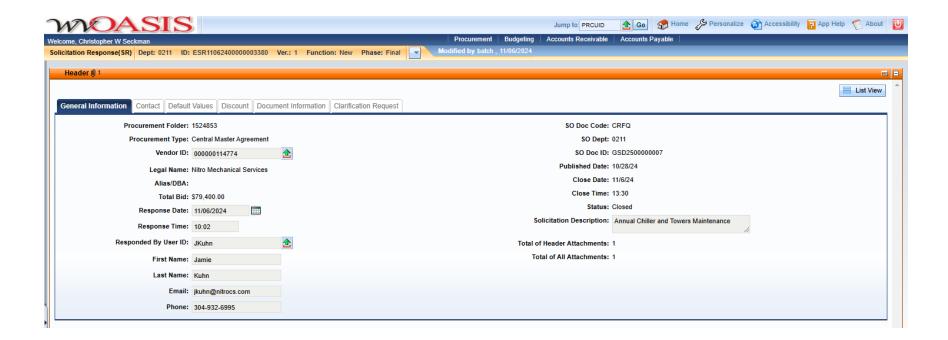


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

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: 1524853

Solicitation Description: Annual Chiller and Towers Maintenance

Proc Type: Central Master Agreement

 Solicitation Closes
 Solicitation Response
 Version

 2024-11-06 13:30
 SR 0211 ESR11062400000003380
 1

VENDOR

000000114774

Nitro Mechanical Services

Solicitation Number: CRFQ 0211 GSD2500000007

Total Bid: 79400 **Response Date:** 2024-11-06 **Response Time:** 10:02:08

Comments:

FOR INFORMATION CONTACT THE BUYER

Melissa Pettrey (304) 558-0094 melissa.k.pettrey@wv.gov

Vendor Signature X

FEIN# DATE

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

 Date Printed:
 Nov 6, 2024
 Page: 1
 FORM ID: WV-PRC-SR-001 2020/05

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Lump Sum Fee for Annual Preventive Maintenance	1.00000	LS	39900.000000	39900.00

Comm Code	Manufacturer	Specification	Model #	
73161517				

Commodity Line Comments:

Extended Description:

Lump Sum Fee for Annual Preventive Maintenance - see specifications

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Hourly Labor Rate	200.00000	HOUR	130.000000	26000.00

ufacturer Specification	Model #
	unacturer Opecinication

Commodity Line Comments:

Extended Description:

Corrective Maintenance Hourly Labor Rate - see specifications

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Total Parts Cost				13500.00

Comm Code	Manufacturer	Specification	Model #	
73161517				

Commodity Line Comments:

Extended Description:

Corrective Maintenance Total Parts Cost - see specifications

 Date Printed:
 Nov 6, 2024
 Page: 2
 FORM ID: WV-PRC-SR-001 2020/05



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 Construction

Proc Folder:

1524853

Reason for Modification:

Doc Description: Annual Chiller and Towers Maintenance

Addendum No. 2

Proc Type:

Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2024-10-28	2024-11-06 13:30	CRFQ 0211 GSD2500000007	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: 1,400 Construction Services

Street:

City: O. Loo

State:

Country: USA

Zip: 25143

Principal Contact :

Vendor Contact Phone:

Extension:

FOR INFORMATION CONTACT THE BUYER

Melissa Pettrey (304) 558-0094

melissa.k.pettrey@wv.gov

Vendor

Signature X Charle M. Soughlin

FEIN# 20 ->84411

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

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

ADDITIONAL INFORMATION

Addendum No. 2 - issued to publish the agency responses to vendor questions and move the bid opening date to 11/06/2024 @ 1:30 PM.

See attachments.

No other changes.

INVOICE TO		SHIP TO			
DEPARTMENT OF ADMINISTRATION		DEPARTMENT OF ADMINISTRATION			
DIVISION		GENERAL SERVICES DIVISION BLDG 11 - CHIL PLANT	DIVISION BLDG 11 - CHILLER		
103 MICHIGAN AVENU	IE	218 CALIFORNIA AVE			
CHARLESTON	WV	CHARLESTON	WV		
US		US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Lump Sum Fee for Annual Preventive Maintenance	1.00000	LS	3	9,900

Comm Code	Manufacturer	Specification	Model #	
73161517				

Extended Description:

Lump Sum Fee for Annual Preventive Maintenance - see specifications

INVOICE TO		SHIP TO	
DEPARTMENT OF ADMINISTRATION		DEPARTMENT OF ADMINISTRATION	
GENERAL SERVICES DIVISION		GENERAL SERVICES DIVISION BLDG 11 - CHILLER PLANT	
103 MICHIGAN AVENUE		218 CALIFORNIA AVE	
CHARLESTON	WV	CHARLESTON WV	
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Hourly Labor Rate	200.00000	HOUR	· ~ 00	N m

Comm Code	Manufacturer	Specification	Model #	-
73161517		***************************************		

Extended Description:

Corrective Maintenance Hourly Labor Rate - see specifications

INVOICE TO		SHIP TO	
DEPARTMENT OF ADMINISTRATION		DEPARTMENT OF ADMINISTRATION	
GENERAL SERVICES DIVISION		GENERAL SERVICES DIVISION BLDG 11 - CHILLER PLANT	
103 MICHIGAN AVENUE		218 CALIFORNIA AVE	
CHARLESTON	WV	CHARLESTON WV	
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Total Parts Cost			135%	17 = ==

Comm Code	Manufacturer	Specification	Model #	
73161517				

Extended Description:

Corrective Maintenance Total Parts Cost - see specifications

SCHEDULE OF EVENTS

Line	<u>Event</u>	Event Date	
1	Mandatory Pre-bid meeting @ 10:00 AM	2024-10-15	
2	Vendor question deadline @ 12: PM	2024-10-17	

SOLICITATION NUMBER: CRFQ GSD2500000007 Addendum Number: 2

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

	Modify bid opening date and time
[]	Modify specifications of product or service being sought
[1	Attachment of vendor questions and responses
[]	Attachment of pre-bid sign-in sheet
[]	Correction of error
ſΙ	Other

Description of Modification to Solicitation:

Addendum is issued to publish and distribute the following information to the Vendor community.

- 1. To publish the Vendor Technical Questions and Responses, per Attachment A.
- 2. To move bid opening date to Wednesday, November 6, 2024 @ 1:30 PM No other changes.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

- 1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
- 2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

Annual Chillers and Towers Maintenance

Vendor Technical Questions and Responses

- Q 1. 3.1.1 states that tools and equipment will be provided at no cost, does this include when a crane or similar items are required to complete work?
- A 1. 3.1.1 requires work to be performed in accordance with manufacturer's recommendations and specifications. 3.1.3 deals with the Vendor furnishing equipment, tools, etc. This details the typical equipment and tools required to perform preventive maintenance. In the instance that Vendor would need to rent equipment, this would be covered under the "parts" portion of the contract for corrective maintenance.
- **Q 2.** 3.2.2.3 states that vendor must check for excessive vibration for both chillers and towers, is this to be checked by "feel" and sound? Or are real vibration readings from vibration monitoring equipment expected?
- A 2. Vibration monitoring equipment will be required.
- Q 3. 3.2.4 For clarity, is each of the (4) chillers required to have an oil analysis ran each month for 12 months under this contract?
- A 3. Oil analysis is to be performed on a monthly basis for the 4 chillers covered for the life of the contract.
- **Q 4.** 10.2.1 states that no overtime rates may be billed for corrective maintenance. 3.3.3.1 states that there may be requests for emergency service. Will emergency service requests only be placed on weekdays during normal working hours?
- A 4. Vendors are to provide an all-inclusive hourly labor rate to cover work to be performed at any time during the life of this contract.
- Q 5. Exhibit A#8 states that eddy current testing is to be done on tubes, is this to be performed on both condenser an evaporator tubes? Also, how many chillers are to be tested during the duration of one year?
- A 5. Yes, all four in a calendar year, but will likely not be needed until the third year of the contract.

Annual Chillers and Towers Maintenance

Vendor Technical Questions and Responses

- Q 6. Are any of the chillers covered by a warranty for any work recently performed, and if so which chiller or chillers and for how long?
- **A 6.** Chiller # 2 has recently been overhauled and will be covered by warranty during the life of this contract.

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ GSD2500000007

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)	
✓ Addendum No. 2 ☐ Addend ☐ Addendum No. 3 ☐ Addend ☐ Addendum No. 4 ☐ Addend	um No. 6 um No. 7 um No. 8 um No. 9 um No. 10
I understand that failure to confirm the receipt of addendated and the second that any verbal representation made of discussion held between Vendor's representatives and any the information issued in writing and added to the specific binding.	or assumed to be made during any oral y state personnel is not binding. Only
Atro Construction Services Company	
Chad M Zaughlin Authorized Signature	-
11/16/24 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 Construction

Proc Folder:	1524853		Reason for Modification:	
Doc Descriptio	n: Annual Chiller and Towe	ers Maintenance	Addendum No. 1	
Proc Type:	Central Master Agreeme	nt		
Date Issued	Solicitation Closes	Solicitation No	Version	
2024-10-15	2024-10-29 13:30	CRFQ 0211 GSD2500000007	2	

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BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

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v	E	IV	u	u	ĸ

Vendor Customer Code:

Vendor Name: 1,400 Construction Services

Address: 4300 First Ave.

