



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 @ 1

List View

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

Procurement Folder: 1759136

Procurement Type: Central Purchase Order

Vendor ID: VS0000044805

Legal Name: Red Hound Construction LLC

Alias/DBA:

Total Bid: \$507,960.00

Response Date: 08/21/2025

Response Time: 13:28

Responded By User ID: HubieD

First Name: Hubie

Last Name: Delauder

Email: Hubie@redhoundco.com

Phone: 304-677-3707

SO Doc Code: CRFQ

SO Dept: 0603

SO Doc ID: ADJ2600000004

Published Date: 8/19/25

Close Date: 8/21/25

Close Time: 13:30

Status: Closed

Solicitation Description: Kingwood AFRC HVAC Replacement Construction

Total of Header Attachments: 1

Total of All Attachments: 1



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: 1759136
Solicitation Description: Kingwood AFRC HVAC Replacement Construction
Proc Type: Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2025-08-21 13:30	SR 0603 ESR08212500000001241	1

VENDOR
VS0000044805
Red Hound Construction LLC

Solicitation Number: CRFQ 0603 ADJ2600000004
Total Bid: 507960
Response Date: 2025-08-21
Response Time: 13:28:58
Comments:

FOR INFORMATION CONTACT THE BUYER
David H Pauline
304-558-0067
david.h.pauline@wv.gov

Vendor		
Signature X	FEIN#	DATE

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Kingwood AFRC HVAC Replacement Construction				507960.00

Comm Code	Manufacturer	Specification	Model #
72000000			

Commodity Line Comments:

Extended Description:

See the bid form to input pricing
Labor and materials to replace HVAC Unit at the Kingwood Armed Forces Reserve Center

EXHIBIT A
CRFQ # ADJ2600000004

ALL LABOR, MATERIALS, EQUIPMENT, AND SUPPLIES NECESSARY TO REPLACE ROOFTOP
HVAC UNIT AT THE
KINGWOOD ARMED FORCES RESERVE CENTER
12597 River Road
Kingwood, WV 26537

BID FORM

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

BIDDERS COMPANY NAME: Red Hound Construction LLC

VENDOR ADDRESS: PO Box 8236

Nutter Fort, WV 26302-8236

TELEPHONE: 304.624.7155

FAX NUMBER: _____

E-MAIL ADDRESS: rhc@redhoundco.com

WV CONTRACTOR'S
LICENSE NO.: WV062688

CONTRACT OVERALL TOTAL COST: BASE BID for the replacement of a Rooftop HVAC Unit at the Kingwood Armed Forces Reserve Center, Kingwood, WV, per the attached specifications.

Five Hundred Seven Thousand, Nine Hundred Sixty Dollars

(\$ 507,960.00) *** (Contract bid to be written in words and numbers.)

Failure to use this bid form may result in bid disqualification.

SIGNATURE: William Lambert DATE: 8/21/2025

NAME: William Lambert

(Please Print)

TITLE: Co-owner



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: 1759136

Doc Description: Kingwood AFRC HVAC Replacement Construction

Reason for Modification:

Addendum No. 1

Proc Type: Central Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2025-08-19	2025-08-21 13:30	CRFQ 0603 ADJ2600000004	2

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: VS0000044805

Vendor Name : Red Hound Construction LLC

Address : PO Box 8236

Street : 8340 Water Street

City : Nutter Fort

State : WV

Country : US

Zip : 26302

Principal Contact :

Vendor Contact Phone: 304-624-7155

Extension:

FOR INFORMATION CONTACT THE BUYER

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

Vendor

Signature X *William Lomax*

FEIN# 92-2595630

DATE 8/21/2025

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



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV062688

CLASSIFICATION:

HVAC
PLUMBING
SPECIALTY
ASPHALT
DEMOLITION
INSULATION

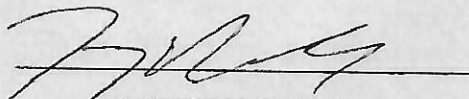
RED HOUND CONSTRUCTION LLC
686 POST HILL ROAD
FLEMINGTON, WV 26347

DATE ISSUED

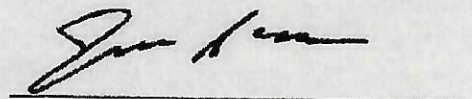
MARCH 21, 2024

EXPIRATION DATE

MARCH 21, 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.

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Red Hound Construction, LLC
of PO Box 8236, Nutter Fort, WV 26302, as Principal, and The Cincinnati Insurance
Company of PO Box 145498, Cincinnati, OH 45014, a corporation organized and existing under the laws of the State of Ohio
with its principal office in the City of Cincinnati, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligor, in the penal sum of Five Percent of Amount Bid (\$ 5% of Amount Bid) 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
ADJ2600000004, Kingwood ARFC HVAC Replacement Construction
according to plans and specifications.

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 Obligor 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 21 day of August, 2025.

