



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.

Header 2

List View

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 925233

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0803

Vendor ID: 000000159743

SO Doc ID: DOT2200000065

Legal Name: TOM BROWN INC

Published Date: 10/26/21

Alias/DBA:

Close Date: 11/4/21

Total Bid: \$0.00

Close Time: 13:30

Response Date: 11/04/2021

Status: Closed

Response Time: 10:45

Solicitation Description: BRIDGE EXPANSION JOINT REPAIR SYSTEM EMSEAL

Responded By User ID: tombrown

Total of Header Attachments: 2

Total of All Attachments: 2

First Name: Rett

Last Name: Watters

Email: rwatters@tombrowninc.c

Phone: 724-743-2121



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: 925233
Solicitation Description: BRIDGE EXPANSION JOINT REPAIR SYSTEM EMSEAL 6622C008
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2021-11-04 13:30	SR 0803 ESR11042100000002799	1

VENDOR
 000000159743
 TOM BROWN INC

Solicitation Number: CRFQ 0803 DOT2200000065
Total Bid: 0
Response Date: 2021-11-04
Response Time: 10:45:48
Comments:

FOR INFORMATION CONTACT THE BUYER

John W Estep
 304-558-2566
 john.w.estep@wv.gov

Vendor Signature X **FEIN#** **DATE**

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	BRIDGE EXPANSION JOINT REPAIR PRODUCT SYSTEMS	0.00000	EA	52658.800000	0.00

Comm Code	Manufacturer	Specification	Model #
30111902			

Commodity Line Comments: Bid is for Emseal BEJS system materials

Extended Description:

BRIDGE EXPANSION JOINT REPAIR PRODUCT SYSTEMS, Pricing Pages, Exhibit A

ATTACHMENT A (ATT A) Bridge Expansion Joint Repair Systems - EMSEAL BEJS SYSTEM or Equal

Vendor shall provide its pricing in the "Unit Cost" for each Unit of Measure for all System components. Unit Cost shall include materials & delivery FOB destination. For each component line Item, the Vendor shall multiply Unit Cost by Estimated Quantity (Est.QTY) and give the Extended Cost per each Item.

Enter your company Name below:

Tom Brown Inc.

