

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ GSD2500000017**

**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)*

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8  |
| <input checked="" type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> 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 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.

Persinger & Associates, Inc

Company



Authorized Signature

2/25/2025

Date

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

RECEIVED

2025 FEB 25 PM 1: 20

WW PURCHASING  
DIVISION

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Persinger & Associates, Inc.  
of Charleston, WV, as Principal, and Nationwide Mutual Insurance Company  
of Columbus, OH, a corporation organized and existing under the laws of the State of  
OH with its principal office in the City of Columbus, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligee, in the penal sum of Five Percent of Amount Bid (\$ 5%) for the payment of which,  
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the  
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for  
Building 74 - Interior Demolition and Window Replacement, South Charleston, WV

**NOW THEREFORE,**

(a) If said bid shall be rejected, or  
(b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal  
attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform  
the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in  
full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no  
event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no  
way impaired or affected by any extension of the time within which the Obligee may accept such bid, and said Surety does hereby  
waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and  
Surety, or by Principal individually if Principal is an individual, this 25th day of February, 2025.



Persinger & Associates, Inc.  
(Name of Principal)  
By: [Signature]  
(Must be President, Vice President, or  
Duly Authorized Agent)  
President  
(Title)

Surety Seal



Nationwide Mutual Insurance Company  
(Name of Surety)  
By: [Signature]  
Kimberly L. Miles Attorney-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.**

**Power of Attorney**

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

**Kimberly L. Miles**

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf on the date thereof any and all: (i) bonds and undertakings; (ii) Proposal Bonds; (iii) Letters of Surety; (iv) Consent of Surety; and (v) other obligatory instruments of similar nature, in penalties not exceeding the sum of

**UNLIMITED**

**Surety Bond Number:** Bid Bond  
**Principal:** Persinger & Associates, Inc.  
**Obligee:** State of West Virginia

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 1st day of April, 2024.



Antonio C. Albanese, Vice President of Nationwide Mutual Insurance Company


**ACKNOWLEDGMENT**

STATE OF NEW YORK COUNTY OF KINGS: ss

On this 1st day of April, 2024, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.



Sharon Laburda  
Notary Public, State of New York  
No. 01LA6427697  
Qualified in Kings County  
Commission Expires January 3, 2026

  
Notary Public  
My Commission Expires  
January 3, 2026

**CERTIFICATE**

I, Lezlie F. Chimienti, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 25th day of February, 2025.



Assistant Secretary





# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV053148

**CLASSIFICATION:**

GENERAL BUILDING  
SPECIALTY

PERSINGER & ASSOCIATES INC  
PO BOX 511  
CHARLESTON, WV 25322

DATE ISSUED

FEBRUARY 6, 2025

Authorized Signature

EXPIRATION DATE

FEBRUARY 6, 2026

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.

REQUEST FOR QUOTATION  
**Building 74 Interior Demo and Windo Replacement Project**  
**CRFQ GSD2500000017**

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**Exhibit A - Pricing Page**

Name of Bidder:

Persinger & Associates, Inc

The Bidder, being familiar with and understanding the Bidding Documents and having examined the site and being familiar with all local conditions affecting the project hereby proposes to furnish all labor, material, equipment, supplies for Building 74 Interior Demolition and Window Replacement Project in accordance with the Bidding Documents within the time set forth for the sum of:

Commodity Line 1 - Base Bid (Which shall include all Unit Price Items from the attached pricing page.)

\$ 683,422.00 (A)

Six Hundred Eighty-Three Thousand, Four Hundred Twenty-Two Dollars and Zero Cent

(Show amount in both words and numbers)

Client#: 1991131

PERSIASSOC

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

2/13/2025

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).

<b>PRODUCER</b> <b>USI Ins Svcs C/L Charleston</b> <b>300 Kanawha Blvd. East, Suite 300</b> <b>Charleston, WV 25301</b> <b>304 347-0611</b>		<b>CONTACT NAME:</b> Megan Withrow <b>PHONE (A/C, No, Ext):</b> 304-347-0630 <b>FAX (A/C, No):</b> 304-347-0605 <b>E-MAIL ADDRESS:</b> megan.withrow@usi.com															
<b>INSURED</b> <b>Persinger &amp; Associates, Inc.</b> <b>P.O. Box 511</b> <b>Charleston, WV 25322</b>		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Motorists Commercial Mutual Insurance</td> <td>13331</td> </tr> <tr> <td>INSURER B : NorthStone Insurance Company</td> <td>13045</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Motorists Commercial Mutual Insurance	13331	INSURER B : NorthStone Insurance Company	13045	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X	COMMERCIAL GENERAL LIABILITY	X	X	5000649808	01/12/2025	01/12/2026	EACH OCCURRENCE	\$1,000,000	
		<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
	X	BI/PD Ded:250						MED EXP (Any one person)	\$10,000	
								PERSONAL & ADV INJURY	\$1,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$2,000,000	
		OTHER:							\$	
A	X	AUTOMOBILE LIABILITY	X	X	5000649808	01/12/2025	01/12/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	X	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$	
	X	HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
									\$	
A	X	UMBRELLA LIAB	X	X	5000770137	01/12/2025	01/12/2026	EACH OCCURRENCE	\$2,000,000	
		EXCESS LIAB						AGGREGATE	\$2,000,000	
	DED	<input checked="" type="checkbox"/> RETENTION \$0							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			X	WCN6008227	01/12/2025	01/12/2026	X	PER	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								STATUTE	
	If yes, describe under DESCRIPTION OF OPERATIONS below									
Y / N			N / A	WV Broad Form				E.L. EACH ACCIDENT	\$1,000,000	
								E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$1,000,000	
A	L/R Equipment			X	5000649808	01/12/2025	01/12/2026	\$100,000		
A	Blanket Builders Risk			X	5000649808	01/12/2025	01/12/2026	\$1,000,000		

