

REQUEST FOR QUOTATION – CRFQ VNF26*09
FLOORING, PATCH, REPAIR and PAINT
CRFQ VNF26*

12. MISCELLANEOUS:

11.1. **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.

Vendor: Meadow Ridge Ranch Const.

Contract Manager: John Dye

Telephone Number: _____

Cell Phone Number: 304-610-4408

Email Address: John.Dye@Timhogan.com

RECEIVED

2026 JUN 25 PM 1:19

VNF PURCHASING

REQUEST FOR QUOTATION – CRFQ VNF26*09
FLOORING, PATCH, REPAIR and PAINT
CRFQ VNF26*

EXHIBIT A

PRICING PAGES

PROJECT TOTAL BID PRICE

125,832.65





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

I, John Dye, after being first duly sworn, depose and state as follows:

- 1. I am an employee of Meadow Ridge Ranch Corp; and,
(Company Name)
- 2. I do hereby attest that Meadow Ridge Ranch Corp.
(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: John Dye
 Signature: [Handwritten Signature]
 Title: Sales Manager
 Company Name: Meadow Ridge Ranch Corp
 Date: 6-25-26

STATE OF WEST VIRGINIA,

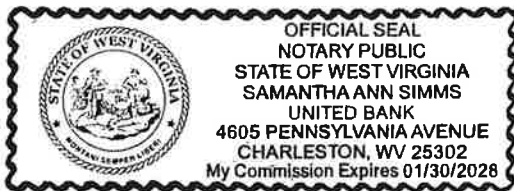
COUNTY OF Kanawha, TO-WIT:

Taken, subscribed and sworn to before me this 25 day of June, 2026.

By Commission expires 11/30/2028

(Seal)

[Handwritten Signature]
 (Notary Public)



**ERIE INSURANCE
PROPERTY & CASUALTY COMPANY
BID BOND**

Know All Men by These Presents,

Bond No. EE1455 - A . . .

That we, Meadow Ridge Ranch Construction, LLC (hereinafter called the Principal) as Principal, and the ERIE INSURANCE PROPERTY & CASUALTY COMPANY, of Erie, Pennsylvania, a corporation duly organized under the laws of the State of Pennsylvania, (hereinafter called the Surety), as Surety, are held and firmly bound unto WV Veterans Nursing Facility, Division of Veterans Affairs hereinafter called the Oblige in the full and just sum of Six Thousand Two Hundred Ninety Two Dollars, (\$6,292.00), good and lawful money of the United States of America, to the payments of which sum of money well and truly to be made, the said Principal and Surety bind themselves, their and each of their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.


Signed, sealed and dated this 22nd day of June, A.D. 20 26.


THE CONDITION OF THIS OBLIGATION IS SUCH: That, if the Oblige shall make any award within 30 days to the Principal for Flooring and Base replacement for the WV Veterans Nursing Facility located @ 1 Freedom Way, Clarksburg, WV 26301.

according to the terms of the proposal or bid made by the Principal therefor, and the Principal shall duly make and enter into a contract with the Oblige in accordance with the terms of said proposal or bid and award and shall give bond for the faithful performance thereof with the Surety or Sureties approved by the Oblige; or if the Principal shall, in case of failure so to do, pay the Oblige the damages which the Oblige may suffer by reason of such failure, not exceeding the penalty of this bond, then this obligation shall be null and void; otherwise it shall be and remain in full force and effect.


In Testimony Whereof, the Principal and Surety have caused these presents to be duly signed and sealed.

Principal. Meadow Ridge Ranch Construction, LLC

Witness: 

By: 
Christopher D. Deweese

Witness: 

ERIE INSURANCE
PROPERTY & CASUALTY COMPANY
By: 
Tony E. Lucas, Attorney-in-Fact



**ERIE INSURANCE
PROPERTY & CASUALTY COMPANY
ERIE, PA 16530
LIMITED POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That ERIE INSURANCE PROPERTY & CASUALTY COMPANY, a corporation duly organized under the laws of the Commonwealth of Pennsylvania, does hereby make, constitute and appoint Jarred W. Hurley, Tony Lucas, Jennifer Hines, Jacqueline Fitch, Cody Javins, Lisa Sword, Olivia Stump, Jeremy Caldwell and Jessica Caldwell-----

individually, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed: any and all bonds and undertakings of suretyship,

----- each in a penalty not to exceed the sum of five hundred thousand dollars (\$500,000.00).-----

And to bind ERIE INSURANCE PROPERTY & CASUALTY COMPANY thereby as fully and to the same extent as if such bonds and undertakings and other writings obligatory in the nature thereof were signed by the appropriate officer of ERIE INSURANCE PROPERTY & CASUALTY COMPANY and sealed and attested by one other of such officers, and hereby ratifies and confirms all that its said Attorney(s)-in-Fact may do in pursuance hereof.

The Power of Attorney is granted under and by authority of the following Resolutions adopted by the Board of Directors of ERIE INSURANCE PROPERTY & CASUALTY COMPANY on the 2nd day of September, 2016, and said Resolutions have not been amended or repealed:

“RESOLVED, that the Chief Executive Officer, or any Senior Vice President or Vice President shall have power and authority to: (a) Appoint Attorney(s)-in-Fact and to authorize them to execute on behalf of the Company, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and, (b) Remove any such Attorney-in-Fact at any time and revoke the power and authority given to him or her.

