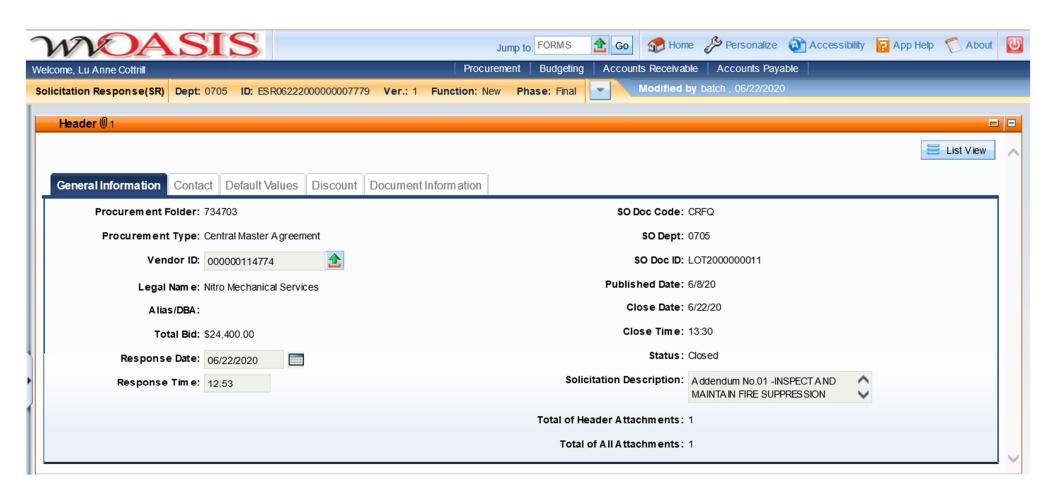
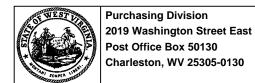


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

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: 734703

Solicitation Description: Addendum No.01 -INSPECT AND MAINTAIN FIRE SUPPRESSION SYSTEM

Proc Type: Central Master Agreement

| Date issued Solicitation | Closes Solicitati | on Response               | Version |  |  |
|--------------------------|-------------------|---------------------------|---------|--|--|
| 2020-06-2<br>13:30:00    | SR SR             | 0705 ESR06222000000007779 | 1       |  |  |

VENDOR

000000114774

Nitro Mechanical Services

Solicitation Number: CRFQ 0705 LOT2000000011

**Total Bid :** \$24,400.00 **Response Date**: 2020-06-22 **Response Time**: 12:53:50

**Comments:** 

FOR INFORMATION CONTACT THE BUYER

Linda B Harper (304) 558-0468 linda.b.harper@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    | Fire extinguisher inspection   |     |                       | \$24,400.00                 |
|      | maintenance and repair service |     |                       |                             |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 72101516  |              |               |         |  |

**Extended Description:** 

Vendors submitting bids online should entire the total bid amount from the attached Exhibit A Pricing Page as the Contract Amount and attach a copy of the completed Exhibit A Pricing to their bid submission.

