



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](http://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](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header @ 6

List View

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

Procurement Folder: 1713030

Procurement Type: Central Master Agreement

Vendor ID: 000000176707

Legal Name: SECURE CARE HEALTH SYSTEMS INC

Alias/DBA:

Total Bid: \$49,427.00

Response Date: 06/05/2025

Response Time: 14:32

Responded By User ID: SecureCareUSA

First Name: Susan

Last Name: Shells

Email: susan@securecare-usa.com

Phone: 440-626-0324

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2500000016

Published Date: 6/25/25

Close Date: 7/1/25

Close Time: 13:30

Status: Closed

Solicitation Description: Elopement Prevention System Maintenance & Repairs

Total of Header Attachments: 6

Total of All Attachments: 6



Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Elopement Prevention System Maintenance & Repair				49427.00

Comm Code	Manufacturer	Specification	Model #
92121700			

**Commodity Line Comments:**

**Extended Description:**

Elopement Prevention System Maintenance & Repair

## Contractor Licensing Board Renewal

Transaction Number: 20250513102280

Status: CompletedOk

Amount: \$117.59

Company Name: SECURE CARE HEALTH SYSTEMS INC

Name: Ryan Mierau

Address: 6968 ENGLE ROAD

MIDDLEBURG HTS OH 44130

Phone: (440) 826-0324

e-Mail: susan@securecare-usa.com

Card Holder: Ryan Mierau

Card Type: Master Card

Card: 55XXXXXXXXXX7049

# Contractor License Reapplication

## License Details

**License Number:** WV060020

**Expiration Date:** 9/2/2021

**Name:** SECURE CARE HEALTH SYSTEMS INC

**DBA (Doing Business As):**

**Type of Entity:** CORPORATION

**Name of License Holder:** MIERAU NICHOLAS

Are the license details listed above (name, DBA, type of entity and license holder) correct?  Yes\*  No\*

**What is not correct?**  Name\*  DBA\*  Type of Entity\*  License Holder\*

**Name of License Holder:\***

MIERAU RYAN

## Contact Information

If you need to make updates to your contact information, please do so below.

**Email:\***

susan@securecare-usa.com

**Phone Number:\***

(440) 826-0324

Your email will be your username.

**Cell Number:**

(440) 821-1102

**Fax Number:**

(123) 456-7890

## Mailing Address

**Address:\***

6968 ENGLE ROAD

**City:\***

MIDDLEBURG HTS

**State:\***

OHIO

**ZIP Code:\***

44130

## Physical Address

**Address:\***

6968 ENGLE ROAD

**City:\***

MIDDLEBURG HTS

**County:\***

OUT OF STATE

**State:\***

OHIO

**ZIP Code:\***

44130

Select Out of State if Physical State is not WV.

# Contractor License Reapplication

## Entity Details

### Qualifiers

For license numbers higher than WV020000, is the person(s), that passed the examination(s) as the qualifier(s), still a full-time employee or part of responsible management?

Yes\*

No\*

Not  
Applicable\*

### Officers, Partners or Members

If a Corporation, Partnership or LLC, list names and titles of all Officers, Partners or Members.

Name:\*

Title:\*

Ryan Mierau

President

Click the Add button below to input more Officers, Partners or Members.

# of employees working in WV:\*

2

WV Secretary of State Account, if applicable, is current and in compliance:  Yes\*  Not Applicable\*  No\*

I attest and confirm that all accounts listed below are in compliance.\*

Federal Employer Identification #:

341467639

Business Registration #:

2217-4582

WV Tax Department

Unemployment Compensation #:

OH

WorkForce WV

Workers Compensation #:

OH01086283

WV Insurance Commissioner's Office

# Contractor License Reapplication

## Certification

- By checking this box, I certify under penalty of perjury the information provided on this application/affidavit is true and accurate, and I realize the submission of a false statement will result in the revocation of my license. The applicant is registered and in compliance with all statutes as required by W.Va. Code §30-42 et seq. (Contractor Licensing Act).\*
- By checking this box and submitting the application/affidavit electronically, you are confirming you part of responsible management.\*

You will be redirected to the payment page when you click the Submit & Continue button below. Please be patient while your payment is processed. When the process is complete, you will be redirected to the receipt page. If you are not redirected to the receipt page, please contact the Board.

# Contractor License Reapplication

## Receipt

Your confirmation number is .

**Name:** Ryan Mierau

**Total:** \$117.59

**Card:** \*\*\*\*7049

**Date/Time:** 5/13/2025 3:29:54 PM

When the button below is green, a copy of your renewal will be available. Click the green button below to download a PDF of your renewal.

If you are connected to a printer, you may print this receipt for your records by clicking the "Print" link below. However, a copy of your receipt will be sent to the email address that you input. That email will come from [egovconfirmations@wvsto.com](mailto:egovconfirmations@wvsto.com).

