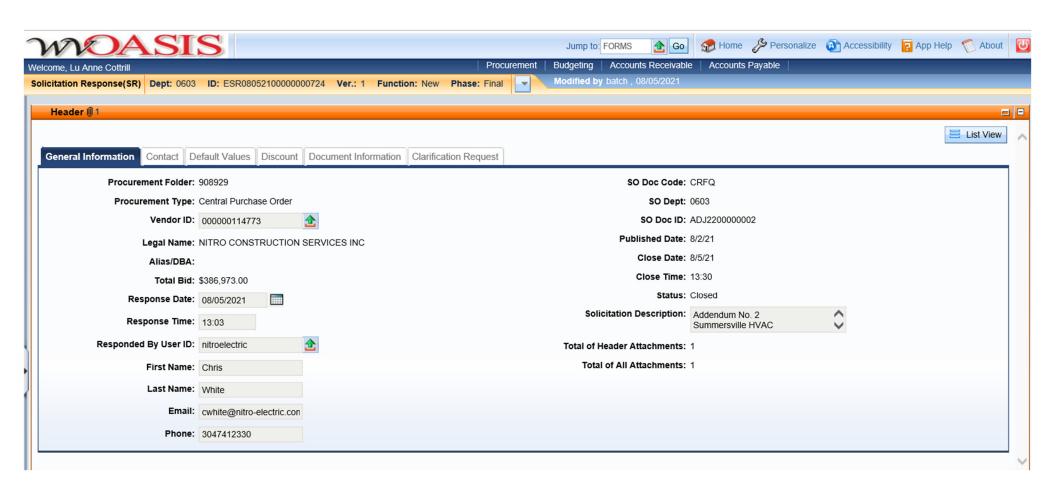


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

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.





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

### State of West Virginia Solicitation Response

Proc Folder: 908929

Solicitation Description: Addendum No. 2

Summaravilla HIVAC Panlacement (Construction)

**Proc Type:** Central Purchase Order

 Solicitation Closes
 Solicitation Response
 Version

 2021-08-05 13:30
 SR 0603 ESR08052100000000724
 1

**VENDOR** 

000000114773

NITRO CONSTRUCTION SERVICES INC

Solicitation Number: CRFQ 0603 ADJ2200000002

**Total Bid:** 386973 **Response Date:** 2021-08-05 **Response Time:** 13:03:14

Comments:

FOR INFORMATION CONTACT THE BUYER

David H Pauline 304-558-0067 david.h.pauline@wv.gov

Vendor Signature X

FEIN# DATE

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

 Date Printed:
 Aug 5, 2021
 Page: 1
 FORM ID: WV-PRC-SR-001 2020/05

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	<b>Ln Total Or Contract Amount</b>
1	Summersville HVAC Replacement				386973.00
	(Construction)				

Comm Code	Manufacturer	Specification	Model #	
72000000				

### **Commodity Line Comments:**

### **Extended Description:**

Provide labor, materials, tools, supplies and equipment to replace HVAC equipment at the Summersville Armory per the attached documentation.