RESOLVED, that Attorney(s)-in-Fact shall have power and authority, subject to the terms and limitations of the Power of Attorney issued to them, to execute and deliver on behalf of the Company, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof. The corporate seal is not necessary for the validity of any bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof.”

This Limited Power of Attorney is signed and sealed by facsimiles under and by virtue of the following Resolution adopted by the Board of Directors of ERIE INSURANCE PROPERTY & CASUALTY COMPANY on the 2nd day of September, 2016, and said Resolution has not been amended or repealed:

“RESOLVED, that the signature of Timothy G. NeCastro, as Chief Executive Officer of the Company, and the Seal of the Company may be affixed by the following facsimiles on any Limited Power of Attorney for the execution of bonds, undertakings, recognizances, contracts and other writings in the nature thereof, and the signature of Brian W. Bolash, as Secretary of the Company, the Seal of the Company, the signature of Cynthia R. Crosby, as Notary Public, and her notarial seal, may also be affixed by the following facsimiles to any certificate or acknowledgment of any such Limited Power of Attorney, and only under such circumstances shall said facsimiles be valid and binding on the Company.”

IN WITNESS WHEREOF, ERIE INSURANCE PROPERTY & CASUALTY COMPANY has caused these presents to be signed by its Chief Executive Officer, and its corporate seal to be hereto affixed this 18th day of October, 2016.

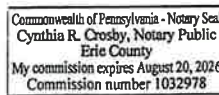


Timothy G. NeCastro

Timothy G. NeCastro
Chief Executive Officer

COMMONWEALTH OF PENNSYLVANIA } ss.
COUNTY OF ERIE

On this 18th day of October, 2016, before me personally came Timothy G. NeCastro, to me known, who being by me duly sworn, did depose and say: that he is Chief Executive Officer of ERIE INSURANCE PROPERTY & CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the Seal of said corporation; that the Seal affixed to the said instrument is such corporate Seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



Cynthia R. Crosby

My commission expires August 20, 2026
Notary Public

CERTIFICATE

I, Brian W. Bolash, Secretary of ERIE INSURANCE PROPERTY & CASUALTY COMPANY, do hereby certify that the original LIMITED POWER OF ATTORNEY, of which the foregoing is a full, true and correct copy, is still in full force and effect as of the date below.



Brian W. Bolash

Brian W. Bolash, Secretary

In witness whereof, I have hereunto subscribed my name and affixed corporate Seal of the Company by facsimiles pursuant to the action of the Board of Directors of the Company,

this *22nd* day of *June* 20*26*



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV061567

CLASSIFICATION:

ELECTRICAL
GENERAL BUILDING
MANUFACTURED HOME INSTALLATION
PLUMBING
SPECIALTY

MEADOW RIDGE RANCH CONSTRUCTION LLC
DBA MEADOW RIDGE CONSTRUCTION
PO BOX 36
KENNA, WV 25248

DATE ISSUED

FEBRUARY 23, 2026

EXPIRATION DATE

FEBRUARY 23, 2027

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)
04/16/2026

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 Caldwell Insurance Agency 20 MacCorkle Ave SW South Charleston WV 25303 | | CONTACT NAME: Cheryl Kalos PHONE (A/C, No, Ext): (304)347-8972 E-MAIL ADDRESS: ckalos@caldwellinswv.com | FAX (A/C, No): (304)347-8973 | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------------------------------|-------------------------------|--|--------|-------------|------------------------|-------|-------------|--|-------|-------------|---------------------------------------|-------|-------------|--|--|-------------|--|--|-------------|--|--|
| INSURED Meadow Ridge Ranch Construction, LLC 1045 Divide Ridge Rd Given WV 25245 | | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Erie Insurance Company</td> <td>26263</td> </tr> <tr> <td>INSURER B :</td> <td>Erie Insurance Property & Casualty Company</td> <td>26830</td> </tr> <tr> <td>INSURER C :</td> <td>Progressive Classic Insurance Company</td> <td>11770</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 : | Erie Insurance Company | 26263 | INSURER B : | Erie Insurance Property & Casualty Company | 26830 | INSURER C : | Progressive Classic Insurance Company | 11770 | INSURER D : | | | INSURER E : | | | INSURER F : | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
| INSURER A : | Erie Insurance Company | 26263 | | | | | | | | | | | | | | | | | | | | | | |
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| INSURER C : | Progressive Classic Insurance Company | 11770 | | | | | | | | | | | | | | | | | | | | | | |
| 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | | | Q61-0165932 | 02/16/2026 | 02/16/2027 | EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 \$ |
| C | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | 975845732 | 12/21/2025 | 12/21/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | Q26-6670039 | 02/16/2026 | 02/16/2027 | EACH OCCURRENCE \$ 1,000,000.00 AGGREGATE \$ 1,000,000.00 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | | Q86-6700333 | 02/17/2026 | 02/17/2027 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000.00 E.L. DISEASE - EA EMPLOYEE \$ 500,000.00 E.L. DISEASE - POLICY LIMIT \$ 500,000.00 |
| A | CRIME/EMPLOYEE DISHONESTY | | | Q61-0165932 | 02/16/2026 | 02/16/2027 | EMPLOYEE DISHONESTY \$25,000.00 |

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

WV Department of Corrections & Rehabilitation is listed as additional insured.

| | |
|--|--|
| CERTIFICATE HOLDER WV Department of Corrections & Rehabilitation 1409 Greenbrier St. Charleston WV 25311 | 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 |
|--|--|