[Print](#)

## B4WV

Transaction Number: 20250513272794

Status: Failed

Amount: \$25.00

Company Name: SECURE CARE HEALTH SYSTEMS INC

Name: SUSAN SHELLS

Address: 7630 ALTA VIEW BLVD

COLUMBUS OH 43085

Phone: 6142567189

e-Mail: susan@securecare-usa.com

Card Holder: SUSAN SHELLS

Card Type: Master Card

Card: 55XXXXXXXXXX6673

# THE CINCINNATI INSURANCE COMPANY

## Bid Bond

**CONTRACTOR** (Name, legal status and address):

Secure Care Health Systems Inc.  
6968 Engle Road  
Middleburg Heights, OH 44130

**SURETY** (Name, legal status and principal place of business):

**THE CINCINNATI INSURANCE COMPANY**  
**6200 S. GILMORE ROAD**  
**FAIRFIELD, OHIO 45014-5141**

**OWNER** (Name, legal status and address):

West Virginia Department of Administration Purchasing Division  
2019 Washington Street E.  
Charleston, WV 25305

This document has important legal consequences, Consultation with an attorney is encouraged with respect to its completion or modification.

**BOND AMOUNT:**

**5% of bid**

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**PROJECT** (Name, location or address, and Project number, if any):

West Virginia VA Nursing Home - Clarksburg WV - Preventative Maintenance Inspections

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond the sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirements shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 25 day of May, 2025

Secure Care Health Systems Inc.

(Principal)

(Seal)

(Witness)

(Title)

**THE CINCINNATI INSURANCE COMPANY**

(Surety)

(Seal)

(Witness)

(Title) *Nick J. Bentley*  
Attorney-in-fact



THE CINCINNATI INSURANCE COMPANY  
THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

John W. Koetz; Jenna A. Lawrie; Nick Koetz; Mark A. Willis and/or Robert A. Walter

of Columbus, Ohio

their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows:

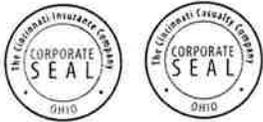
Any such obligations in the United States, up to  
Five Million and No/100 Dollars (\$5,000,000.00).

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior 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.

RESOLVED, that the signature of the President or any Senior 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 Vice-President 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 Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 16th day of March, 2021.



STATE OF OHIO )SS:  
COUNTY OF BUTLER )

THE CINCINNATI INSURANCE COMPANY  
THE CINCINNATI CASUALTY COMPANY

*Stephen A. Ventre*

On this 16th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.



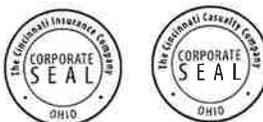
*Keith Collett*

Keith Collett, 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 Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, 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 Companies at Fairfield, Ohio, this 23rd day of May, 2025



*Ed [Signature]*

Office of Risk Assessment  
50 West Town Street  
Third Floor - Suite 300  
Columbus, Ohio 43215  
(614)644-2658  
Fax(614)644-3256  
www.insurance.ohio.gov

**Ohio Department of Insurance**

Mike DeWine - Governor

Judith French - Director

**Certificate of Compliance**



Issued 06/18/2024

Effective 07/01/2024

Expires 06/30/2025

I, Judith French, hereby certify that I am the Director of Insurance in the State of Ohio and have supervision of insurance business in said State and as such I hereby certify that

**CINCINNATI INSURANCE COMPANY, THE**

of Ohio is duly organized under the laws of this State and is authorized to transact the business of insurance under the following section(s) of the Ohio Revised Code:

**Section 3929.01 (A)**

Accident & Health

Aircraft

Allied Lines

Boiler & Machinery

Burglary & Theft

Commercial Auto - Liability

Commercial Auto - No Fault

Commercial Auto - Physical Damage

Credit

Earthquake

Fidelity

Financial Guaranty

Fire

Glass

Inland Marine

Medical Malpractice

Multiple Peril - Commercial

Multiple Peril - Farmowners

Multiple Peril - Homeowners

Ocean Marine

Other Liability

Private Passenger Auto - Liability

Private Passenger Auto - No Fault

Private Passenger Auto - Physical Damage

Surety

Workers Compensation

CINCINNATI INSURANCE COMPANY, THE certified in its annual statement to this Department as of December 31, 2023 that it has admitted assets in the amount of \$19,791,935,858, liabilities in the amount of \$12,497,981,859, and surplus of at least \$7,293,953,999.

IN WITNESS WHEREOF, I have hereunto subscribed my name and caused my seal to be affixed at Columbus, Ohio, this day and date.