Principal Seal

Red Hound Construction, LLC
(Name of Principal)

By William Lambert
(Must be President, Vice President, or
Duly Authorized Agent)

Partner / manager
(Title)

The Cincinnati Insurance Company
(Name of Surety)

Taylor R. Johnson
Attorney-in-Fact

Surety Seal

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.

THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

Ross E. Johnson; Taylor R. Johnson; Patrick B. Kee; Brady A. Campbell and/or Jo Ann Smith

of Charleston, West Virginia

and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows:

Any such obligations in the United States, up to

Twenty Five Million and No/100 Dollars (\$25,000,000.00).

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

"RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7th day of December, 1973.

"RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company."

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 8th day of March, 2017.



STATE OF OHIO
COUNTY OF BUTLER

) ss:
)

THE CINCINNATI INSURANCE COMPANY

Stephen A. [Signature]

Vice President

On this 8th day of March, 2017, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



Mark J. Huller

MARK J. HULLER, Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration
date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio.
this 2nd day of August, 2025



BN-1005 (3/17)

Steve D. [Signature]
Secretary



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

I, Barbara Elbon, after being first duly sworn, depose and state as follows:

1. I am an employee of Red Hound Construction; and,
(Company Name)
2. I do hereby attest that Red Hound Construction
(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: Barbara Elbon
Signature: Barbara Elbon
Title: Secretary
Company Name: Red Hound Construction
Date: 8/21/2025

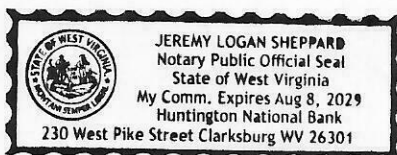
STATE OF WEST VIRGINIA,

COUNTY OF Harrison, TO-WIT: Barbara Elbon

Taken, subscribed and sworn to before me this 21 day of August, 2025.

By Commission expires August 8th 2029

(Seal)



Jeremy Logan Sheppard
(Notary Public)

REQUEST FOR QUOTATION – CRFQ ADJ26*04
Kingwood Armed Forces Reserve Center HVAC Replacement

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: William Lambert

Telephone Number: 304-624-7155

Fax Number: _____

Email Address: RHC@RedHoundCo.com

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ ADJ2600000004

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 type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input 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 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.

Red 140 and Construction

Company

William Lemley

Authorized Signature

8-21-25

Date

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

SOLICITATION NUMBER: CRFQ ADJ2600000004

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("ADJ2600000004") 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.
- ☒ Attachment of vendor questions and responses.
- ☒ Attachment of pre-bid sign-in sheet.
- ☐ Correction of error.
- ☐ Other.

Description of Modification to Solicitation:

- 1) To provide copies of the Pre-Bid meeting sign-in sheets (See attached)
- 2) To provide responses to vendor questions regarding the solicitation (See attached)
- 3) Te bid opening date and time remains August 21, 2025, at 1:30 pm., EST.

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.



DEPARTMENT OF THE ARMY
JOINT FORCES HEADQUARTERS WEST VIRGINIA
1707 COONSKIN DRIVE
CHARLESTON, WEST VIRGINIA 25311-1026

August 19, 2025

ADDENDUM NO. 1- CRFQ-ADJ2600000004

RE: Construction – Kingwood AFRC HVAC Replacement
West Virginia Army National Guard
Kingwood Armed Forces Reserve Center, Kingwood, WV

TO: Prospective Bidders

FROM: West Virginia Army National Guard

NOTE: This Addendum forms a part of the Contract Documents and modifies the original Bidding Documents.

PART 1 – INFORMATION FOR BIDDERS

Bid opening date remains August 21, 2025 @ 1:30 pm EST

PART 2 – BIDDERS' QUESTIONS AND RESPONSES

Question No. 1: Can the existing HVAC Control Contractor be provided?

Response No. 1: The controls are meniscus, we do not have a contractor we use.

Question No. 2: Will the existing supply duct require insulation?

Response No. 2: No.

Question No. 3: Are there any specifications for air balance?

Response No. 3: No.

Question No. 4: Is there a sequence of operation for the new MUA unit?

Response No. 4: No.

Question No. 5: Will the new MUA unit require a Fire Marshall inspection?

Response No. 5: No.

Question No. 6: Are new duct detectors required?

Response No. 6: No.

Question No. 7: Is a structural engineer required?

Response No. 7: No.

END OF ADDENDUM

Pre-Bid Sign-In Sheet

Solicitation Number: ADJ2600000004

Date of Pre-Bid Meeting: August 14th, 2025

Location of Prebid Meeting: Kingwood AFRC (Kingwood), WV

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.

