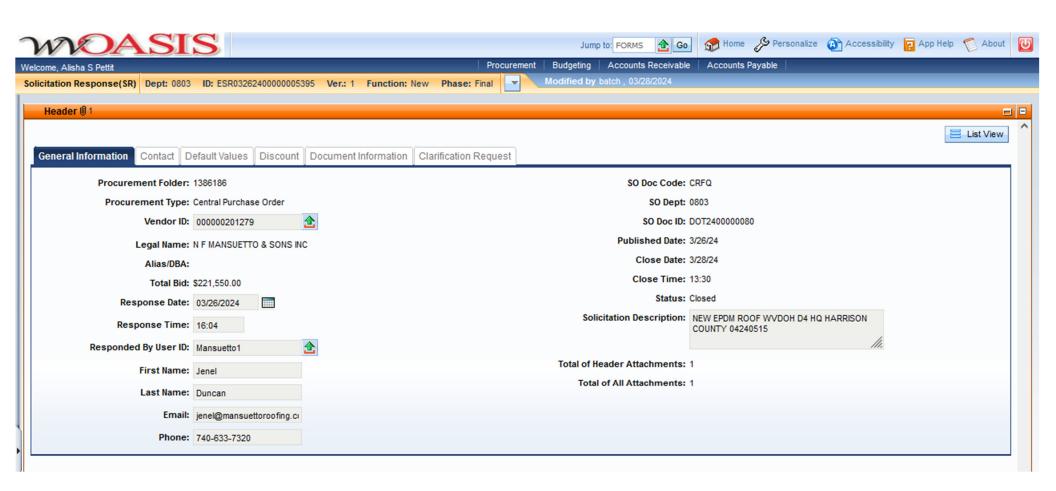
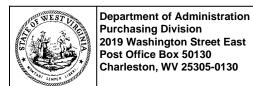


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

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: 1386186

Solicitation Description: NEW EPDM ROOF WVDOH D4 HQ HARRISON COUNTY 04240515

Proc Type: Central Purchase Order

 Solicitation Closes
 Solicitation Response
 Version

 2024-03-28 13:30
 SR 0803 ESR03262400000005395
 1

VENDOR

000000201279

N F MANSUETTO & SONS INC

Solicitation Number: CRFQ 0803 DOT2400000080

Total Bid: 221550 **Response Date:** 2024-03-26 **Response Time:** 16:04:41

Comments:

FOR INFORMATION CONTACT THE BUYER

Kristine E James 304-414-7104 kristy.e.james@wv.gov

Vendor Signature X

nature X FEIN# DATE

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

 Date Printed:
 Mar 28, 2024
 Page: 1
 FORM ID: WV-PRC-SR-001 2020/05

Line	ne Comm Ln Desc		Unit Issue	Unit Price	Ln Total Or Contract Amount
1	ROOFING SERVICE		LS	221550.000000	221550.00

Comm Code	Manufacturer	Specification	Model #	
72152601				

Commodity Line Comments:

Extended Description:

NEW EPDM ROOF CONSTRUCTION

 Date Printed:
 Mar 28, 2024
 Page: 2
 FORM ID: WV-PRC-SR-001 2020/05

REQUEST FOR QUOTATION Roof Removal and Replacement

EXHIBIT A - Pricing Page

EPDM Roof Removal/Replacement at:
WVDOH- District 4 HQ
2460 Murphys Run Rd
Bridgeport, WV 26330

VENDOR COMPANY NAME:
VENDOR ADDRESS:
TELEPHONE:
FAX:
EMAIL ADDRESS:
CONTRACT TOTAL BID AMOUNT
For the lump sum of: \$ 221,550.00
(show amount in numbers)
Two hundred twenty one thousand five hundred fifty
(show amount in words)
(In the event of a difference between the written amount and the number amount, the written amount shall govern). SIGNATURE: March 28, 2024
NAME: Matthew Mansuetto (Please Print)
ritle: President

