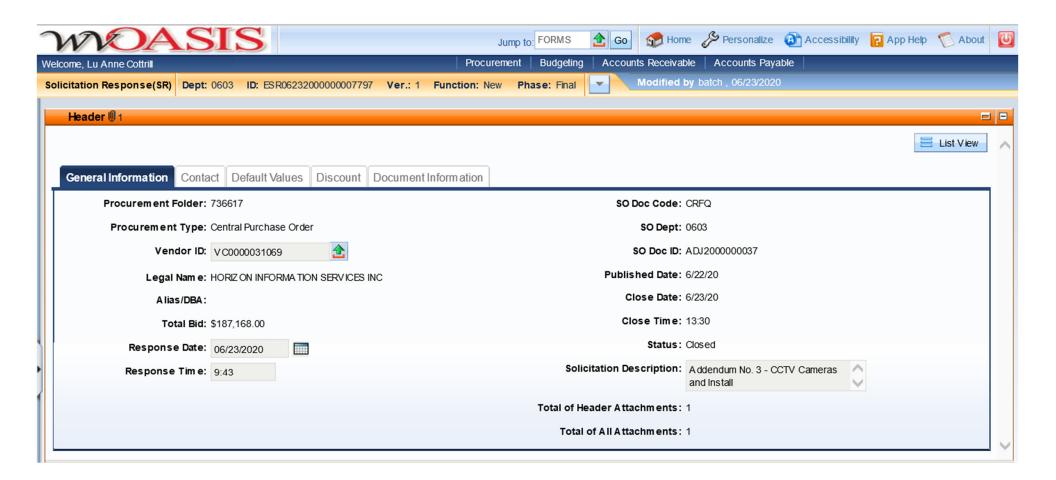


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

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: 736617

Solicitation Description: Addendum No. 3 - CCTV Cameras and Install

Proc Type: Central Purchase Order

Date issued	Solicitation Closes	Solicitation Response	Version
	2020-06-23	SR 0603 ESR06232000000007797	1
	13:30:00		

VENDOR

VC0000031069

HORIZON INFORMATION SERVICES INC

Solicitation Number: CRFQ 0603 ADJ2000000037

Total Bid : \$187,168.00 **Response Date:** 2020-06-23 **Response Time:** 09:43:30

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

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

Line	Comm Ln Desc	Qty	Unit Issue Unit Price	Ln Total Or Contract Amount
1	Security Cameras & Installation			\$187,168.00

Comm Code	Manufacturer	Specification	Model #	
46171610				
Extended Descrip	ntion : Contract Item #1.	Lump Sum Price for Camera Syst	em and Installation	



Purchasing Divison 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130 State of West Virginia Request for Quotation 21 — Info Technology

Pr				
Doc Description: CCTV Cameras and Install				
Pr	oc Type: Central Purch	ase Order		
Date Issued		Solicitation No	Version	
2020-06-05	2020-06-22 13:30:00	CRFQ 0603 ADJ2Ø00000037	1	

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON WV 25305

US

VENDOR	
Vendor Name, Address and Telephone Number:	

FOR INFORMATION CONTACT THE BUYER
Tara Lyle

(304) 558-2544 tara.l.lyle@wv.gov

Signature A FEIN #
All offers subject to all terms and conditions contained in this solicitation

FEIN# 65/89/15

DATE 6/20/20

Page: 1

FORM ID: WV-PRC-CRFQ-001

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.
THE VP of Salon
(Name, Title) (Garafasley vPofSales
(Printed Name and Title) 1659 & Scher Rd Glenshaw PA 15116
(Address) 482 7071 412 487 7072
(Phone Number) / (Fax Number) Hasley Elforizon Is - Com
(email address)
CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.
Alex, UP of Sales
(Authorized Signature) (Representative Name, Title)
Craig Hasley UP of Sales (Printed Name and Title of Authorized Representative)
(Printed Name and Title of Addiorized Representative)
6/17/20 (Date)
412 487 7071 412 487 7072 (Phone Number) (Fax Number)