#### **BID BOND**

|            | KNOW ALL MEN BY THESE PRESI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ENTS, That we, the u                           | ndersigned,                 | Nitro Con                | struction (                | Services, Inc                   |                                             |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------|--------------------------|----------------------------|---------------------------------|---------------------------------------------|
| of         | N194                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,WV                                            |                             |                          |                            |                                 |                                             |
| of         | Bala Cynwyd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PA, a                                          | corporation                 | organized a              | nd existing                | under the law                   | s of the State of                           |
| PA         | with its principal office in th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e City of Bala C                               | Synwyd                      | , as Sure                | ety, are hel               | d and firmly b                  | ound unto the State                         |
| of West    | Virginia, as Obligee, in the penal sum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of Five Percent of                             | Amount Bio                  | d                        | (\$5                       | <u>%</u> ) for th               | e payment of which,                         |
| well and   | t truly to be made, we jointly and seve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | rally bind ourselves,                          | our heirs, ad               | ministrators             | , executors                | s, successors a                 | nd assigns.                                 |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                             |                          |                            |                                 |                                             |
|            | The Condition of the above obligat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tion is such that whe                          | reas the P                  | rincipal has             | submitted                  | to the Purcha                   | asing Section of the                        |
| Departn    | nent of Administration a certain bid or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | proposal, attached he                          | ereto and ma                | ade a part h             | ereof, to er               | nter into a cont                | ract in writing for                         |
| INSPE      | CT AND MAINTAIN FIRE SUPPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RESSION SYSTE                                  | MS                          |                          |                            |                                 |                                             |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                             |                          |                            |                                 |                                             |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                             |                          |                            |                                 |                                             |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                             |                          |                            |                                 |                                             |
|            | NOW THEREFORE,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |                          |                            |                                 |                                             |
|            | (a) If said bid shall be rejected,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | , or                                           |                             |                          |                            |                                 |                                             |
|            | <ul><li>(b) If said bid shall be accept</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ed and the Principa                            | shall enter                 | into a con               | tract in acc               | cordance with                   | the bid or proposal                         |
| the agre   | d hereto and shall furnish any other be<br>eement created by the acceptance of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | said bid, then this ob                         | ligation shall              | be null and              | void, othe                 | rwise this oblig                | ation shall remain in                       |
| full force | e and effect. It is expressly understo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | od and agreed that t                           | he liability o              | f the Surety             | for any an                 | nd all claims he                | ereunder shall, in no                       |
| event, e   | exceed the penal amount of this obliga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ition as nerein stated                         | •                           |                          |                            |                                 |                                             |
|            | The Surety, for the value received, it paired or affected by any extension of otice of any such extension.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nereby stipulates and<br>of the time within wh | agrees that<br>ich the Obli | the obligat<br>gee may a | ions of said<br>ocept such | Surety and its<br>bid, and said | s bond shall be in no<br>Surety does hereby |
|            | WITNESS, the following signatures:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | and seals of Princina                          | l and Surety                | executed :               | and sealed                 | by a proper of                  | ficer of Principal and                      |
| Surety     | or by Principal Individually if Principal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                             |                          |                            | 202                             |                                             |
| ouloty,    | or by i inoparmovidually in imapar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to arr individual, and_                        |                             | .,                       |                            |                                 |                                             |
| Principa   | al Seal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                             | Nitro Co                 | onstruction                | n Services, li                  | nc.                                         |
| Tittospe   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                             |                          | (1                         | Name of Princ                   | pal)                                        |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                             | By                       | and                        | 1 Du                            |                                             |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                             | 0                        |                            | resident, Vice                  |                                             |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                             |                          | Duly                       | y Authorized A                  | gent)                                       |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                             | 1                        | K 6500                     | N / Co                          | 2                                           |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                             |                          |                            | (Title)                         |                                             |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                             | Dhilada                  | India Inda                 | mnity Incura                    | nce Company                                 |
| Surety :   | Seal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                             | Fillade                  | - 4                        | Name of Suret                   |                                             |
| greet      | Control of the contro |                                                |                             |                          | 1/ /                       |                                 | (1)                                         |
|            | 1927                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                             | By:                      | mh                         | 1 SX                            | () fulled                                   |
|            | \$5.5JJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                             |                          | Ailog Linemand 18          | VV Resident Agent               | Attorney-in-Fact                            |
|            | Personal Mariante                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                             | rambeny L. N             | mids, Licensed V           | 4. Keningat Again               | Authorniey-III-Fact                         |

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.

### PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004-0950

#### **Power of Attorney**

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 Douglas P. Taylor, Andrew K. Teeter, Kimberly L. Miles, and Tammy S. Selbe of USI Insurance Services, LLC 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 \$50,000,000.00.

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<sup>TH</sup> DAY OF OCTOBER, 2017.