Item #	EMSEAL BEJS Joint System Items	Proposed Equal's Manufacturer's Name/Brand	Proposed Equal's Manufacturer's Part Number/Model/Product Type	UOM	Unit Cost	Est. QTY	Extended Cost
	KIT shall be provided per the contract Specifications and ROLL shall equal 12LF reel.PCE shall equal 6.56 FT stick		If no Manufacturer Name/Brand/Part #/ Model/ Product Type is provided, WVDOH will expect Vendor's bid is requested brand.				
1-01	EMSEAL Emcrete Polyurethane Nosing or equal			KIT	149.00	8	1,192.00
1-02	EMSEAL BEJS Joint System or equal 1/2"			Roll	138.41	5	692.05
1-03	EMSEAL BEJS Joint System or equal 3/4"			Roll	154.39	5	771.95
1-04	EMSEAL BEJS Joint System or equal 1"			Roll	165.93	5	829.65
1-05	EMSEAL BEJS Joint System or equal 1-1/4"			Roll	179.25	5	896.25
1-06	EMSEAL BEJS Joint System or equal 1-1/2"			PCE	146.30	5	731.50
1-07	EMSEAL BEJS Joint System or equal 1-3/4"			PCE	159.60	5	798.00
1-08	EMSEAL BEJS Joint System or equal 2"			PCE	171.10	5	855.50
1-09	EMSEAL BEJS Joint System or equal 2-1/4"			PCE	188.98	5	944.90
1-10	EMSEAL BEJS Joint System or equal 2-1/2"			PCE	210.34	5	1,051.70
1-11	EMSEAL BEJS Joint System or equal 2-3/4"			PCE	234.61	5	1,173.05
1-12	EMSEAL BEJS Joint System or equal 3"			PCE	243.47	5	1,217.35
1-13	EMSEAL BEJS Joint System or equal 3-1/4"			PCE	271.70	5	1,358.50
1-14	EMSEAL BEJS Joint System or equal 3-1/2"			PCE	304.06	5	1,520.30
1-15	EMSEAL BEJS Joint System or equal 3-3/4"			PCE	310.78	5	1,553.90
1-16	EMSEAL BEJS Joint System or equal 4"			PCE	320.10	5	1,600.50
1-17	Universal-90 Termination 1/2"			EA	36.50	10	365.00
1-18	Universal-90 Termination 3/4"			EA	39.62	10	396.20
1-19	Universal-90 Termination 1"			EA	40.68	10	406.80
1-20	Universal-90 Termination 1-1/4"			EA	48.58	10	485.80
1-21	Universal-90 Termination 1-1/2"			EA	61.90	10	619.00
1-22	Universal-90 Termination 1-3/4"			EA	65.98	10	659.80
1-23	Universal-90 Termination 2"			EA	70.13	10	701.30
1-24	Universal-90 Termination 2-1/4"			EA	77.78	10	777.80
1-25	Universal-90 Termination 2-1/2"			EA	81.58	10	815.80
1-26	Universal-90 Termination 2-3/4"			EA	96.88	10	968.80
1-27	Universal-90 Termination 3"			EA	98.78	10	987.80
1-28	Universal-90 Termination 3-1/4"			EA	100.72	10	1,007.20
1-29	Universal-90 Termination 3-1/2"			EA	108.00	10	1,080.00
1-30	Universal-90 Termination 3-3/4"			EA	115.60	10	1,156.00
1-31	Universal-90 Termination 4"			EA	139.66	10	1,396.60
1-32	Universal-90 Transition 1/2"			EA	36.50	10	365.00
1-33	Universal-90 Transition 3/4"			EA	39.62	10	396.20
1-34	Universal-90 Transition 1"			EA	40.68	10	406.80
1-35	Universal-90 Transition 1-1/4"			EA	48.58	10	485.80
1-36	Universal-90 Transition 1-1/2"			EA	61.90	10	619.00
1-37	Universal-90 Transition 1-3/4"			EA	65.98	10	659.80
1-38	Universal-90 Transition 2"			EA	70.13	10	701.30
1-39	Universal-90 Transition 2-1/4"			EA	77.78	10	777.80
1-40	Universal-90 Transition 2-1/2"			EA	81.58	10	815.80
1-41	Universal-90 Transition 2-3/4"			EA	96.88	10	968.80
1-42	Universal-90 Transition 3"			EA	98.78	10	987.80
1-43	Universal-90 Transition 3-1/4"			EA	100.72	10	1,007.20
1-44	Universal-90 Transition 3-1/2"			EA	108.00	10	1,080.00
1-45	Universal-90 Transition 3-3/4"			EA	115.60	10	1,156.00
1-46	Universal-90 Transition 4"			EA	139.66	10	1,396.60
1-47	Kickout Termination 1/2"			EA	36.50	10	365.00
1-48	Kickout Termination 3/4"			EA	39.62	10	396.20
1-49	Kickout Termination 1"			EA	40.68	10	406.80
1-50	Kickout Termination 1-1/4"			EA	48.58	10	485.80
1-51	Kickout Termination 1-1/2"			EA	61.90	10	619.00
1-52	Kickout Termination 1-3/4"			EA	65.98	10	659.80
1-53	Kickout Termination 2"			EA	70.13	10	701.30
1-54	Kickout Termination 2-1/4"			EA	77.78	10	777.80
1-55	Kickout Termination 2-1/2"			EA	81.58	10	815.80
1-56	Kickout Termination 2-3/4"			EA	96.88	10	968.80
1-57	Kickout Termination 3"			EA	98.78	10	987.80
1-58	Kickout Termination 3-1/4"			EA	100.72	10	1,007.20
1-59	Kickout Termination 3-1/2"			EA	108.00	10	1,080.00
1-60	Kickout Termination 3-3/4"			EA	115.60	10	1,156.00
1-61	Kickout Termination 4"			EA	139.66	10	1,396.60
Total							52,658.80

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.

Rett Watters Contract Manager
(Name, Title)
Rett Watters Contract Manager
(Printed Name and Title)
224 Georgetown Rd Lawrence, PA 15055
(Address)
(304)374-5660 (412)742-4666
(Phone Number) / (Fax Number)
rwatters@tombrowninc.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.