<u>Firm Represented:*</u>	<u>Rep Name (Printed):</u>	<u>Firm Address:</u>	<u>Telephone #:</u>	<u>Fax #:</u>	<u>Email:</u>
Herbel Construction	Jake Nawaszyk	PO Box 358 Cumberland, MD, 21502	(301) 729-3900	301-729-0163	jwilson@thubeltgroup.com
Powell inc	Travis Howell	176 Stringtown Rd Belington W.V 26250	(304) 621-7444		Powell inc@yahoo.com
R&D Hound Construction	PATRICK CHALLAND	8236 NUTCRACK WR 26302	304-624-7155	304-624-7182	RHC@R&D Hound CO. com
CFMO	CPT Charles Laughlin	1001 Army Road Kingwood WV	304374850		Charles.r.laughlin2.mil@army.mil
CFMO	Bob Grimm	1001 Army Road Kingwood WV	3046987047		robert.c.grimm11.nfg@army.mil

***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.

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) Red Hound Construction, LLC

(Address) PO Box 8236 Nutter Fort, WV 26302-8236

(Phone Number) / (Fax Number) 304-624-7155

(email address) RHC@RedHoundCo.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through WV OASIS, 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.

Red Hound Construction, LLC

(Company)

William Lambert

(Signature of Authorized Representative)

William Lambert manager 8-21-25

(Printed Name and Title of Authorized Representative) (Date)

304-624-7155

(Phone Number) (Fax Number)

RHC@RedHoundCo.com

(Email Address)

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Red Hound Construction, LLC

☒ Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project.

Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.

Attach additional pages if necessary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/24/2025

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

PRODUCER Lock Insurance Services, LLC 1704 Blackbird Circle Carlsbad, CA 92011	CONTACT NAME: Customer Service PHONE (A/C, No, Ext): 760 822 7755 FAX (A/C, No): E-MAIL ADDRESS: info@lockinsuranceservice.com																					
INSURED Red Hound Construction LLC Jeremy Reynolds 686 Post Hill Flemington, WV 26347	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Sutton Specialty Insurance Company</td><td>16848</td></tr><tr><td>INSURER B:</td><td>Employer's Compensation Insurance Company</td><td>11512</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Sutton Specialty Insurance Company	16848	INSURER B:	Employer's Compensation Insurance Company	11512	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER C:																						
INSURER D:																						
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		SCB-GL-000076571	01/24/2025	01/24/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	Y		ISCCX03000006243	01/24/2025	01/24/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	EIG5799529-00	120/3/2024	12/03/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Jeremy Reynolds

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

William A. Locken



Erie
Insurance®

CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY)

8/21/25

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY GROVES INSURANCE AGENCY LLC 214 E MAIN ST KINGWOOD, WV 26537-1216 (304)329-3020		AGENT'S NO. EE1339	COMPANY(IES) AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact In NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY															
NAME AND ADDRESS OF NAMED INSURED RED HOUND CONSTRUCTION LLC PO Box 8236 Clarksburg, WV 26302		This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.																
This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.																		
CO. Adm. LTR. Ins'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)														
<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC																	
				<table border="1"> <tr><th colspan="2">LIMITS</th></tr> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>FIRE DAMAGE (Any One Fire)</td><td>\$</td></tr> <tr><td>MED EXP (Any One Person)</td><td>\$</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td>\$</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td>\$</td></tr> </table>	LIMITS		EACH OCCURRENCE	\$	FIRE DAMAGE (Any One Fire)	\$	MED EXP (Any One Person)	\$	PERSONAL & ADV. INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS-COMP/OP AGG	\$
LIMITS																		
EACH OCCURRENCE	\$																	
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GENERAL AGGREGATE	\$																	
PRODUCTS-COMP/OP AGG	\$																	
D <input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q12 6840021	12/18/24	12/18/25														
				<table border="1"> <tr><td>BODILY INJURY (EACH PERSON)</td><td>\$</td></tr> <tr><td>BODILY INJURY (EACH ACCIDENT)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td>\$ 1,000,000</td></tr> </table>	BODILY INJURY (EACH PERSON)	\$	BODILY INJURY (EACH ACCIDENT)	\$	PROPERTY DAMAGE	\$	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000,000						
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BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000,000																	
D <input checked="" type="checkbox"/>	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$	Q27 6770071	3/17/25	3/17/26														
				<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 1,000,000</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$		\$						
EACH OCCURRENCE	\$ 1,000,000																	
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	\$																	
	\$																	
	WORKERS COMPENSATION & EMPLOYERS LIABILITY																	
				<table border="1"> <tr><th colspan="2">STATUTORY</th></tr> <tr><td>BODILY INJURY BY</td><td>ACCIDENT \$ EACH ACCIDENT</td></tr> <tr><td></td><td>DISEASE \$ POLICY LIMIT</td></tr> <tr><td></td><td>DISEASE \$ EACH EMPLOYEE</td></tr> </table>	STATUTORY		BODILY INJURY BY	ACCIDENT \$ EACH ACCIDENT		DISEASE \$ POLICY LIMIT		DISEASE \$ EACH EMPLOYEE						
STATUTORY																		
BODILY INJURY BY	ACCIDENT \$ EACH ACCIDENT																	
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	OTHER																	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS																		

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

NAME AND ADDRESS OF CERTIFICATE HOLDER

AUTHORIZED REPRESENTATIVE

Taylor K. Lehtinen