REQUEST FOR QUOTATION CRFQ ADJ2000000037

Security CCTV Camera System-Mountaineer Challenge Academy NORTH

13.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures. All contractor employees, to include subcontractor employees, requiring access to Army installations, facilities, and controlled access areas shall complete AT Level I awareness training within seven (7) calendar days after contract start date or effective date of incorporation of this requirement into the contract, whichever is applicable. The contractor shall submit certificates of completion for each affected contractor employee and subcontractor employee, to the Project Manager or to the contracting officer, AT Level I awareness training is available at the following website: http://jko.iten.mil

All personnel, equipment, materials, and sub-contractors must be registered with Camp Dawson Security for access to Camp Dawson and will be coordinated through Post Engineering. Failure to coordinate this with Post Engineering will result in personnel being refused access to Camp Dawson. Camp Dawson Post Engineering must be notified at least two (2) days or 48-hours prior to any delivery. Failure to do so will result in delivery delay or being refused access.

13.5. Vendor shall inform all staff of Agency's security protocol and procedures.

14. MISCELLANEOUS:

14.1. 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 and me
Contract Manager: Crais Hasley
Telephone Number: 416 48
Fax Number: 412 481 1012
Email Address: CHGS ley & Holi Con 13:

Exhibit A - Pricing Page CRFQ ADJ2000000037

	4.19	Make and Model	Unit of Measure	Quantity	Unit Price Extended Cost
Section	Lump Sum Pricing for Cameras and	Ausilon Enterprise	LS	1	187,168.00 \$1 87,168.00
15.1.1-15.1.10	Instanton		COST (INCLUDES	SHIPPING	CHARGES) 167,168.00
200 March 1980		TOTAL OVERALL	COST (INCLODE:	JULIA PART	

Vendor must identify Make and Model at time of submitting Bid Response. Vendor should provide Product Brochures indicating within the specifications that are equal prior to award.

Vendor Name: Horizon TAR Address: 6518 Sutter RA Glenshaw PA 151	ormation Services
Phone: 417 487 707 2 Fax: 417 487 707 2 Email: Chasley Choci20713	, com
Authorized Signature Date 6/20/20	7

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

"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: H051700 00 to 100 100 Date: 6/20/2020
Authorized Signature:
State of Pennylumia
County of Alleghery, to-wit: Taken, subscribed, and sworn to before me this 10th day of
Taken, subscribed, and swom to believe the subscribed the su
My Commission expires Gommonwealth of Pennsylvania - Notary SeaNOTARY PUBLIC Furchasing Affidavit (Revised 01/19/2018) Allocheny County
AFFIX SEAL HERE Karla A. Bildhauer, Notary Public Allegation County
My commission expires June 29, 2022
Commission number 1225952

Member, Pennsylvania Association of Notaries

West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

(Required by W. Va. Code § 60-1-2)	SalarDa
Horizon Information 1659 E	Some KG
Name of Contracting Business Entity: Seloces Address: Glensha	V PA 15116
Name of Contracting Dadition Lines.	
	Hac Pd
Car Hackel Address Clasche	PAISILL
Name of Authorized Agent: CFa's Hasley Address: 61-05-0	0 - 1 = 1
Contract Number: CR FQ 0603 AD \ \ Z 000000037 Contract Description: \(\frac{CC1V}{CC1V}\)	Cams & Install
Governmental agency awarding contract: Montaineel Challenge Prograt	n
☐ Check here if this is a Supplemental Disclosure	
List the Names of Interested Parties to the contract which are known or reasonably anticipated	by the contracting business
entity for each category below (attach additional pages if necessary).	
1. Subcontractors or other entities performing work or service under the Contract	
Check here if none, otherwise list entity/individual names below.	
to antique antique annique annique high	o nublicly traded entities)
2. Any person or entity who owns 25% or more of contracting entity (not applicable t	o henual management
☐ Check here if none, otherwise list entity/individual names below.	
3. Any person or entity that facilitated, or negotiated the terms of, the applicable	contract (excluding legal
services related to the negotiation or drafting of the applicable contract,	
☐ Check here if none, otherwise list entity/individual names below.	
	1- 4
Signature Date Signed: 6/20	120
Notary Verification	
State of Pennsylvania , County of Allegheny	
State of	ng parangahangahan yan di maham maham maham maham maham maham maham maham di Samuran di
I, Craig Hasley , the authorized ager entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made	nt of the contracting business
entity listed above, being fully sworn, acknowledge that the Disclosure herein is being made	de under oath and under the
penalty of perjury.	
124	2020
Taken, sworn to and subscribed before me this day of fune Karla & . Bullharen	
	ommonwealth of Pennsylvania - Notary Seal Karla A. Bildhauer, Notary Public
To be completed by State Agency:	Allegheny County
Date Received by State Agency: Date submitted to Ethics Commission:	My commission expires June 29, 2022 Commission number 1225952
Governmental agency submitting Disclosure:	Member, Pennsylvania Association of Notaries Revised June 8, 2018
	Revised Julie 0, 2010