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.

Tom Brown Inc.
(Company)

Rett Watters Contract Manager
(Authorized Signature) (Representative Name, Title)

Rett Watters Contract Manager
(Printed Name and Title of Authorized Representative)

11/4/2021
(Date)

(304)374-5660 (412)742-4666
(Phone Number) (Fax Number)

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 exceeds five percent of the total contract amount.

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

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Tom Brown Inc.

Authorized Signature: *[Signature]* Date: 11/4/2021

State of WV

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 4th day of November, 2021.

My Commission expires 03/31/2023, 20 .



NOTARY PUBLIC *[Signature]*

West Virginia Ethics Commission



Disclosure of Interested Parties to Contracts

Pursuant to *W. Va. Code* § 6D-1-2, a state agency may not enter into a contract, or a series of related contracts, that has/have an actual or estimated value of \$1 million or more until the business entity submits to the contracting state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

"Business entity" means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation, but does not include publicly traded companies listed on a national or international stock exchange.

"Interested party" or *"Interested parties"* means:

- (1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
- (2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
- (3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

"State agency" means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of *W. Va. Code* § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the contracting state agency prior to contract award and to complete another form within 30 days of contract completion or termination.

This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: ethics@wv.gov; website: www.ethics.wv.gov.

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Tom Brown Inc. Address: 224 Georgetown Road
Lawrence, PA 15055

Name of Authorized Agent: Rett Watters Address: 1262B Greenbrier St. Charleston, WV 25311

Contract Number: CRFQ-0803-DOT2200000065-1 Contract Description: Bridge Expansion Joint Repair System Emseal

Governmental agency awarding contract: West Virginia Department of Highways

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

1. Subcontractors or other entities performing work or service under the Contract

Check here if none, otherwise list entity/individual names below.

2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)

Check here if none, otherwise list entity/individual names below.

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherwise list entity/individual names below.

Signature: 

Date Signed: 11/04/2021

Notary Verification

State of West Virginia, County of Kanawha:

I, Rett Watters, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 4th day of November, 2021.


Notary Public's Signature

To be completed by State Agency:

Date Received by State Agency: _____

Date submitted to Ethics Commission: _____

Governmental agency submitting Disclosure: _____





TOMBROW-03

ERBROWN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/28/2021

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Henderson Brothers Inc 920 Ft. Duquesne Blvd. Pittsburgh, PA 15222	CONTACT NAME: PHONE (A/C, No, Ext): (412) 261-1842	FAX (A/C, No): (412) 261-4149
	E-MAIL ADDRESS: mailroom@hendersonbrothers.com	
INSURED Tom Brown, Incorporated dba Garvin Brown Construction Products 224 Georgetown Road Box 460 Lawrence, PA 15055	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Cincinnati Insurance Company Payable	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
		NAIC # 10677

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		EPP 014 76 08	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 EMPLOYEE BENEFIT \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		EBA 014 76 08	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		EPP 014 76 08	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N / A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER State of WV 1900 Kanawha Blvd E, Bldg 5 Charleston, WV 25305	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.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/28/2021

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Henderson Brothers Inc, 920 Ft. Duquesne Blvd., Pittsburgh, PA 15222
CONTACT NAME:
PHONE (A/C, No, Ext): (412) 261-1842
FAX (A/C, No): (412) 261-4149
E-MAIL ADDRESS: mailroom@hendersonbrothers.com
INSURER(S) AFFORDING COVERAGE:
INSURER A: Cincinnati Insurance Company Payable NAIC # 10677
INSURED: Tom Brown, Incorporated, Kristie Coppola, 224 Georgetown Road Box 460, Lawrence, PA 15055

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)
If yes, describe under DESCRIPTION OF OPERATIONS below

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

CERTIFICATE HOLDER CANCELLATION

CERTIFICATE HOLDER: West Virginia Department of Administration, Purchasing Division, Bldg 15, 2019 Washington Street East, Charleston, WV 25305
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. AUTHORIZED REPRESENTATIVE: [Signature]