Date Printed: Aug 5, 2021 Page: 2 FORM ID: WV-PRC-SR-001 2020/05

### **BID BOND**

	KNOW	ALL MEN BY	THESE PRESE	ENTS, That	we, the und	dersigned,	Nitro Co	onstructio	on Servi	ices, Inc.	
of		Nitro		1	wv	, as	Principal	and Phila	delphia li	ndemnity Insurance	Company
of	Bala	a Cynwyd		PA	, a co	rporation	organized	and exist	ting unde	er the laws of the	State of
PA		_with its princ	ipal office in the	e City of	Bala Cy	nwyd	, as S	ırety, are	held and	d firmly bound un	to the State
of West	t Virginia,	, as Obligee, in	the penal sum	of Five Per	cent of Am	ount Bid		(\$	5%	) for the payme	nt of which,
well and	d truly to	be made, we jo	ointly and sever	ally bind ou	selves, ou	r heirs, ad	Iministrato	ors, execu	tors, suc	cessors and assig	ıns.
							•			e Purchasing Se	
				proposal, att	ached here	eto and ma	ade a part	hereof, to	enter in	to a contract in w	riting for
Summ	ersville	HVAC Repla	cement			_					
	NOW T	HEREFORE,									
	(a)	If said bid sha	all be rejected,	or							
ottoobo	(b)	If said bid st	nall be accepte	ed and the	Principal s	hali enter	into a co	ntract in	accorda	nce with the bld	or proposal
attached the agre	a nereto eement c	and snall turns reated by the a	sn any otner ot ecceptance of s	onds and ins aid bid. ther	urance rec this oblica	luired by t ation shall	ne bid or i be null ar	proposal, nd void. ol	and shal therwise	l in all other respe this obligation sha	cts perform
full force	e and eff	ect. It is expre	essly understoo	d and agree	ed that the	liability of	f the Sure	ty for any	and all	claims hereunder	shall, in no
event, e	exceea un	e penal amoun	it of this obligat	ion as herei	n stated.						
way imp waive no	paired or	rety, for the val affected by ar any such extens	ny extension o	ereby stipular f the time w	ites and ac ithin which	grees that the Obliq	the obliga gee may a	ations of s accept su	aid Sure ch bid, a	ty and its bond sh and said Surety d	nall be in no oes hereby
	WITNES	SS. the followin	no sionatures a	nd seals of l	Principal a	nd Surety.	executed	l and seal	ed by a r	proper officer of P	rincinal and
Suretv.		ncipal individua								2021	ililoipai ailu
	<b>,</b>		,				y 0				
Principa	l Seal						Nitro C	onstruct	ion Ser	vices, Inc.	
								7	(Name	of Principal)	
							By	Kend		Dine	
							/			nt, Vice President	, or
									ouly Auth	ørized Agent)	
							-	TR	SZPA	WT/ C00	
									(1	l'itle)	
Surety S	Seal						Philade	elph <mark>/</mark> a Ind	demnity	Insurance Con	npany
ouroty o	Jour							/		of Surety)	ipany
								11		(X)	1
							By:	and	u/	111h	rle)
							-	Miles, Licens	ed WV Besi	lent Agent Attorney	-in-Fact
									/)	, monto	

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 <u>Douglas P. Taylor, Andrew K. Teeter, Kimberly L. Miles, and Tammy S. Selbe of USI Insurance Services, LLC</u> 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 \$50,000,000.00.00.

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 scal 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)

Kommos

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 PERNEYL VANIA

NOTATION SEAL

MOTION KINDS POLICY PLACE

LOVER METION FOR MOTION PROCESS

WY COMMISSION EXCITES SEPI 25, 1221

CONTENTS OF THE PERSON OF MATCHES

Notary Public:

Moreyan Knopp

(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 \_\_\_\_\_\_ 5th\_ day of \_\_\_\_\_ August \_\_\_\_\_\_ , 20\_\_21\_\_\_\_ .

1927

Edward Sayago, Corporate Secretary

PHILADELPHIA INDEMNITY INSURANCE COMPANY

### ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ ADJ2100000002

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.

(Chec	k th	e bo	ox next to each addendum	receive	d)	
	[/	ر	Addendum No. 1	[	1	Addendum No. 6
	[2	2]	Addendum No. 2	[	3	Addendum No. 7
	[	]	Addendum No. 3	ſ	3	Addendum No. 8
	[	1	Addendum No. 4	1	]	Addendum No. 9
	[	]	Addendum No. 5	[	]	Addendum No. 10

Addendum Numbers Received:

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Nitro Construction Services, Inc.

Company

Authorized Signature

08/5/21

Date

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



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

### State of West Virginia **Centralized Request for Quote**

Proc Folder:

908929

Reason for Modification:

Doc Description: Addendum No. 2

Summersville HVAC Replacement (Construction)

Addendum No. 2 Specification Clarification

Proc Type:

Central Purchase Order

**Date Issued Solicitation Closes Solicitation No** Version 2021-08-02 2021-08-05 13:30 CRFQ 0603 ADJ2200000002 3

#### **BID RECEIVING LOCATION**

**BID CLERK** 

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON WV 25305

US

#### VENDOR

**Vendor Customer Code:** 

Vendor Name: Nitro Construction Services, Inc.

Address: 4300 First Avenue

Street:

City: Nitro

State: WV

Country:

Zip: 25143

**Principal Contact:** 

Vendor Contact Phone: 304-204-1533

Extension:

### FOR INFORMATION CONTACT THE BUYER

David H Pauline 304-558-0067

david.h.pauline@wv.gov

Vendor Signature X

FEIN# 20-8844160

**DATE** 08/05/21

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

Date Printed: Aug 2, 2021

Page: 1

FORM ID: WV-PRC-CRFQ-002 2020/05

### ADDITIONAL INFORMATION

Addendum No. 2

To provide clarification to Specifications Revise - Exhibit C, see attached documents

Bid opening remains August 5, 2021 at 1:30 pm

No other changes.