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

A A COLOR OF A 4 4 COLOR OF A 4 COLO
STATE OF WEST VIRGINIA,
COUNTY OF PRESTON TO-WIT:
1. I am an employee of Hosizon Tn farmation Services and, 1. I do hereby attest that Hosizon Tn farmation Services (Company Name)
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with West Virginia Code §21-1D.
The above statements are sworn to under the penalty of perjury. Printed Name: Signature: Printed Name: Printed Name: Name: Printed Name: As Cey Signature: Title: Pof Sales Company Name: Horizon Information Services Date: Date:
Taken, subscribed and sworn to before me this 20th day of June , 2020 By Commission expires 6/29/2022 (Seal) Commonwealth of Pennsylvania - Notary Seal Karla A. Bildhauer, Notary Public Allegheny County My commission expires June 29, 2022 Commission number 1225952

Member, Pennsylvania Association of Notaries

State of West Virginia Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with **West Virginia Code** § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

Instructions: Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than \$25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of \$25,000 or less, the vendor should mail the report to the public authority issuing the contract.

Appropriate location to the public authority issuing the contract. Virginia Purchasing Division at 2019 Washington Street East, Chaneston, World Contract. or less, the vendor should mail the report to the public authority issuing the contract.
Contract Identification: Contract Number: CRFQ0603 ADSZ000 00 00 037 Contract Purpose: CCTV Cameras and install Contract Purpose: Movn taineer Challenge Program Agency Requesting Work: Movn taineer Challenge Program Required Report Content: The attached report must include each of the items listed below. The vendor report in the attached report.
 Information indicating the education and training service to the requirements of West Virginia Code 9 21-1D-5 was provided; Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests; Average number of employees in connection with the construction on the public improvement; Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.
Vendor Contact Information: Vendor Name: Horizon Information Scrice Syendor Telephone: 412 487 7071 Vendor Name: 1659 & Sutter Rd Vendor Fax: 417 487 7072 Vendor Address: 1659 & Sutter Rd Vendor E-Mail: Ctasle y & Horizon S. Com Glenshaw PA 15116 Vendor E-Mail: Ctasle y & Horizon S. Com



A Member of the Tokio Marine Group

BID BOND

			*
KNOW ALL MEN BY THESE PRESENTS: 'and Philadelphia Indemnity Insurance Com Pennsylvania, and authorized to do business in Mountaineer Challenge Program , as DOLLARS (\$ 10%), lawful money of the to be made, the said Principal and Surety bine successors and assigns, jointly and severally by	npany, a corporation organized and the State of WV as So obligee, in the sum of Ten Perche United States of America, to the d themselves, their and each of	arefy, are held and firm ent of Amount Bid e payment of which su	ing bound unto the
THE CONDITION OF THIS OBLIGATION IS	S SUCH, that, if the Obligee shall	make any award to the	Principal for:
CCTV Camera System Install, Kingwood,			
according to the terms of the proposal or bid reinto a contract with the Obligee in accordance the faithful performance thereof, with the Su Principal shall, in case of failure so to do, pay failure not exceeding the penalty of this bond, in full force and effect. Signed, sealed and dated this 22nd day of	e with the terms of said proposal of urety or with other surety or sure to the Obligee the damages which	or bid and award and s ties approved by the the Obligee may suffer	nall give bond for Obligee, or if the by reason of such
Signed, sealed and dated this 2211d day of	ouno , momo.		
	Iorizon Information Services, Inc (Principal) By:	(Seal)	
	Philadelphia Indemnity Insurance (Surety) By:	(Seal)	MINITY NO. 1927 CE NO. SYLVING OF STREET
	Josephine M. Streyle 🔾	, Attorney-In-Fact	Sellen M. Walter

PHILADELPHIA INDEMNITY INSURANCE COMPANY One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004-0950

Power of Attorney

Surety Bond Number: Bid Bond

Principal: Horizon Information Services, Inc. Obligee: Mountaineer Challenge Program

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Josephine M. Streyle its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$25,000,000.