BID BOND

	KNOW ALL MEN BY THESE PRES	ENTS, That we, the under	rsigned, N.F. Mansuetto & Sons, Inc.
of	Martins Ferry	OH	, as Principal, and Fidelity and Deposit Company of Maryland
of	Schaumburg ,	, a corp	poration organized and existing under the laws of the State of
<u>IL</u>	with its principal office in t	he City of Schaumb	ourg, as Surety, are held and firmly bound unto the State
of West	Virginia, as Obligee, in the penal sur	n of Five Percent of Am	nount Bid (\$ 5%) for the payment of which,
well and	I truly to be made, we jointly and seve	erally bind ourselves, our h	heirs, administrators, executors, successors and assigns.
	The Condition of the above obliga	ition is such that whereas	s the Principal has submitted to the Purchasing Section of the
Departn	nent of Administration a certain bid or	r proposal, attached hereto	o and made a part hereof, to enter into a contract in writing for
WVDC	H D4 Headquarters Roof Replace	cement	* "
	NOW THEREFORE,		
		i	
	(a) If said bid shall be rejected(b) If said bid shall be accep		all enter into a contract in accordance with the bid or proposal
	d hereto and shall furnish any other t	bonds and insurance requi	ired by the bid or proposal, and shall in all other respects perform
			ion shall be null and void, otherwise this obligation shall remain in ability of the Surety for any and all claims hereunder shall, in no
	xceed the penal amount of this obliga		ability of the outerly for any and an ordina herealider ordin, in he
way imr			ees that the obligations of said Surety and its bond shall be in no the Obligee may accept such bid, and said Surety does hereby
	otice of any such extension.	or the time within which t	the obliged may accept such bid, and said said said accept door horoby
		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	d Surety, executed and sealed by a proper officer of Principal and
Surety,	or by Principal Individually if Principal	is an individual, this 28	<u>Bth</u> day of <u>March</u> , <u>2024</u> .
1	1 h		
Principa	l Seal		N.F. Mansuetto & Sons, Inc. (Name of Principal)
1	1.3		(Nat)(e) (Principal)
	3		By WWW JVWW
37	1000		(Must be President, Vice President, or Puly Authorized Agent)
1,3	1		Dipe don't
			(Title)
	WHAMINING ST.	SEAL TABOO OF THE	(Tide)
Surety S		STOOP RPOR	Fidelity and Deposit Company of Maryland
Surety		SEAL	(Name of Surety)
3	43 9 3 3 3	AND	40 10
- 3,	A. 14 7003	Minois willing	By: Wy Ch
563		"minimum"	Nicholas A. Sparagnane Attorney-in-Fact
	The state of the s		Authoralia del

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.

Bond Number:

Bid Bond

Obligee: State of West Virginia

ZURICH AMERICAN INSURANCE COMPANY COLONIAL AMERICAN CASUALTY AND SURETY COMPANY FIDELITY AND DEPOSIT COMPANY OF MARYLAND POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint

Nicholas A. Sparachane

, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 10th day of October, A.D. 2023.



ATTEST: ZURICH AMERICAN INSURANCE COMPANY COLONIAL AMERICAN CASUALTY AND SURETY COMPANY FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray Vice President

Jawn & Brown

By: Dawn E. Brown Secretary

State of Maryland County of Baltimore

On this 10th day of October, A.D. 2023, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Genevieve M. Maison

GENEVIEVE M. MAISON NOTARY PUBLIC BALTIMORE COUNTY, MD My Commission Expires JANUARY 27, 2025 OTAS ON THE PROPERTY OF THE PR

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, <u>Attorneys-in-Fact</u>. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attomey and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 28th day of March , 2024 ,







By: Mary Jean Pethick Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims 1299 Zurich Way Schaumburg, IL 60196-1056 reportsfclaims@zurichna.com 800-626-4577 A321X
A321X
A321X

Authenticity of this bond can be confirmed at bondyalidator.zurichna.com or 410-559-8790

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ DOT2400000080

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

[X]	Addendum No. 1]	Addendum No. 6
$[\hspace{-0.05cm} \searrow \hspace{-0.05cm}]$	Addendum No. 2	I]	Addendum No. 7
[]	Addendum No. 3]]	Addendum No. 8
[]	Addendum No. 4	1]	Addendum No. 9
[]	Addendum No. 5	[]	Addendum No. 10

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.

N.F. Mansuetto & Sons, Inc.

Company

Authorized Signature

March 28, 2024

Date

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

Subcontractor List Submission (Construction Contracts Only)

N.F. Mansuetto & Sons, Inc.

Check this box if no subcontractors will perforance.	rm more than \$25,000.00 of work to complete the				
Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.				
	*				

Attach additional pages if necessary

Bidder's Name:

CONTRACTOR LICENSE



CJOA FICENSING ORACO NUMBER:

WEST VIRGINIA

WV005321

CLASSIFICATION:

SPECIALTY ROOFING SHEET METAL CRANE

> N F MANSUETTO & SONS INC DBA N F MANSUETTO & SONS INC 116 WOOD STREET MARTINS FERRY, OH 43935

DATE ISSUED

EXPIRATION DATE

SEPTEMBER 19, 2023

SEPTEMBER 19, 2024

Authorized Signature

Chair, West Virginia Contractor

Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting 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 is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.



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

OHIO COUNTY OF Belmont , TO-WIT: , Matthew Mansuetto , after being first duly sworn, depose and state as follows: I am an employee of N.F. Mansuetto & Sons, Inc. ; and, 1. (Company Name) I do hereby attest that N.F. Mansuetto & Sons, Inc. 2. (Company Name) maintains a valid written drug free workplace policy and that such policy is in compliance with West Virginia Code §21-1D. The above statements are sworn to under the benalty of perjury. By: Matthew Mansuetto, President Company Name: N.F. Mansuetto & Sons, Inc. Date: March 28, 2024 Taken, subscribed and sworn to before me this 28 day of March By Commission expires 24 September, 2027

JENEL A DUNCAN
NOTARY PUBLIC - OHIO
MY COMMISSION EXPIRES
09-24-27

(Notary Public)

THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.