Street:

City: 1-400

Country: USA Zip: 25143 State:\

Principal Contact: Chad Mclauchin

Vendor Contact Phone: 304-204-1555 Extension:

FOR INFORMATION CONTACT THE BUYER

Melissa Pettrey (304) 558-0094

melissa.k.pettrey@wv.gov

Vendor Signature X Chad M Laughlin FEIN# 20-8844/60 DATE 116

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

Date Printed: Oct 15, 2024

Page: 1

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

ADDITIONAL INFORMATION

Addendum No. 1 - issued to publish pre-bid sign-in sheet from the mandatory pre-bid meeting held on 10/15/2024 at 10:00 am.

See attachments.

No other changes.

INVOICE TO		SHIP TO				
DEPARTMENT OF ADMINISTRATION		DEPARTMENT OF ADMINISTRATION				
GENERAL SERVICES DIVISION		GENERAL SERVICES DIVISION BLDG 11 - CHILLER PLANT				
103 MICHIGAN AVENU	E	218 CALIFORNIA AVE				
CHARLESTON	WV	CHARLESTON WV				
US		US				

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price		
Lump Sum Fee for Annual Preventive Maintenance		1.00000	LS	35	39900		

Comm Code	Manufacturer	Specification	Model #	
73161517				

Extended Description:

Lump Sum Fee for Annual Preventive Maintenance - see specifications

INVOICE TO		SHIP TO	
DEPARTMENT OF ADMINISTRATION		DEPARTMENT OF ADMINISTRATION	
GENERAL SERVICES DIVISION		GENERAL SERVICES DIVISION BLDG 11 - CH PLANT	ILLER
103 MICHIGAN AVENU	E	218 CALIFORNIA AVE	
CHARLESTON	WV	CHARLESTON	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Hourly Labor Rate	200.00000	HOUR	700	NI 000
				130.	do

Comm Code	Manufacturer	Specification	Model#	
73161517				

Extended Description:

Corrective Maintenance Hourly Labor Rate - see specifications

INVOICE TO		SHIP TO	
DEPARTMENT OF ADMINISTRATION		DEPARTMENT OF ADMINISTRATION	
GENERAL SERVICES DIVISION		GENERAL SERVICES DIVISION BLDG 11 - CH PLANT	IILLER
103 MICHIGAN AVENUE		218 CALIFORNIA AVE	
CHARLESTON	WV	CHARLESTON	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Total Parts Cost				
				1.35	13500

Comm Code	Manufacturer	Specification	Model #	
73161517				

Extended Description:

Corrective Maintenance Total Parts Cost - see specifications

SCHEDULE OF EVENTS

<u>Line</u>	Event	Event Date	
1	Mandatory Pre-bid meeting @ 10:00 AM	2024-10-15	
2	Vendor question deadline @ 12: PM	2024-10-17	

SOLICITATION NUMBER: CRFQ GSD2500000007 Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

[l	Modify bid opening date and time
[I	Modify specifications of product or service being sough
ĺ	I	Attachment of vendor questions and responses
['	Attachment of pre-bid sign-in sheet
[Ī	Correction of error

Description of Modification to Solicitation:

Other

Applicable Addendum Category:

Addendum is issued to publish and distribute the following information to the Vendor community.

1. To publish the pre-bid sign-in sheet. See attached.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

- 1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
- 2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

Pre-Bid Sign-In Sheet

Solicitation Number:	2 GSD 25+007
Date of Pre-Bid Meeting:	
Location of Prebid Meeting:	Bldg 11

Please Note:

Vendors must sign-in on this sheet to verify attendance at the Pre-Bid meeting. Failure to legibly sign in may be grounds for declaring a vendor ineligible to bid. For further verification, please also provide a business card if possible.