(Seal)

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 PERNSYLVANI
NOTARIAL SEAL MOTARIAL SEAL
Margan Kriapp Notary Public
in Mericon Twp. Mentgamery Co Jammissian Expires Sept. 25, 2 F PLYSTLYNNIA ALSOCIATION OF NO

Notary Public:

(Notary Seal)

residing at:

Bala Cynwyd, PA

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 the Power of Attorney issued pursuant thereto on the 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 , 20 20



Edward Sayago, Corporate Secretary

PHILADELPHIA INDEMNITY INSURANCE COMPANY

## STATE OF WEST VIRGINIA Purchasing Division

## **PURCHASING AFFIDAVIT**

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

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

#### **DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

#### WITNESS THE FOLLOWING SIGNATURE:

MY COMMISSION EXPIRES MAY 19, 2024 92 LAKE SHORE DRIVE CROSS LANES, WV 25313

| Vendor's Name: Nitro Construction Services                                        | ALL MARKETTON TO THE PROPERTY OF THE PARTY O |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Authorized Signature: Robert McCollastin                                          | Date: <u>06/22/20</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| State of West Virgnia                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| County of Putnam, to-wit:                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Taken, subscribed, and sworn to before me this 22 day of                          | , 2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| My Commission expires May 19, 2024                                                | 2 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                   | amy Payne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| AFFIX SEAL HERE OFFICIAL SEAL NOTARY PUBLIC AMY PAYNE NOTARY PUBLIC NOTARY PUBLIC | Purhasing Affidavit (Pavised 01/19/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



# 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, Robert McCallister after being first duly sworn, depose and state as follows: 1. I am an employee of <u>Nitro Construction Services</u> (Company Name) 2. I do hereby attest that <u>Nitro Construction Services</u> (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: Robert McCallister Signature: Title: <u>Division Manager</u>, Fire Protection Company Name: Nitro Construction Services Date: \_06/22/2020 Taken, subscribed and sworn to before me this 22 day of \_\_\_\_ By Commission expires (Seal) OFFICIAL SEAL AMY PAYNE NOTARY PUBLIC STATE OF WEST VIRGINIA MY COMMISSION EXPIRES MAY 19, 2024

92 LAKE SHORE DRIVE CROSS LANES, WV 25313

# ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ 0705 LOT 2000000011

**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.

|                    |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                            | Numbers Received:<br>ox next to each addendu | n receive | d) |                             |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------|----|-----------------------------|
|                    | [ ]                                                                                                                                                                                                                                                                                                                                                                                               | χ]                                                                                                                                                                                                                                                                                                                                                                                                         | Addendum No. 1                               | [         | ]  | Addendum No. 6              |
|                    | [                                                                                                                                                                                                                                                                                                                                                                                                 | ]                                                                                                                                                                                                                                                                                                                                                                                                          | Addendum No. 2                               | [         | ]  | Addendum No. 7              |
|                    | [                                                                                                                                                                                                                                                                                                                                                                                                 | ]                                                                                                                                                                                                                                                                                                                                                                                                          | Addendum No. 3                               | ]         | ]  | Addendum No. 8              |
|                    | ]                                                                                                                                                                                                                                                                                                                                                                                                 | ]                                                                                                                                                                                                                                                                                                                                                                                                          | Addendum No. 4                               | ]         | ]  | Addendum No. 9              |
|                    | [                                                                                                                                                                                                                                                                                                                                                                                                 | ]                                                                                                                                                                                                                                                                                                                                                                                                          | Addendum No. 5                               | [         | ]  | Addendum No. 10             |
| further<br>discuss | understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I arther understand that any verbal representation made or assumed to be made during any oral iscussion held between Vendor's representatives and any state personnel is not binding. Only the aformation issued in writing and added to the specifications by an official addendum is binding. |                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |           |    |                             |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                            |                                              | _         | _  | Nitro Construction Services |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                   | and that failure to confirm the receipt of addenda may be cause for rejection of this bid. I adderstand that any verbal representation made or assumed to be made during any oral in held between Vendor's representatives and any state personnel is not binding. Only the on issued in writing and added to the specifications by an official addendum is binding.  Nitro Construction Services  Company |                                              |           |    |                             |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                            |                                              | 7         |    | Robut McCallister           |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |           |    | Authorized Signature        |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                            |                                              | ,         |    | (22/2020<br>Date            |

