

WV DIVISION OF CORRECTIONS AND REHABILITATION  
LAKIN CORRECTIONAL CENTER AND JAIL  
11264 OHIO RIVER ROAD  
WEST COLUMBIA, WEST VIRGINIA

BID FORM

DATE: April 17, 2025

TO THE OWNER: WV Division of Corrections and Rehabilitation  
1409 Greenbrier Street  
Charleston, West Virginia 25311

PROJECT: ARFQ 0608 DCR2500000034  
Lakin Correctional Center and Jail  
HVAC Equipment Replacement Project  
11264 Ohio River Road  
West Columbia, West Virginia 25287

The undersigned, hereinafter called the Bidder, being familiar with and understanding the Bidding Documents and also having examined the site and being familiar with all local conditions affecting the project hereby proposes to furnish all labor, material, equipment, supplies, and transportation, and to perform all Work in accordance with the Bidding Documents.

I (We) acknowledge the following Addenda:

ADDENDUM

NOS.

DATE

See attached acknowledgement

I understand that failure to confirm the receipt of the addendum(s) is cause for rejection of bids.

BASE BID: General Construction

All bid pricing below must be written in "Words and Numbers".

I (We) agree to perform all work required to complete construction of the Lakin Correctional Center Lightning Protection, Grounding, and Bonding Project, 11264 Ohio River Road, West Columbia, WV, all in accordance with the Contract Documents for the sum of:

Five Million Twenty-five Thousand One Hundred

Forty-four dollars Dollars (\$ 5,025,144.00).

In the event of a difference between the written amount and the number amount, the written amount shall prevail.

It is expressly agreed that the Work shall be started within 10 days after receipt of the Owner's Notice to Proceed. The Bidder, if successful and awarded the Contract, agrees that all Work is to be Substantially Complete within 365 days and agrees to achieve Final Completion within 30 consecutive calendar days thereafter. I (We) further agree to pay as liquidated damages, the sum of \$500.00 for each consecutive calendar day thereafter as herein provided in Article 5 of the Instructions to Bidders.

Construction Schedule:

Any work performed prior to receipt of the Owner's written Notice to Proceed and/or Purchase Order shall be at the Bidder's risk.

Upon receipt of the Owner's written notice of the acceptance of this Bid, the Bidder agrees that they shall execute and deliver the bonds and insurance certificates, copy of WV Contractors License, No Dept to WV Affidavit, and proof of Workers' Compensation as set forth in the Bidding Documents to the Owner, or the Bidder shall forfeit the security deposited with this Bid.

The Bidder agrees that this Bid shall not be withdrawn for a period of ninety (90) consecutive calendar days following the date for receipt of Bids without forfeiture of the five percent (5%) bid security deposited with this Bid.

RESPECTUFLY SUBMITTED:

DATE: April 17, 2025

WV VENDOR NO.: 000000200967

CONTRACTOR LICENSE NO.: WV000006

BY: [Signature]  
(Signature in ink)

TITLE: Estimator / Project Manager

FIRM NAME: Murray Sheet Metal Company, Inc. (CORPORATE SEAL  
IF APPLICABLE)

ADDRESS: 3112 Northwestern Pike, Parkersburg WV

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.

Murray Sheet Metal Co. Inc  
Company

  
Authorized Signature

April 17, 2025  
Date

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





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

I, Joshua S. Tullius, after being first duly sworn, depose and state as follows:

1. I am an employee of Murray Sheet Metal Co., Inc; and,  
(Company Name)
2. I do hereby attest that Murray Sheet Metal Co., 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: Joshua S. Tullius

Signature: 

Title: Vice President, Sheet Metal

Company Name: Murray Sheet Metal Co., Inc

Date: April 17, 2025

STATE OF WEST VIRGINIA,

COUNTY OF Wood, TO-WIT:

Taken, subscribed and sworn to before me this 17<sup>TH</sup> day of APRIL, 2025.