Client#: 1114413

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/13/2023

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

PRODUCER	CONTACT Kim Schuster					
USI Insurance Services, LLC	PHONE (A/C, No, Ext): 304.238.5558 FAX (A/C, No):					
2 22nd Street, Suite 200	E-MAIL ADDRESS: Kim.Schuster@usi.com					
Wheeling, WV 26003	INSURER(S) AFFORDING COVERAGE	NAIC#				
304 232-0600	INSURER A: National Fire Insurance Co. of Hartford					
INSURED	INSURER B : Continental Insurance Company					
N. F. Mansuetto & Sons, Inc.	INSURER C : Columbia Casualty Company	31127				
116 Wood Street	INSURER D : Valley Forge Insurance Company	20508				
Martins Ferry, OH 43935	INSURER E:					
	INSURER F:					

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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER X COMMERCIAL GENERAL LIABILITY A 2068376816 05/01/2023 05/01/2024 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) X OCCUR CLAIMS-MADE \$500,000 PD Ded:1.000 \$15,000 MED EXP (Any one person)

\$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000 GENERAL AGGREGATE POLICY X PRO-X LOC \$2,000,000 PRODUCTS - COMP/OP AGG OTHER: 05/01/2023 05/01/2024 COMBINED SINGLE LIMIT \$1,000,000 AUTOMOBILE LIABILITY BUA2068376721 D BODILY INJURY (Per person) X ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY X \$ B X **UMBRELLA LIAB** X 2068376766 05/01/2023 05/01/2024 EACH OCCURRENCE \$5,000,000 OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$5,000,000 DED X RETENTION \$10000 WORKERS COMPENSATION 07/31/2023 05/01/2024 X PER STATUTE OTH-7039851527 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$1,000,000 E.L. EACH ACCIDENT NIA 2068376816 05/01/2023 05/01/2024 E.L. DISEASE - EA EMPLOYEE \$1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 OH Stop Gap C 05/01/2023 05/01/2024 \$1,000,000/\$1,000,000 Contractor E&O C6018502527 05/01/2023 05/01/2024 \$300.000/\$1.000.000 Rented Eg/Install 2068376816 08/16/2023 08/16/2024 \$1,000,000/\$2,000,000 C **Pollution Liab** CSB6020230045

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

Evidence of Insurance

CERTIFICATE HOLDER	CANCELLATION
N F Mansuetto & Sons Inc. 116 Wood Street Martins Ferry, OH 43935	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
	James P. Crouse

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Client#: 1114413 NF

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/13/2023

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

	DUCER			NAME: Kim Sch					
USI Insurance Services, LLC				PHONE (A/C, No, Ext): 304.238.5558 FAX (A/C, No):					
2 22nd Street, Suite 200				E-MAIL ADDRESS: Kim.Schuster@usi.com					
Wheeling, WV 26003				INSURER(S) AFFORDING COVERAGE NAI					
304 232-0600				INSURER A : National				20478	
INSU	RED			INSURER B:					
	N. F. Mansuetto & Sons, Inc	c.							
	116 Wood Street			INSURER C :					
	Martins Ferry, OH 43935			INSURER D:					
	• /			INSURER E :					
				INSURER F:					
			E NUMBER:			REVISION NUMBE			
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH	UIREME ERTAIN,	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED	F ANY CONTRACT O D BY THE POLICIES 'E BEEN REDUCED	R OTHER DOO DESCRIBED H BY PAID CLAII	CUMENT WITH RES	SPECT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SUB NSR WVE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY	NOIX VIVE		(,==,:::,	,	EACH OCCURRENCE	\$	·	
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurre			
	OLANNO-MADE COCCIN					MED EXP (Any one pers			
						PERSONAL & ADV INJ	,		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGAT			
	PRO-				-	PRODUCTS - COMP/O			
	POLICY JECT LOC					PRODUCTS - COMP/O	s s		
	OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIF	MIT		
					-	(Ea accident) BODILY INJURY (Per pe	erson) \$		
	ANY AUTO OWNED SCHEDULED				-	BODILY INJURY (Per a	, ,		
	AUTOS ONLY AUTOS HIRED NON-OWNED				-	PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY				-	(Per accident)	\$		
	LIMPRELLALIAR								
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	<u> </u>	
	DED RETENTION \$					- DED	OTH-)	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		7039851527	07/31/2023	05/01/2024	X STATUTE	ER ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMP	PLOYEE \$	1,000,000	
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY	LIMIT \$	1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attack					ore space is requi	red)			
Evi	dence of Insurance								

CERTIFICATE HOLDER CANCELLATION

N F Mansuetto & Sons Inc. 116 Wood Street Martins Ferry, OH 43935 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

James P. Crouse

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