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

RESOLVED:

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

FURTHER RESOLVED:

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

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27^{TH} DAY OF OCTOBER, 2017.



(Seal)

Roberto

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

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

COMMONWEALTH OF PENNSYLVAN NOTARIAL SEAL Morgan Knapp. Notary Public Lower Merion Twp Monligomery Count My Commission Expires Sept. 25, 202	Notary Public:	Moregan Mapp
WEMBER, PENNSYLVANIA ASSOCIATION OF NOTAR		Bala Cynwyd, PA
(Notary Seal)	My commission expires:	September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto on this 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY,

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 22nd day of June, , 2020.



Edward Sayago, Corporate Secretary PHILADELPHIA INDEMNITY INSURANCE COMPANY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/16/2020

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

If SUBROGATION IS WAIVED, subjetthis certificate does not confer right	ct to the	certi	ms and conditions of th ficate holder in lieu of su	e policy uch end	y, certain po orsement(s)	ilicies may r	equire an endorsement.	A 310	icinent on
	, to the	Certi	noute notaer in near of ot	CONTAC NAME:	T				
PRODUCER Seubert & Associates Inc.				PHONE	Ext): 412-734	-4900	FAX (A/C, No): 41	2-734	I-5725
225 North Shore Drive					s: certs@se		(120, 110).		
Suite 300				AUDRES			DING COVERAGE		NAIC#
Pittsburgh PA 15212							ance Company		14621
			HORIN			ne Insurance			13045
INSURED Horizon Information Services, Inc.			HOMIN			ne msurance	Company		100.10
1659 E. Sutter Road				INSURE					
Glenshaw PA 15116				INSURE					
				INSURE	RE:			-	
		-		INSURE	RF:		REVISION NUMBER:		
COVERAGES C	ERTIFI	CATE	NUMBER: 1751974876	VE DEE	N ICCUED TO			= POI	ICY PERIOD
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR ME EXCLUSIONS AND CONDITIONS OF SU	REQUI	REME	NI, IERM OR CONDITION	FD BY	THE POLICIES	S DESCRIBED PAID CLAIMS.			
	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
INSR LTR TYPE OF INSURANCE A X COMMERCIAL GENERAL LIABILITY	INSD	WVD	5000104685		3/23/2020	3/23/2021		\$ 1,000	,000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,0	00
CLAIMS-MADE [X] OCCUR								\$ 15,00	0
	-							\$ 1,000	,000
								\$ 2,000	,000
GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,000	,000
POLICY X PRO-								\$	
OTHER:	_	+	5000104685		3/23/2020	3/23/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
A AUTOMOBILE LIABILITY			3000104003		0,20,2020			\$,
X ANY AUTO OWNED SCHEDULED								\$	
AUTOS ONLY AUTOS		1					PROPERTY DAMAGE	\$	
HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		-	5000400000		3/23/2020	3/23/2021	EACH OCCURRENCE	\$ 6,000	0.000
A X UMBRELLA LIAB X OCCUR			5000106099		3/23/2020	0/20/2021	E/torrodorments	\$6,000	
EXCESS LIAB CLAIMS-N	ADE						7.001.1207.112	\$,,,,,,
DED X RETENTION \$ 0		-			3/23/2020	3/23/2021	X PER OTH-	Ψ	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	/ N		WCN6001932		3/23/2020	3/23/2021	E.L. EACH ACCIDENT	\$1,00	0.000
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N N/	4					E.L. DISEASE - EA EMPLOYEE		
(Mandatory in NH) If yes, describe under								\$1,00	
DESCRIPTION OF OPERATIONS below		+	5000404005		3/23/2020	3/23/2021	\$500,000 Limit	\$500	Deductible
A Installation Floater Physical Damage			5000104685		312312020	312312021	\$1,000 Comp Ded.		00 Coll Ded.
DESCRIPTION OF OPERATIONS / LOCATIONS / V	HICLES	(ACOR	D 101, Additional Remarks Sched	lule, may l	e attached if mo	re space is requi	red)		
CERTIFICATE HOLDER				CAN	CELLATION	l			
Wv Army National Gua	rd			TH	F EXPIRATION	N DATE TH	DESCRIBED POLICIES BE CA IEREOF, NOTICE WILL E CY PROVISIONS.	ANCEI BE DI	LED BEFORE ELIVERED IN
1707 coonskin drive Charleston WV 25311				AUTH	ORIZED REPRES	which			

© 1988-2015 ACORD CORPORATION. All rights reserved.