INVOICE TO		SHIP TO
ADJUTANT GENERALS OFFICE 1707 COONSKIN DR	3	SUMMERSVILLE NATIONAL GUARD ARMORY 3 ARMORY WAY
CHARLESTON US	WV	SUMMERSVILLE WV

Line	Comm Ln Desc	Qty	Unit Issue	<b>Unit Price</b>	Total Price
1	Summersville HVAC Replacement (Construction)				\$386,973.00

Comm Code	Manufacturer	Specification	Model #	
72000000				

### **Extended Description:**

Provide labor, materials, tools, supplies and equipment to replace HVAC equipment at the Summersville Armory per the attached documentation.

### SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<b>Event Date</b>
1	Mandatory Pre-Bid at 10:30 am	2021-07-21
2	Technical Questions due at 10:00 am	2021-07-29

	Document Phase	Document Description	Page 3
ADJ2200000002		Addendum No. 2  Summersville HVAC Replacement ( Construction)	

### ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

### Exhibit A – CRFQ ADJ22\*02 Pricing Page

ALL LABOR, MATERIALS, EQUIPMENT, AND SUPPLIES NECESSARY TO PROVIDE FOR THE REPLACEMENT OF 4 HVAC ROOFTOP UNITS INCLUDING ALL ELECTRICAL & PLUMBING WORK:

### SUMMERSVILLE NATIONAL GUARD ARMORY 3 ARMORY WAY, SUMMERSVILLE, WV 26651

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

VENDOR CON	MPANY NAME: Nitro Construction Services, Inc.
VENDOR ADD	4000 4 4 4
	Nitro, WV 25143
TELEPHONE:	304-204-1500
FAX NUMBER	304-204-1350
E-MAIL ADDRI	ESS:cmclaughlin@nitrocs.com
INCLUI	CT TOTAL BID AMOUNT: COST: REPLACEMENT OF 4 HVAC ROOFTOP UNITS DING ALL ELECTRICAL AND PLUMBING WORK: at Summersville Armory facility, Summersville, WV.  Undred eighty - Six thousand, nine hundred Seventy - three  (Contract bid to be written in words and numbers.)
Failure to use t	his bid form may result in bid disqualification.
SIGNATURE:	DATE: 8/5/2/
NAME:	Randy Barnett (Please Print)
TITLE:	Project Manager

### 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:

835 SOMERSET DRIVE CHARLESTON, WV 25302 My Commission Expires Feb. 18, 2028

Vendor's Name: Nitro Construction Services, Inc.	
	ate: 8/5/2/
State of VV	
County of Putnam, to-wit:	
Taken, subscribed, and sworn to before me this day of August	, 2021.
My Commission expires Feb 18, 2026, 20	1 , 1
AFFIX SEAL HERE  OFFICIAL SEAL NOTARY PUBLIC  NOTARY PUBLIC	angless
STATE OF WEST VIRGINIA ROBIN LEA LAYTON	Purchasing Affidavit (Revised 01/19/2018)



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

I, Carey Marra, after being first duly sworn, depose and state as follows:	ws:
1. I am an employee of Nitro Construction Services, Inc.; and,	
(Company Name)	
2. I do hereby attest that Nitro Construction Services, Inc.	
(Company Name)	
maintains a written plan for a drug-free workplace policy and that such plan an policy are in compliance with <b>West Virginia Code</b> §21-1D.	d
The above statements are sworn to under the penalty of perjury.	
Printed Name: Carey Marra	
Signature: Carry Mana	
Title: Corporate Safety Director	
Company Name: Nitro Construction Services, I	nc.
Date: 08/05/21	
STATE OF WEST VIRGINIA,	
COUNTY OF POYMAN, TO-WIT:	
Taken, subscribed and sworn to before me this $\frac{5^{++}}{6}$ day of $\frac{4uqust}{4}$ , $\frac{202}{6}$	
By Commission expires Feb. 18,2026	
(Seal)  (Notary Public)	
OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRGINIA  ROBIN LEA LAYTON  835 SOMERSET DRIVE CHARLESTON, WV 25302 My Commission Expires Feb. 18, 2028	7, 2017