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

Certificate Holder is Additional Insured when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

General Services Division  
 1900 Kanawha Blvd. E.  
 Charleston, WV 25305

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

*Jamie P. Crouse*

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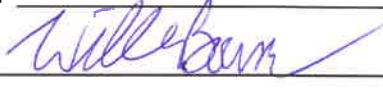
**State of West Virginia**  
**DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT**  
**West Virginia Code §21-1D-5**

I, Will Bowman, after being first duly sworn, depose and state as follows:

1. I am an employee of Persinger & Associates, Inc; and,  
(Company Name)
2. I do hereby attest that Persinger & Associates, Inc  
(Company Name)

maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code §21-1D**.

The above statements are sworn to under the penalty of perjury.

Printed Name: Will Bowman  
Signature:   
Title: Vice President  
Company Name: Persinger & Associates, Inc  
Date: 2/25/2025

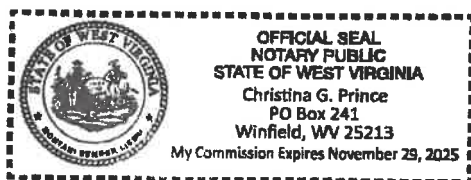
STATE OF WEST VIRGINIA,

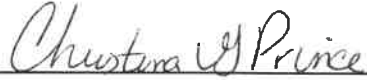
COUNTY OF Kenawha, TO-WIT:

Taken, subscribed and sworn to before me this 25<sup>th</sup> day of February, 2025.

By Commission expires Nov 29, 2025

(Seal)



  
(Notary Public)



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: 1597926

Doc Description: Bldg. 74 Interior Demolition and Window Replacement Project

Reason for Modification:

Addendum No. 4

Proc Type: Central Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2025-02-13	2025-02-25 13:30	CRFQ 0211 GSD2500000017	5

**BID RECEIVING LOCATION**

BID CLERK  
DEPARTMENT OF ADMINISTRATION  
PURCHASING DIVISION  
2019 WASHINGTON ST E  
CHARLESTON WV 25305  
US

**VENDOR**

Vendor Customer Code: VS0000008885

Vendor Name : Persinger & Associates, Inc.

Address : P.O. Box 511

Street : 1509 Hansford Street

City : Charleston

State : WV Country : United State Zip : 25322

Principal Contact : Will Bowman

Vendor Contact Phone: (304)244-5200 Extension: 104

**FOR INFORMATION CONTACT THE BUYER**

Tara Lyle  
(304) 558-2544  
tara.l.lyle@wv.gov

Vendor  
Signature X

FEIN# 47-2371839

DATE 02/25/2025

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



**ADDITIONAL INFORMATION**

Addendum No. 4 is issued to publish and distribute the following information to the Vendor community.

1. To provide responses to vendor questions. See attachment.
  2. To provide clarifications with revised technical specifications sections and revised drawings. See attachment.
  3. The bid opening remains on 02/25/2025 at 1:30 pm ET.
- No other changes.

**INVOICE TO**

DEPARTMENT OF  
ADMINISTRATION  
GENERAL SERVICES  
DIVISION

103 MICHIGAN AVENUE  
CHARLESTON WV  
US

**SHIP TO**

DEPARTMENT OF  
ADMINISTRATION  
GENERAL SERVICES  
DIVISION BLDG 74 PLAZA  
FOUR

318-324 4TH AVE  
SOUTH CHARLESTON WV  
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Commercial and office building renovation and repair service				

Comm Code	Manufacturer	Specification	Model #
72121103			

**Extended Description:**

Commercial and office building renovation and repair service

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	Mandatory Pre-bid meeting @10 AM	2025-01-23
2	Vendor question deadline @ 12:00 pm	2025-02-04
3	Site visit @10:00 am	2025-01-27

	Document Phase	Document Description	Page 3
GSD2500000017	Final	Bldg. 74 Interior Demolition and Window Replacement Project	

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

REQUEST FOR QUOTATION  
Building 74 Interior Demo and Window Replacement Project  
CRFQ GSD2500000017

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14.3 Vendor will be responsible for controlling cards and keys and will pay a replacement fee if the cards or keys become lost or stolen.

14.4 Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.

14.5 Anyone performing under this Contract will be subject to Agency's security protocol and procedures.

14.6 Vendor shall inform all staff of Agency's security protocol and procedures.

**15. MISCELLANEOUS:**

**15.1 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:** Will Bowman, Vice President

**Telephone Number:** (304)344-5200

**Fax Number:** (304)344-5222

**Email Address:** will@persingerandassociates.com

**Owner's Representative:** Owner's representative for notice purposes is:

**Name:** Kari J. Westfall

**Telephone Number:** (304)352-5492

**Fax Number:** (304)558-1475

**Email Address:** kari.j.westfall@wv.gov

**16 Initial Decision Maker:** Chapman Technical Group, the Engineer, shall serve as the Initial Decision Maker in matters relating to this contract.