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ ADJ20000000037

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 1	Numbers Received:			
(Check the bo	ox next to each addendum r	eceived	1)	
	Addendum No. 1]	Addendum No. 6
	Addendum No. 2	أدروسافا]	Addendum No. 7
[Y	Addendum No. 3	Represent	· ·	Addendum No. 8
[]	Addendum No. 4	[freesemble	Addendum No. 9

Addendum No. 5

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.

[] Addendum No. 10

Horizon Information Services

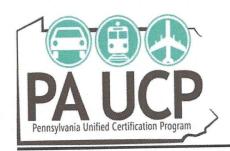
Company

Authorized Signature

6/9/20

Date

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



Allegheny County

Department of Equity and Inclusion 204 County Office Building 542 Forbes Avenue Pittsburgh, PA 15219

Phone: (412) 350-4309 Fax: (412) 350-4915 Email: DEICertification@AlleghenyCounty.US

Continued Eligibility Letter

June 19, 2020

Lori Miller, CEO Horizon Information Services, Inc. 1659 East Sutter Road Glenshaw, PA 15116

RE: Pennsylvania Unified Certification Program
DBE Continued Eligibility Letter for
Horizon Information Services, Inc.

DBE Certification #: 14286

Anniversary Date - Annually, on: April 23

Attention Lori Miller:

The Allegheny County Department of Equity and Inclusion, a certifying participant in the Pennsylvania Unified Certification Program (PA UCP), has reviewed your Annual Affidavit as a Disadvantaged Business Enterprise (DBE) and is pleased to inform you that your firm appears to meet the requirements established by the United States Department of Transportation in Title 49, Part 26 of the Code of Federal Regulations. Consequently, your firm can continue as a DBE to participate in the program in the following classification(s) only:

Voice/data, sound, and communication systems installation

NAICs Code(s): 238210

If you wish to expand your status to include another type of business, you must contact the PA UCP for reevaluation prior to undertaking any projects as a DBE in the expanded area.

In the event of a change in circumstances affecting your ability to meet size, disadvantage, ownership, and control requirements of Part 26 or any material change in the information provided; you must inform the PA UCP by means of a sworn affidavit by the owners, describing in detail the nature of such changes.

You must provide this written "Notice of Change" within 30 days of the occurrence of the change. Failure to do so will be deemed a failure to cooperate.

We would also remind you that the PA UCP reserves the right to review your firm at any time to ensure compliance with the program.

We are pleased to continue to have you as a Disadvantaged Business Enterprise and wish you continued success in acquiring work within the DBE program. If you have any questions, please contact this office at 412-350-4309.

Sincerely,

Lisa L. Edmonds, MCA Acting Director

X Edmonds

LLE/rb



Send this PDF to Sales at Avigilon (sales@avigilon.com) or your local Avigilon representative to receive a quote on this design.

Design Comments



HD NVRs

NAME	MODEL	EXPANSIONS	STORAGE	TOTAL DATA	STORAGE TIME	STATUS
Storage 1	HD-NVR4-PRM-96TB-NA	n/a	91.2 TB	375.20 Mbps	30 days 16 hours	Valid
Storage 2	HD-NVR4-PRM-96TB-NA	n/a	91.2 TB	445.09 Mbps	26 days 7 hours	Valid