Firm Represented:*	Rep Name (Printed):	Firm Address:	Telephone #:	Fax #:	Email:
C'ASTO TECH	BEN LANCASTER	340 LEON SULLIVAN WAY CHARLESTON IN 25301	304-807-0327		Biancaster@ Castotech.com
050 mechanical	Bos Harless	515 3rd Ave. Sout Charleston, wo 25303	304-744-8479		6 harless @ dsomec
Alpha Meckanical	John Jennings	ADI LATT Street			john.jennings@ aamservice.com
Nitro Construction Services	Chad McLaugh lin	4300 15t Avenue Nitro, WV 25143	304-204-1555		Cmalaughlin @ nitrocs.com
Trane Inc.	Tim Mills	515 C. Street South Charleston WV 25303	(304)		tim. mills @ trane. con

^{*}One Vendor Per Representative - No one individual is permitted to represent more than one vendor at the pre-bid meeting. Any individual that does attempt to represent two or more vendors will be required to select one vendor to which the individual's attendance will be attributed. The vendors not selected will be deemed to have not attended the pre-bid meeting unless another individual attended on their behalf.

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ GSD2500000007

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

Proc Folder: 1524853 Reason for Modification:

Doc Description: Annual Chiller and Towers Maintenance

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2024-09-30	2024-10-29 13:30	CRFQ 0211 GSD2500000007	1

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON WV 25305

US

VENDOR

Vendor Customer Code:

Vendor Name: 1, to Construction Services

Address: 4300 First Ave

Street:

City:

Zip: 25143 Country: USA State: \ \

Principal Contact: Chad Mc Laughton

Vendor Contact Phone: Extension:

FOR INFORMATION CONTACT THE BUYER

Melissa Pettrey (304) 558-0094

Vendor

melissa.k.pettrey@wv.gov

had M Zaughlin Signature X

FEIN#

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

ADDITIONAL INFORMATION

REQUEST FOR QUOTATION

The West Virginia Purchasing Division is soliciting bids on behalf of the WV Department of Administration, General Services Division ("Agency"), to establish an open-end contract for HVAC Maintenance, specifically for the annual maintenance and cleaning of the HVACs and towers in Building 11 as specified by OEM (Original Equipment Manufacturer's) service schedules and manufacturers recommendations per the bid requirements, specificaitons and terms and conditions as attached hereto.

INVOICE TO		SHIP TO	
DEPARTMENT OF ADMINISTRATION		DEPARTMENT OF ADMINISTRATION	
GENERAL SERVICES DIVISION		GENERAL SERVICES DIVISION BLDG 11 - CHILLER PLANT	
103 MICHIGAN AVENUE		218 CALIFORNIA AVE	
CHARLESTON WV		CHARLESTON WV	
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price	
1	Lump Sum Fee for Annual Preventive Maintenance	1.00000	LS	3	9,900	

Comm Code	Manufacturer	Specification	Model #	
73161517				

Extended Description:

Lump Sum Fee for Annual Preventive Maintenance - see specifications

INVOICE TO		SHIP TO		
DEPARTMENT OF ADMINISTRATION		DEPARTMENT OF ADMINISTRATION		
GENERAL SERVICES DIVISION		GENERAL SERVICES DIVISION BLDG 11 - CHILLER PLANT		
103 MICHIGAN AVENUE		218 CALIFORNIA AVE		
CHARLESTON	WV	CHARLESTON	WV	
US		US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Hourly Labor Rate	200.00000	HOUR	- 70	. NI DOD

Comm Code	Manufacturer	Specification	Model #	,
73161517				

Extended Description:

Corrective Maintenance Hourly Labor Rate - see specifications

INVOICE TO		SHIP TO	
DEPARTMENT OF ADMINISTRATION		DEPARTMENT OF ADMINISTRATION	
GENERAL SERVICES DIVISION		GENERAL SERVICES DIVISION BLDG 11 - CHILLER PLANT	
103 MICHIGAN AVENUE		218 CALIFORNIA AVE	
CHARLESTON	WV	CHARLESTON	WV
US		US	

Ln Desc	Qty	Unit Issue	Unit Price	Total Price
Parts Cost		1	35	12500
	Parts Cost	Parts Cost	Parts Cost	Parts Cost 135

Comm Code	Manufacturer	Specification	Model #	
73161517				

Extended Description:

Corrective Maintenance Total Parts Cost - see specifications

SCHEDULE OF EVENTS

Line	<u>Event</u>	Event Date
1	Mandatory Pre-bid meeting @ 10:00 AM	2024-10-15
2	Vendor question deadline @ 12: PM	2024-10-17