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing. Revised 6/8/2012

**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.

| Robert McCallister                                    |   |
|-------------------------------------------------------|---|
| (Name, Title)                                         |   |
| Robert McCallister, Division Manager, Fire Protection |   |
| (Printed Name and Title)                              |   |
| 4300 1st Ave, Nitro, WV 25143                         |   |
| (Address)                                             |   |
| 304-204-1566 / 304-204-1350                           | _ |
| (Phone Number) / (Fax Number)                         |   |
| rmccallister@nitrocs.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.

| Nitro Construction Services                                                                                 |
|-------------------------------------------------------------------------------------------------------------|
| (Company)                                                                                                   |
| Robert McCallista - FP Division Manager                                                                     |
| (Authorized Signature) (Representative Name, Title)                                                         |
| Robert McCallister, Division Manager, Fire Protection (Printed Name and Title of Authorized Representative) |
| 06/22/2020                                                                                                  |
| (Date)                                                                                                      |
| _304-204-1566 / 304-204-1350                                                                                |
| (Phone Number) (Fax Number)                                                                                 |

#### **EXHIBIT A PRICING PAGE**

|                                                               | COST EACH |               | QUANTITY       | TOTAL PER YEAR |          |
|---------------------------------------------------------------|-----------|---------------|----------------|----------------|----------|
| ANNUAL INSPECTION OF PORTABLE FIRE EXTINGUISHERS              | \$        | 5.00          | 90             | \$             | 450.00   |
| SEMI-ANNUAL INSPECTION OF KITCHEN HOOD SUPPRESSION SYSTEM     | \$        | 125.00        | 2              | \$             | 250.00   |
| MONTHLY INSPECTION FIRE PUMPS                                 | \$        | 180.00        | 12             | \$             | 2,160.00 |
| ANNUAL INSPECTION FIRE PUMPS                                  | \$        | 680.00        | 1              | \$             | 680.00   |
| ANNUAL INSPECTION FIRE SPRINKLER SYSTEMS                      | \$        | 680.00        | 1              | \$             | 680.00   |
| ANNUAL INSPECTION FIRE ALARM SYSTEMS                          | \$        | 2,080.00      | 1              | \$             | 2,080.00 |
| ANNUAL INSPECTION AND CLEANING OF SMOKE MANAGEMENT SYSTEM     | \$        | 1,000.00      | 1              | \$             | 1,000.00 |
| SEMI-ANNUAL INSPECTION OF CLEAN AGENT FIRE SUPPRESSION SYSTEM | \$        | 125.00        | 2              | \$             | 250.00   |
| ТОТ                                                           | AL CC     | ST PER YEAR F | OR INSPECTIONS | \$             | 7,550.00 |

**Estimated Extended Cost** Cost Per Hour Hours/Year \$ MAINTENANCE AND REPAIR HOURLY RATE \$ В. 90.00 120 10,800.00 NORMAL BUSINESS HOURS MAINTENANCE AND REPAIR HOURLY RATE \$ 120.00 \$ 4,800.00 C. 40 AFTER HOURS, WEEKENDS, AND HOLIDAYS **Estimated Cost Extended Cost** \$ MATERIAL MARK-UP - PERCENTAGE 25.00% \$1,000.00 1,250.00 D.

TOTAL BID AMOUNT (A+B+C+D) \$ 24,400.00

A.

<sup>\*</sup>Hours and material quantities are estimates utilized for bid evaluation purposes only. No future use of this contract or any individual item is guaranteed or implied.