HDSM Smart Cameras

										HDSM	SMARTCOD	EC
NAME	DECORDING	IMAGE QUALITY	MAX BANDWIDTH	ENABLED	STRENGTH	MIN IMAGE RATE						
H4 MH Camera 2	12C-H4A- 4MH-360	Storage 1	4	Built-In Lens, 2.8mm, f/1.2					26.56 Mbps			
⁴ Head 1					2.8	20	24	Quality 6		X		
⁵ Head 2					2.8	20	24	Quality 6		X		
⊶Head 3					2.8	20	24	Quality 6	The state of the s	X		
⁵ Head 4					2.8	20	24	Quality 6		X		
Camera 2 (1)	3.0C- H5SL-D1- IR	Storage 1	34	Built-In Lens, 3- 9mm, f/1.4, P-Iris, Vari Focal	5.3	30	24	Quality 6	7.91 Mbps	Х		
Camera 1	4.0C-H5A- BO2-IR	Storage 2	4	Built-In Lens, 9- 22mm, f/1.6, P-Iris, Vari Focal	> max	20	24	Quality 6	6.36 Mbps	X		
Camera 2	3.0C- H5SL-D1- IR	Storage 2	34	Built-In Lens, 3- 9mm, f/1.4, P-Iris, Vari Focal	5.3	30	24	Quality 6	7.91 Mbps	X		
H4 MH Camera 1	24C-H4A- 3MH-180	Storage 2	8	Built-In Lens, 5.2mm, f/1.8	Annual in Annual Copy of the Annual Annual Copy of the Annual Copy of	mencin kindudusukan kendunuk kindu			18.83 Mbps			The second secon

Sales at Avigilon +1.604.629.5182 sales@avigilon.com

Technical Support +1.888.281.5182 support@avigilon.com This document and the data contained herein were produced using the AVIGILONTM System Design Tool (SDT) and, correspondingly, are subject to the SDT's Terms and Conditions of Use (sdt.avigilon.com). The SDT and the data contained in this document are for estimation and illustrative purposes only and may not represent actual performance or system design parameters. Please contact your Sales Engineer or asksales@avigilon.com if you have any questions or concerns.

Page 3 of 9



4 Head	5.2	12	24	Quality 6	X	
Կ Head 2	5.2	12	24	Quality 6	X	
ЧHead З	5.2	12	24	Quality 6	X	



Scene Details

NAME	MOUNTING HEIGHT (FT)	TARGET HEIGHT (FT)	TARGET DISTANCE (FT)	SCENE WIDTH (FT)	MOUNTING ANGLE	MAXIMUM DISTANCE (FT)	PX/FT
H4 MH Camera 2	8.5						
⁴ Head 1	The contract of the contract o	6	16.5	30.5	59.1	56.1	67.1
⁴ Head 2	and some the service of the second se	6	16.5	30.5	59.1	56.1	67.1
⁴ Head 3		6	16.5	30.5	59.1	56.1	67.1
⁴ Head 4		6	16.5	30.5	59.1	56.1	67.1
Camera 2 (1)	8.5	6	16.5	16.8	59.1	56.1	121.6
Camera 1	8.5	6	240	58.7	87.7	816	39.3
Camera 2	8.5	6	16.5	16.8	59.1	56.1	121.6
H4 MH Camera 1	8.5						
ЧHead 1		6	16.5	21.7	64.9	56.1	176.6
⁴ Head 2		6	16.5	21.7	64.9	56.1	176.6
⁴ Head 3		6	16.5	21.7	64.9	56.1	176.6



Storage 1

Model: HD-NVR4-PRM-96TB-NA

Record Times

MODEL	QTY	TOTAL DAYS	FULL DAYS	HALF DAYS	QUARTER DAYS	LOW RES. DAYS
12C-H4A-4MH-360	4	30 days 16 hours	30 days 16 hours			0 days 0 hours
3.0C-H5SL-D1-IR	34	30 days 16 hours	30 days 16 hours			0 days 0 hours



Storage 2

Model: HD-NVR4-PRM-96TB-NA

Record Times

MODEL	QTY	TOTAL DAYS	FULL DAYS	HALF DAYS	QUARTER DAYS	LOW RES. DAYS
4.0C-H5A-B02-IR	4	26 days 7 hours	26 days 7 hours			0 days 0 hours
3.0C-H5SL-D1-IR	34	26 days 7 hours	26 days 7 hours		obmendet entres in more and EP (as the SU) and C) Provided and the C of ST of	0 days 0 hours
24C-H4A-3MH-180	8	26 days 7 hours	26 days 7 hours			0 days 0 hours







Reference Image



Reference images are captured under ideal conditions. Poor lighting, increased compression, or use of a lower quality lens will affect the quality of the images captured.