

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

State of West Virginia Request for Quotation 33 — Service - Misc

RECEIVED

2020 APR 16 AM 10: 16

Proc Folder: 703039

Doc Description: Elopement Prevention System Maintenance & Repair

WV For Emabling DIVISION

Proc Type: Central Master Agreement

 Date Issued
 Solicitation Closes
 Solicitation No
 Version

 2020-04-02
 2020-04-16 13:30:00
 CRFQ
 0613 VNF2000000008
 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:

Secure Care Health Systems, Inc. 6968 Engle Road Middleburg Hts., OH 44130 440-826-0324

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN # 34-1467639

DATE 04/15/2020

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

Page: 1

FORM ID: WV-PRC-CRFQ-001

ADDITIONAL INFORMATION:

The West Virginia Purchasing Division is soliciting bids on behalf of the WV Veterans Nursing Facility (WV VNF) located at 1 Freedom Way, Clarksburg, WV 26301 to establish an open-end contract for maintenance, inspections, repairs and parts for the Elopement Prevention and Card Access System, per the attached documentation.

The Pricing Page, Exhibit F, must be completed and attached with the Vendor's submitted bid whether submitting an electronic bid or paper bid.

PLEASE NOTE: SEE SECTION 7 - REQUIRED DOCUMENTS IN THE GENERAL TERMS AND CONDITIONS PORTION OF THE CRFQ. A BID BOND, PERFORMANCE AND LABOR/MATERIAL BONDS ARE REQUIRED FOR THIS PROJECT.

INVOICE TO		SHIP TO	
DIVISION OF VETERANS 1 FREEDOMS WAY	AFFAIRS	VETERAN'S NURSING FAC 1 FREEDOMS WAY	ILITY
CLARKSBURG	WV26301	CLARKSBURG	WV 26301
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Elopement Prevention System maintenance				

Comm Code	Manufacturer	Specification	Model #	
92121700				

Extended Description:

Elopement Prevention System maintenance

Pricing Page, Exhibit F, must be completed and attached with submitted bid.

SCHEDULE OF EVENTS

and the and the sections	y C.A. Disable Co. No.		
<u>Line</u>	<u>Event</u>	Event Date	
1	Technical question deadline by 2:00 pm	2020-04-07	

	Document Phase	Document Description	Page 3
VNF2000000008	Final	Elopement Prevention System Maintenance	of 3
		& Repair	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

REQUEST FOR QUOTATION CRFQ VNF2000000008

Elopement Prevention and Card Access System Parts and Maintenance

11. MISCELLANEOUS:

11.1 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Tom Giannetti 440-826-0324 Telephone Number: Office					
Fax Number:4	40-234-3953				
Email Address:	TOM@SECURECARE-USA.COM				



t. 440.826.0324 f. 440.234.3953

QUOTE

Number

TLCGQ1165

Date

Apr 15, 2020

Sold To

Department of Administration Purch

6968 Engle Road, Middleburg Heights, Ohio 44130

Tara Lyle 2019 Washington ST E Charleston, WV 25305

tara.l.lyle@wv.gov

Created on 04/15/20 18:00:07

Ship To

Your Sales Executive

Tom Giannetti

440.826.0324

Tom@securecare-usa.com

Cell

Phone 304-558-2544

Fax

Phone 304-626-1600

Clarksburg, WV 26301

Rickie Carothers Qne Freedom Way

Fax

Terms P.O. Number Ship Via Quote Expires

NET 30 UPS 5/15/2020

Qty Description & Part Number Unit Price Ext. Price

West Virginia Veterans Nursing Hom

ELOPEMENT PREVENTION SYSTEM MAINTENANCE BID

Solicitation Number CRFQ 0613 VNF2000000005

4 Quarterly Preventive Maintenance: parts/labor/travel--(4) time per year \$1,849.00 \$7,396.00

We will follow EXHIBIT C from the sample Servive Checklist provided

80 Corrective Maintenance: HOURLY \$85.00 \$6,800.00

20 Emergency Maintenance: HOURLY \$170.00 \$3,400.00

1 Estmated Parts Cost per EXHIBIT A EQUIPMENT LIST \$20,000.00 \$20,000.00

Door Controllers, Card Reader Systems, External Antennas, Power Supplies, Maglocks, Monitors, Software, Testers, Transmitters and OBSOLETE JCI Card Readers.