REQUEST FOR QUOTATION Annual Chillers and Towers Maintenance CRFQ GSD2500000007

EXHIBIT C - PRICING PAGES

Preventive Maintenance:

Lump Cum Faa far Annual				
Lump Sum Fee for Annual Preventive Maintenance	X	1	=	Total Yearly Cost
\$ 39,900	X	1	=	\$ 39,900
			to.	
Corrective Maintenance:				
Hourly Labor Rate	X	Estimated Hours	=	Total Labor Cost
\$ 130	X	200	=	\$ 26,000
Estimated Parts Cost	X	Multiplier	=	Total Parts Cost
\$10,000.00	X	1.35	=	\$ 13,500
				70 1100

Total Cost *

^{*} Total Cost is calculated by adding the Total Yearly Cost, Total Labor Cost, and the Total Parts Cost.

BID BOND

KNOW	ALL MEN BY THESE PE	RESENTS, That we, the u	indersigned, Nitr	o Constructio	n Services , In	C
of	Nitro	WV	, as Princ	ipal, and Philad	lelphia Indemnit	y Insurance
Company of_	Bala Cynwyd,	PA	_, a corporation of	organized and e	existing under the	a laws of the State of
PA	with its principal office	in the City of Bala	Cynwyd,	as Surety, are I	neld and firmly b	ound unto the State
of West Virginia	, as Obligee, in the penal	sum of Five Percent of	Amount Bid	(\$	5%) for t	he payment of which,
well and truly to	be made, we jointly and	severally bind ourselves,	our heirs, adminis	strators, execut	ors, successors	and assigns.
	ondition of the above ob	3	-			
	Administration a certain bi		ereto and made a	a part hereof, to	enter into a con	ract in writing for
Annual Chille	r and Tower Maintenar	nce				
			- 11			
NOW	THEREFORE,					
(a)	If said bid shall be reject					
the agreement full force and e	If said bid shall be ac o and shall furnish any ott created by the acceptance ffect. It is expressly unden the penal amount of this of	e of said bid, then this oblerstood and agreed that t	required by the bi igation shall be n he liability of the	id or proposal, a	and shall in all of nerwise this oblig	her respects perform pation shall remain in
way impaired o	urety, for the value receiver affected by any extensions any such extension.					
WITNE	ESS, the following signatu	res and seals of Principal	and Surety, exe	cuted and seale	ed by a proper of	ficer of Principal and
	incipal individually if Princ					
	**************************************	est a production of the control of t	_		•	_
Principal Seal			<u>N</u>	itro Construct	ion Services,	Inc.
				//	(Name of Princ	pal)
			В	190	1-	
1			-,	(Must be	President, Vice	
				AA)	uly Authorized A	gent)
1			<u>/</u>	Mechan a		
					(Title)	
	WHEN TY THE					
Surety Seal	ORPORATE S. T.		P	niladelphia in	demnity Insura	
10	1927				(Name of Suret	y).
	A Prismount S		B		mys Se	lbe
	Manager Manager		Ta	ammy S. Selb	e Attorne	y-in-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 <u>Douglas P. Taylor, Andrew K. Teeter, Kimberly L. Miles, Tammy S. Selbe and Jessica J. Bentley of USI Insrance 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 \$75,000.000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of 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 5TH DAY OF MARCH, 2021.

1927

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

Vanessa mckensie

On this 5th day of March, 2021 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.

Notary Public:

Gommonwealth of Pennsylvanis - Notary Seal Vanessa Mckenzle, Notary Public Montgomery County My commission expires November 3, 2024 Commission number 1388394 Member, Pennsylvania Association of Notaries

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

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 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, 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 29th day of October , 2024

Edward Sayago, Corporate Secretary

PHILADELPHIA INDEMNITY INSURANCE COMPANY

1927

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: 1to Construction Services

Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project.							
	actor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.					
7 × 1							

Attach additional pages if necessary

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.