Judith French, Director





The Cincinnati Insurance Company ■ The Cincinnati Indemnity Company  
The Cincinnati Casualty Company ■ The Cincinnati Specialty Underwriters Insurance Company  
The Cincinnati Life Insurance Company

THE CINCINNATI INSURANCE COMPANY  
FINANCIAL STATEMENT  
DECEMBER 31, 2024

ASSETS

Cash	\$ 496,765,604
Bonds	10,261,653,689
Stocks	7,899,076,709
Agents Balance Receivable	2,759,511,438
All Other Admitted Assets	<u>1,313,873,838</u>
TOTAL ADMITTED ASSETS	<u>\$22,730,881,278</u>

LIABILITIES

Reserve for Losses and Loss Expense	\$ 8,382,566,630
Reserve for Unearned Premiums	4,281,961,730
All Other Liabilities	1,463,662,730
Capital	\$ 3,586,355
Surplus	8,599,103,833
	<u>8,602,690,188</u>
TOTAL LIABILITIES & EQUITY	<u>\$22,730,881,278</u>

State of Ohio  
County of Butler

Theresa A. Hoffer, Treasurer of The Cincinnati Insurance Company, being duly sworn for herself, deposes and says that she is the above described officer of the said company and that the above Financial Statement as of December 31, 2024 is true and correct to the best of her knowledge and belief.

Theresa A. Hoffer  
Senior Vice President, Treasurer

Subscribed and sworn before me this 18<sup>th</sup> day of February 2025.



**Tiffany L. McAbee**  
Notary Public, State of Ohio  
My Commission Expires May 15, 2028



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/17/2020

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).

<b>PRODUCER</b> W.E. Davis Insurance Agency 29 Frederick Street Columbus, OH 43206 John W. Koetz CIC CPCU		<b>614-443-0533</b>	<b>CONTACT NAME:</b> John W. Koetz CIC CPCU <b>PHONE (A/C, No, Ext):</b> 614-443-0533 <b>FAX (A/C, No):</b> 614-444-1201 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Secure Care Health Systems Inc 6968 Engle Road Middleburg Heights, OH 44130		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> Cincinnati Specialty		<b>13037</b>
		<b>INSURER B:</b> Westfield Insurance Company		<b>24112</b>
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

### 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	X		CSU0154307	08/01/2020	08/01/2021	EACH OCCURRENCE	\$ 1,000,000		
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	<input checked="" type="checkbox"/> Professional						MED EXP (Any one person)	\$ 10,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000		
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000		
							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
								\$		
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			CWP097332M	08/01/2020	08/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$		
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE (Per accident)	\$		
								\$		
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$		
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			CSU0154307 (OH EL) NO WORKERS COMPENSATION	08/01/2020	08/01/2021	PER STATUTE	OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						Y / N	N / A	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
									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)

When required by written contract and subject to policy terms and conditions Certificate Holder is added as an additional insured with respects to operations of the named insured.

### CERTIFICATE HOLDER

### CANCELLATION

<b>STATEWV</b>  State of West Virginia; Dept of Administration, Purchasing Division; 2019 Washington St E PO BOX 50130 Charleston, WV 25305-0130	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 
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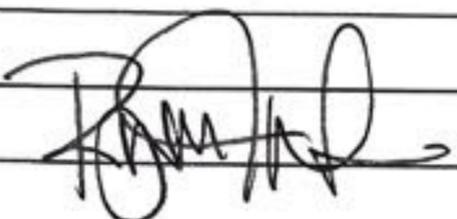
Elopement Prevention

Exhibit C  
Pricing Page

Line	Item	Unit of Measure	# of Times per Year*	UNIT PRICE	ANNUAL PRICE
1	<b>Preventive Maintenance:</b> Parts/labor/travel will not be paid separately.	Quarterly	4	\$ 4,384.00	\$ 17,536.00
2	<b>Access Control System Annual Online, Remote and Program Support</b>	Annual	1	\$ 399.00	\$ 399.00
	<b>Item</b>	<b>Unit of Measure</b>	<b>Estimated Days per Year</b>	<b>UNIT PRICE</b>	<b>ANNUAL PRICE</b>
3	<b>Corrective Maintenance:</b> Travel will not be paid separately	Day	5	\$ 1,899.00	\$ 9,495.00
4	<b>Emergency Maintenance:</b> Travel will not be paid separately	Day	3	\$ 2,999.00	\$ 8,997.00
	<b>Estimated Parts Cost*</b>		<b>Markup Percentage</b>		<b>ANNUAL PRICE</b>
5	\$10,000.00		30%		\$13,000.00
<b>OVERALL ANNUAL COST:</b>					\$ 49,427.00

**\*ALL ORDER QUANTITIES ARE ESTIMATED AND FOR BIDDING PURPOSES ONLY**

**\*DO NOT ALTER ESTIMATED AMOUNTS**

Vendor:	Secure Care Health Systems		
Address:	6968 Engle Rd		
	Middleburg Heights, OHIO 44130		
Phone:	440-826-0324		
Email:	<a href="mailto:ryan@securecare-usa.com">ryan@securecare-usa.com</a>		
Name:	Ryan Mierau - President		
Signature:		Date:	June 5th, 2025