Bond and State Licenses \$875.00 \$875.00

PRICES SUBJECT TO CHANGE - PRICES BASED UPON TOTAL PURCHASE - ALL DELIVERY, TRAINING OR CONSULTING SERVICES TO BE BULLED AT PUBLISHED RATES FOR EACH ACTIVITY TOWALVED - LIMITED DUE YEAR WARRANTY, COVERING PARTS FOR HARDWARE ONLY, WE SHALL NOT HE LIABLE FOR ARY LOSS OF PROFITS, BUSINESS, GOODWILL, OR FOR INCIDENTIAL OR CONSEQUENTIAL DAMAGES RELATED TO THIS AGREEFMENT. MINIMUM 15% PESTOCKING FER WITH ORIGINAL PACKAGING.

Factory Authorized Distributor for:

VANCARE We move body and mind

Department of Administration Purchasing

Re care

Page 1 of 2

Qty Description & Part Number	Unit Price	Ext. Price
All Terms & Conditions apply. If customer does not have terms and conditions, they we be provided at customers request. All balances which remain unpaid after 30 days from		\$38,471.00
the original invoice date, shall accrue interst at a rate of 1.5% per annum. Secure Car	re Tax	\$0.00
Systems retains a security interest in all goods until final payment has been made. Financing is available for this project and can be financed through customers desire by OR Secure Care Financing department. All employees of Secure Care Health Systems (1997)		\$0.00
direct employees and factory trained and certified. General guidelines on scheduling Installation from date of ACCEPTANCE standard 45 day window applies. If we can accommodate earlier request we will.	Total	\$38,471.00

Approval Signature	Printed Name	Date	Required Deposit	
			\$0.00	
By signing this quote and/or issuing a PO based upon	a quote, you are agreeing to all terms and conditions		Before Installation	
Purchase Order #				
	Please Sign & Fax back to Se 234-3953, for accepta			

PRICES SUBJECT TO CHANGE - PRICES BASED UPOR TOTAL PURCHASE - ALL DELIVERY, TRAINING OR CONSULTING SERVICES TO BE BILLED AT PUBLISHED RATES FOR EACH ACTIVITY INVOLVED - LIMITED ONE YEAR WARRAIDY, COVERING PARTS FOR HARDWARE CRILY. WE SHALL NOT BE LIARLE FOR ANY LOSS OF PROFITE, BUSINESS, GOODWILL, OR FOR INCIDENTIAL DRIVAGES RELATED TO THIS AGREEMENT. MINIMUM 15% RESTOCKING FOR WITH ORIGINAL PACKAGING.



Created on 04/15/20 18:00:07

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Department of Administration Purchasing



Page 2 of 2

Exhibit F - Pricing Page CRFQ VNF2000000008

Line	Item	Unit of Measure	# of Times per Year*	UNIT PRICE	ANNUAL PRICE
1	Preventive Maintenance: Parts/labor/travel will not be paid separately.	Quarterly	4	\$1,849.00	\$ 7,396.00
	Item	Unit of Measure	Estimated Annual Hours*	UNIT PRICE	Extended Amount
2	Corrective Maintenance: Travel will not be paid separately	Hour	80	\$85.00	\$ 6,800.00 -
3	Emergency Maintenance: Travel will not be paid separately	Hour	20	\$170.00	\$ 3,400.00 -
	Estimated Parts Cost*		Markup P	ercentage	Extended Amount
4	\$20,000.00 + \$875.00 (bond/license)				\$20,875.00
			OVERAL	L TOTAL COST:	\$38,471.00 -

*ALL ORDER QUANTITIES ARE ESTIMATED AND FOR BIDDING PURPOSES ONLY

*DO NOT ALTER ESTIMATED AMOUNTS

Vendor:	Secure Care Health Systems, Inc.		
Address:	6968 Engle Road Middleburg Hts., OH 44130		
Phone:	440 826-0324		
Email:	NICK@SECURECARE-USA.COM		
Name:	NICHOLAS MERAU		
Signature:	1/4/8/1/	Date:	04/15/2020

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 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 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

WITNESS THE FOLLOWING SIGNATURE:

ATE OF OY

Vendor's Name: Secure Care Health Systems, Inc.	
Authorized Signature: State of Ohio	Date: 04/15/2020
County of Cuyahoga , to-wit:	
Taken, subscribed, and sworn to before me this 15 day of April	20 20
SUSAN SHELLS NOTARY PUBLIC STATE OF OHIO Comm. Expires 10-24-2020	Purchasing Affidavit (Revised 01/19/2018)

REQUEST FOR QUOTATION CRFQ VNF2000000008

Elopement Prevention and Card Access System Parts and Maintenance

EXHIBIT D - VENDOR EXPERIENCE FORM

Vendor must have successfully installed and maintained ELOPEMENT PREVENTION AND CARD ACCESS SYSTEM equipment of the type, character and magnitude currently utilized by the Agency and included on Exhibits A and B on two or more occasions in the last five years. Vendor shall provide a description of the equipment (type, brand, manufacturer and size), when, where (business name, city and state), and if it was installed/maintained/or both. If maintained, specify the time period in which the Vendor maintained the equipment under "When".

Equipment	When	Where	Installed/Maintained
All Equipment from Exhibit A	2015		
West Virginia Veterans Nursing Fa	acility One Freed	om Way Cla	rksburg, WV 26301
All Equipment from Exhibit A	2000-2020		вотн
The Montefiore Home (Jack)	1 David N. Myers	Pkwy. Bead	chwood, OH 44122



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

STAT	E OF WEST-VIRGINIA,	Onio					
COUNTY OF Cuyahoga		, TO-WIT:					
I, Ni					and state as follows:		
1.	I am an employee of	(C	ompai	ny Name)	; and,		
2.	I do hereby attest that _	Secure Care Health Systems, Inc. (Company Name)					
	maintains a written plan policy are in compliance	for a drug-free v with West Virgi	vorkp <i>nia C</i>	lace policy and th Code §21-1D.	at such plan and		
The al	bove statements are swor	n to under the p	enait	y of perjury.			
		Printed Name:	Nich	nolas Mierau			
		Signature:	7/4	18 16	C		
		Service	е Ма	nager			
		Company Name: Secure Care Health Systems, Inc.					
		04/15 Date:		0			
Taken	, subscribed and sworn to	before me this _	15	_day of	2020		
By Cor	nmission expires						
(Seal)	MALALS	USAN SHELLS OTARY PUBLIC	(N	Judy Jotary Public)	Mulls		
		TATE OF OHIO Comm. Expires 10-24-2020			Rev. July 7, 2017		



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer 01086283

SECURE CARE HEALTH SYSTEMS, INC. 225 W WASHINGTON ROW SANDUSKY, OH 44870-2620

www.bwc.ohio.gov Issued by: BWC



Period Specified Below 07/01/2019 to 07/01/2020

Suphania B. M. Cloud

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation

You must post this language with the Certificate of Ohio Workers' Compensation.



R	ond	No	ımher	2434770
_	uu	IYU	minci	2737//0

Bid Bond

KNOW ALL BY THESE PRESENTS, That W	e, Secure Care Health Systems, Inc.	as Principal,
and WEST BEND MUTUAL INSURANCE CO	MPANY, a corporation organized under the laws of the	ne State of Wisconsin
and having its principal office in Middleton, W	isconsin, in said State, as Surety, are held and firmly	bound unto
West Virginia Purchasing Division	as Owner, in the full	and just sum of
Five Percent		nt bid for the payment
	trators, and executors and said Surety binds itself, its	successors
and assigns firmly by these presents		
WHEREAS, said Principal has submitted to sa	aid Owner a hid or proposal for	
Elopement Prevention System Maintenance & Repair, Ve		
Liopement revenuor dystem maintenance a Repail, ve	defaits Nulsing Facility, Clarksburg, WV	
		