(Printed Name and Title) Chad Mclaughlin Trd Serv Marager
(Address) 4300 First Que Nitro, WW 25143
(Phone Number) / (Fax Number) 304-204-1555 304-204-1350
(email address) <u>conclaughlin@introcs.com</u>

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Actro Construction Services
(Company)
Chad M Laughlin
(Signature of Authorized Representative)
Chad Mc Laughlin Ind, Serv. Manager 11/6/24
(Printed Name and Title & Authorized Representative) (Date)
304-204-1555 304-204-1350
(Phone Number) (Fax Number)
Conclarablin @ nitroes.com
(Email Address)

REQUEST FOR QUOTATION Annual Chillers and Towers Maintenance

CRFQ GSD2500000007

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 Mc Laughlin
Telephone Number:	304-204-1555
Fax Number:	304-204-1350
Email Address:	concloughlin@nitrocs.com



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

I,C	Mclaughin, after being first duly sworn, depose and state as follows:
1.	I am an employee of Ntro Construction Serves; and, (Company Name)
2.	I do hereby attest that 1140 Construction Services (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 a	ove statements are sworn to under the penalty of perjury.
	Printed Name: Chad Mclaushim
	Signature: Chad M Laughlin
	Title: Industrial Serv. Manager
	Company Name: 1 to Construction Services
	Date: 11/16/24
STATI	OF WEST VIRGINIA,
COUN	Y OF Putnam, TO-WIT:
Taker	subscribed and sworn to before me this day of
Ву Со	nmission expires Feb. 13, 2029
(Seal)	OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRGINIA ALEXA McPHAIL 404 CUNNINGHAM STREET SAINT ALBANS, WV 25177
- Para	My Commission Expires February 13, 2029

State of West Virginia Purchasing Division

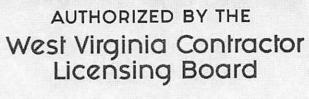
CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with **West Virginia Code** § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

<u>Instructions:</u> Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than \$25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of \$25,000 or less, the vendor should mail the report to the public authority issuing the contract.

Contract Identification:					
Contract Number:					
Contract Purpose:					
Agency Requesting Work:					
Required Report Content: The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report.					
☐ Information indicating the education and training service to the requirements of West Virginia Code § 21-1D-5 was provided;					
Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests;					
☐ Average number of employees in connection with the construction on the public improvement;					
□ Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.					
Vendor Contact Information:					
Vendor Name: 12to Construction Services Vendor Telephone: 304204-1555					
Vendor Address: 4300 First Ave Vendor Fax: 304-204-1350					
1, tro, WV 25143 Vendor E-Mail: Conchughlin @					
ritrocs.co					

CONTRACTOR LICENSE





WEST VIRGINIA

WV042601

CLASSIFICATION:

ELECTRICAL
GENERAL BUILDING
HEATING, VENTILATING & COOLING
PIPING
PLUMBING
SPRINKLER AND FIRE PROTECTION
SPECIALTY
LOW VOLTAGE SYSTEMS <80 VOLTS

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

DATE ISSUED

EXPIRATION DATE

JUNE 13, 2024

JUNE 13, 2025

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2023

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

ans certificate does not comer rights to the certificate holder in fied of such endorsement(s).						
PRODUCER		CONTACT Willis Towers Watson Certificate Center				
Willis Towers Watson Northeast, c/o 26 Century Blvd	Inc.	PHONE (A/C. No. Ext): 1-877-945-7378	-467-2378			
P.O. Box 305191		E-MAIL ADDRESS: certificates@willis.com				
Nashville, TN 372305191 USA		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: Arch Insurance Company		11150		
INSURED Nitro Construction Services, Inc		INSURER B: Starr Indemnity & Liability	Company	38318		
4300 1st Avenue		INSURER C:				
Nitro, WV 25143		INSURER D :				
		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: W32142405	REVISION N	IMBER:			

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.

NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000
A							MED EXP (Any one person)	\$	5,000
				ZAGLB9222207	01/01/2024	01/01/2025	PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000
	POLICY X PRO- X LOC	1					PRODUCTS - COMP/OP AGG	s	4,000,000
- 1	OTHER:							\$	
	AUTOMOBILE LIABILITY			.			COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000
	X ANY AUTO					01/01/2025	BODILY INJURY (Per person)	\$	
A [OWNED SCHEDULED AUTOS			ZACAT9243307	01/01/2024		BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	S	
								\$	
В	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
	X EXCESS LIAB CLAIMS-MADE			1000588155241	01/01/2024	01/01/2025	AGGREGATE	\$	10,000,000
	DED X RETENTIONS 10,000							\$	
	WORKERS COMPENSATION						X PER OTH-		
A	A ANYPROPRIETOR/PARTNER/EXECUTIVE NO (Mandatory in NH)		ZAWCI9402607 01/01/2024 01/01/20	01 /01 /0005	E.L. EACH ACCIDENT	\$	1,000,000		
- 1				01/01/2025	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

CERTIFICATE 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.
	AUTHORIZED REPRESENTATIVE
Evidence of Insurance	Dad Bhu

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