



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/10/2025

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 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 Coverdash 286 5th Ave New York NY 10001	CONTACT NAME: Coverdash Agents PHONE (A/C, No, Ext): E-MAIL ADDRESS: agents@coverdash.com	FAX (A/C, No):
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: THE STANDARD FIRE INSURANCE COMPANY		19070
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED Red Vest Supply, LLC 604 Jett Street West Portsmouth OH 45663	INSURER B:	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	BIP-2Y472318- 25-42	2025- 04-08	2026- 04-08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

This certificate was generated automatically by the insured through the Coverdash self service portal.

CERTIFICATE HOLDER

West Virginia Correctional Industries 4319 Denmar Rd Hillsboro WV 24946	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
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Coverdash		
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

**EXHIBIT A – Pricing Page
ARFQ DCR2500000116**

Section	Description	Unit of Measure	Estimated Quantity	Unit Cost	Extended Cost
3.1.1.1	Contract item #1 - Acorn Model 3325-M0028 15” Compact Lavatory with Multi-Sided Bowl – Replacement; or Equal	EA	12	1339.03	\$ 16,068.36
		Overall Total Cost			
		\$ 16,068.36			

Quantities are Estimated for Bid purposes ONLY. This is not a guaranteed sale.

Please note: This information is being captured for auditing purposes.

Vendor must complete the pricing page in full as failure to complete the Pricing Page in its entirety will result in Vendor's bid being disqualified.

The Pricing Page contains a list of the Contract Services and estimated service volume. The estimated purchase volume for each item represents the approximate volume of anticipated purchases only. No future use of the Contract or any individual item is guaranteed or implied

Any product or service not on the Agency provided Pricing Page will not be allowable. The state cannot accept alternate pricing pages, failure to use Exhibit A Pricing Pages will lead to disqualification of vendors bid.

Vendor should type or electronically enter the information into the Pricing Page to prevent errors in the evaluation.

BIDDER /VENDOR INFORMATION:

Vendor Name:	Red Vest Supply
Address:	1656 Lynnbrook Ct.
City, St. Zip:	Orient, OH 43146
Phone No.:	740-357-7375
Email Address:	govsales@redvestsupply.com

Michael Lackey

Vendor Signature:

6/25/2025

Date:

Quotation

RED VEST SUPPLY
604 Jett Street
West Portsmouth, OH 45663
Phone (740) 357-7371



DATE 06/25/25
Quotation # ARFQ-0608-
DCR2500000116-1
Customer ID STWV

Quotation For:
STATE OF WEST
VIRGINIA

Quotation valid until: 07-25-2025

Comments or Special Instructions:

Full Spec Sheet is attached. Will be built to exact dimensions provided on spec sheet.

SALESPERSON	P.O. NUMBER	LEAD TIME	SHIP VIA	F.O.B. POINT	TERMS
Nikki Baffa		8 - 9 WEEKS			Net 30 Days

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
12	ACORN ENGINEERING 3325-1-BP-04-M 15" Compact Lavatory With Multi-Sided Bowl Replacement, Off Floor, Wall Outlet, Bubbler, Penal, Air Control, Hot & Cold, Metering - EXACT SPECIFICATIONS: Multisided bowl measuring 12 3/4" x 8 1/4" x 5" deep with 1 1/4" NPT Female standard elbow waste outlet • Lavatory Valve arranged to support the fixture through the wall and services from the chase • Air Control pneumatically operated, pushbutton valve using atmospheric air • Push button is vandal resistant and requires less than 5 pounds to activate valve • Valve includes a 0.5 GPM flow control and remotely located up to 10ft from the operating push button • Fabricated from 14gauge, 304 stainless steel • Seamless welded and exposed surfaces with satin finish • Countertop with an air circulating raised rib soap holder • Cabinet interior sound deadened with fire resistant material	\$ 1,339.03	\$ 16,068.36

SUBTOTAL	\$ 16,068.36
TAX RATE	0.00%
SALES TAX	\$ 0.00
OTHER	-
TOTAL	\$ 16,068.36

If you have any questions concerning this quotation, contact sales@redvestsupply.com

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.

Red Vest Supply

(Name, Title)

Michael Lackey - President/ Owner

(Printed Name and Title)

1656 Lynnbrook Ct. Orient, OH 43146

(Address)

740-357-7375

(Phone Number) / (Fax Number)

govsales@redvestsupply.com

(E-mail address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation 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 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 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 that this Contract is subject to the provisions of West Virginia code and rules and applicable adopted procedures; therefore, purchases and contracts violating West Virginia Code and rules are void and of no effect.

Red Vest Supply

(Company)

Michael Lackey

(Authorized Signature) Representative Name, Title)

Michael Lackey- President/ Owner

(Printed Name & Title of Authorized Representative)

6/25/2025

(Date)

740-357-7375

(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.:

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification. Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

☐ Addendum No. 1

☐ Addendum No. 6

☐ Addendum No. 2

☐ Addendum No. 7

☐ Addendum No. 3

☐ Addendum No. 8

☐ Addendum No. 4

☐ Addendum No. 9

☐ Addendum No. 5

☐ 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.

Red Vest Supply

Company

Michael Lackey

Authorized Signature

6/25/2025

Date

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