NOW THEREFORE THE CONDITION OF T	UIC OPLICATION IS SHOULD BE A KINDLE OF A Joseph	and of an ellip
	HIS OBLIGATION IS SUCH that if within Sixty days h I be awarded to said Principal and the said Principal s	
	vith surety as required for its faithful performance its	
shall be void, otherwise remain in full force an	d virtue	EATH
		SUSAN SHELLS
Signed and Sealed this 16 day of	April , 20 20 Principal:	SUSAN SHELLS NOTARY PUBLIC STATE OF OHIO Comm. Expires 10-24-2020
		Comm. Expires
	Principal:	10-24-2020
	Secure Care Health Systems, Inc.	OH Million
0 21 00	By: I my // Chrone	(SEAL)
Witness: Way Oulla	Name Typed: HARVEY MARIVOR /18	PSIDENT
10	Title	
	Surety:	
	West Bend Mutual Insurance Company	
July bolls	By:	(SEAL)
witness:	Name Typed: ROBERT BE GRAVE , Attorney	-In-Fact
	Title	
Agency Name:	COMMERCIAL RISK INSURANCE LLC	
Address:	11351 PEARL RD., STE 201	
	STRONGSVILLE, OH 44136	
Phone Number:	(440) 372-5803	

MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.



THE SILVER LINING®

Bond	No.	2434770
------	-----	---------

POWER OF ATTORNEY

Know all men by these Presents, That West Bend Mutual Insurance Company, a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

ROBERT BELGRAVE

lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of: Ten Million Dollars (\$10,000,000)

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 West Bend Mutual Insurance Company at a meeting duly called and held on the 21st day of December.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power 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 or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time,

In witness whereof, the West Bend Mutual Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 22nd day of September, 2017.

Christopher C. Zwygart

Secretary

State of Wisconsin County of Washington Kevin A. Steiner

Chief Executive Officer/President

On the 22nd day of September, 2017, before me personally came Kevin A. Steiner, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin; that he is the President of West Bend Mutual Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that is was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.

Juli A/Benedum

Senior Corporate Attorney

Notary Public, Washington Co., WI

My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 16th day of

Heather Dunn

Vice President - Chief Financial Officer

Notice: Any questions concerning this Power of Attorney may be directed to the Bond Manager at NSI, a division of West Bend Mutual Insurance Company.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/15/2020

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).

	ertificate does not confer rights to					cies may rec	luire an endorsen	nent. A Sta	tement on	
PRODUCE			CONTACT Robert T Belgrave							
AT Coldenbogen Co				PHONE	PHONE (A/C, No, Ext): 440-356-0600 FAX (A/C, No): 440-33					
	Rocky River OH 44116			E-MAIL ADDRE	E-MAIL ADDRESS: info@commercial-risk.com					
					INSURER(S) AFFORDING COVERAGE					
				INSURI	ERA: CRUM	& FORSTER	SPECIALTY INS C	00	44520	
INSURED	SECURE HEALTH CARE SYS	TEMS INC	;	INSURI	ERB: AUTO-C	OWNERS INS	SURANCE CO		18988	
	6968 ENGLE RD MIDDLEBURG HEIGHTS, OH	44130		INSURI	ERC:					
	MIDDLEBONG HEIGHTS, OH 44 130				INSURER D:					
					INSURER E:					
		INSURI	INSURER F:							
COVER			REVISION NUMBER:							
CERTII EXCLU	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			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A 🗸	COMMERCIAL GENERAL LIABILITY	Υ	GLO-583983		08/01/2019	08/01/2020	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE V OCCUR						DAMAGE TO RENTED PREMISES (Ea occurre	nce) \$	100,000	
							MED EXP (Any one pers	son) \$	10,000	
		1					DEDCOMAL & ADVINU	LIDV 6	1 000 000	

LTR	TIPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	rs	
A	CLAIMS-MADE OCCUR	Y		GLO-583983	08/01/2019	08/01/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	10,000
1							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
В	AUTOMOBILE LIABILITY			4457487200	08/01/2019	08/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
<u> </u>								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			GLO-583983	08/01/2019	08/01/2020	PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
_	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACO	PD 10	11 Additional Pamarks Schodula, may b	a attached if more on	and in societard)			
	J. V. E.WINDING! ECONITORO! VERROLE	5 (200		ri, maamonai Nemaino peneduje, may i	ve attached it more sp	ave is required)			

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

30 Days Advance Notice of Cancellation applies.

CERTIFICATE HOLDER	CANCELLATION					
Department of Veterans Affairs 1 Fredoms Way	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Clarksburg, WV 26301	AUTHORIZED REPRESENTATIVE					

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