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Name, Title)	
Randy Barnett, Project Manager	
(Printed Name and Title) 4300 First Avenue Nitro, WV 25143	
(Address) 304-204-1500 / 304-204-1350	
(Phone Number) / (Fax Number)	
rbarnett@nitrocs.com	
(email address)	

Randy Barnett . Project Manager

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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

Nitro Construction Services, Inc.
(Company)
(Authorized Signature) (Representative Name, Title)
Randy Barnett / Project Manager
(Printed Name and Title of Authorized Representative)
8/5/21
(Date)
304-204-1500 / 304-204-1350
(Phone Number) (Fax Number)

Nitro Construction Construct

### Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Nitro Construction Services, Inc.									
Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project.									
Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.								
	311								
	_								

Attach additional pages if necessary

### REQUEST FOR QUOTATION – CRFQ ADJ22\*02 Summersville Armory HVAC Replacement Construction

### 12. MISCELLANEOUS:

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

Contract Manager: Chad McLaughlin

Telephone Number: 304-204-1500

Fax Number: 304-204-1350

Email Address: cmclaughlin@nitrocs.com

a. Liquidated Damages: Contractor shall pay liquidated damages in the amount of \$1,500.00 per day of delay, plus a one-time fixed cost of \$1,250.00 for Staff Judge Advocate review for work not completed after contract completion date. This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy.



## WEST VIRGINIA CONTRACTOR LICENSING BOARD

## **CONTRACTOR LICENSE**

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV042601

### Classification:

ELECTRICAL
GENERAL BUILDING
HEATING, VENTILATING & COOLING
PIPING
LOW VOLTAGE SYSTEMS
SPRINKLER AND FIRE PROTECTION

NITRO CONSTRUCTION SERVICES INC DBA NITRO MECHANICAL SERVICES 4300 1ST AVE #2 NITRO, WV 25143-1001

**Date Issued** 

**Expiration Date** 

JUNE 13, 2021

JUNE 13 2022

Authorized Company Signature

Chair, West Virginia Contractor Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work is being performed. This license number must appear in all advertisements, on all bid submissions and on all fully executed and binding contracts. This license cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

	ODUCER				CONTACT Willis Towers Watson Certificate Center					
Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd					PHONE (A/C, No. Ext): 1-877-945-7378 (A/C, No): 1-8				1-88	8-467-2378
	O. Box 305191				E-MAIL ADDRE	ss: certifi	cates@will:	Ls.com		
Nas	shville, TN 372305191 USA							RDING COVERAGE		NAIC#
					INSURER A: Arch Insurance Company				11150	
INSURED Nitro Construction Services, Inc 4300 1st Avenue					INSURERB: XL Specialty Insurance Company				37885	
					INSURER C:					
Nit	tro, WV 25143				INSURER D : INSURER E :					
						INSURER F;				
				NUMBER: W19429002				REVISION NUMBER:		
II C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH FOR THE PROPERTY OF T	QUIR PERT POLIC	REMEN AIN, CIES.	NT, TERM OR CONDITION ( THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE I	OF AN'	CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSF		INSD	SUBR WVD	POLICY NUMBER	_	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000
A								MED EXP (Any one person)	\$	5,000
				ZAGLB9222204		01/01/2021	01/01/2022	PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	4,000,000
	OTHER:	_						COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	5,000,000
A	X ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person)	\$			
	AUTOS ONLY  HIRED AUTOS ONLY  AUTOS ONLY  X  AUTOS NON-OWNED AUTOS ONLY			ZACAT9243304		01/01/2021	01/01/2022	BODILY INJURY (Per accident) PROPERTY DAMAGE	_	
								(Per accident)	\$	
		_	-						\$	
В	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE			US00077260LI21A		01/01/2021	01/01/2022	AGGREGATE	\$	10,000,000
_	DED X RETENTION \$ 10,000 WORKERS COMPENSATION	_						I DED   OTU	\$	
	AND EMPLOYERS' LIABILITY Y/N						01/01/2022	X PER STATUTE OTH-		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE NO NO	N/A	ZAWCI9402604	01/01/2021	E.L. EACH ACCIDENT	\$		1,000,000		
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
_								E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (A	CORD	101, Additional Remarks Schedule	, may be	attached if more	space is require	ed)		
CE	RTIFICATE HOLDER				CANCELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
			l-	AUTHORIZED REPRESENTATIVE						

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Evidence of Insurance