By Commission expires APRIL 19, 2027

(Seal)

  
(Notary Public)





Taxpayer Services Division  
P.O. Box 885  
Charleston, WV 25323-0885



WEST VIRGINIA  
TAX DIVISION

00043601010000



Matthew R. Irby, Tax Commissioner

Letter ID: L0203456928  
Issued: 03/12/2025

MURRAYS SHEET METAL COMPANY INC  
3112 E NORTHWESTERN PIKE  
PARKERSBURG WV 26104-1105

## West Virginia Tax Division

### Letter of Good Standing

**EFFECTIVE DATE: March 12, 2025**

A review of tax accounts indicates that MURRAYS SHEET METAL COMPANY INC is in good standing as of the effective date of this document. Please note, this Letter of Good Standing expires on **June 10, 2025**.

The issuance of this Letter of Good Standing shall not bar any audits, investigations, assessments, refund or credits with respect to the taxpayer named above and is based only on a review of the tax returns and not on a physical audit of records.

Sincerely,

Catherine Mitchell, Assistant Director  
Taxpayer Services Division





# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV000006

## CLASSIFICATION:

GENERAL BUILDING  
GENERAL ENGINEERING  
HVAC  
PIPING  
PLUMBING  
SPECIALTY  
ROOFING

MURRAYS SHEET METAL COMPANY INC  
3112 NORTHWESTERN PIKE  
PARKERSBURG, WV 26104

DATE ISSUED

EXPIRATION DATE

DECEMBER 26, 2024

DECEMBER 26, 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, Murray Sheet Metal Co., Inc.  
of Parkersburg, WV, as Principal, and Great American Insurance Company  
of Cincinnati, OH, a corporation organized and existing under the laws of the State of  
OH with its principal office in the City of Cincinnati, as Surety, are held and firmly bound unto the State  
of West Virginia, as Oblige, 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  
HVAC Equipment Replacement Project, Lakin Correctional Facility, 11264 Ohio River Road, West Columbia, WV  
25287, Mason County, 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 Oblige 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 15th day of April, 2025.

Principal Seal

Murray Sheet Metal Co., Inc.

(Name of Principal)

By

(Must be President, Vice President, or  
Duly Authorized Agent)

Vice President, Sheet Metal  
(Title)

Surety Seal



Great American Insurance Company

(Name of Surety)

By:

Tammy S. Selbe  
Tammy S. Selbe 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.**

# GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by  
this power of attorney is not more than 1

Bond No. Bid Bond

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

| Name           | Address  | Limit of Power   |
|----------------|--|------------------|
| Tammy S. Selbe | 300 Kanawha Blvd East, Suite 300<br>Charleston, WV 25301 | \$100,000,000.00 |

Principal: Murray Sheet Metal Co., Inc.

Obligee: Division of Corrections - Central Office

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 15th day of April, 2025.

Attest

GREAT AMERICAN INSURANCE COMPANY



*Stephen C. Beraha*

Assistant Secretary

*Mark V. Vicario*

Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 15th day of April, 2025, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A. KOHORST  
Notary Public  
State of Ohio  
My Comm. Expires  
May 18, 2025

*Susan A. Kohorst*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

**RESOLVED:** That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

**RESOLVED FURTHER:** That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

## CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 15th day of April, 2025.



*Stephen C. Beraha*

Assistant Secretary





UNITCON-01

CIMGIBSON

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/27/2025

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).

|  |   |                                      |               |
|--|---|--------------------------------------|---------------|
| <b>PRODUCER</b><br>AssuredPartners<br>340 MacCorkle Ave. SE<br>Charleston, WV 25314                            | <b>CONTACT NAME:</b> Mark Stewart                           |                                      |               |
|  | <b>PHONE (A/C, No, Ext):</b> (304) 345-8000                 | <b>FAX (A/C, No):</b> (304) 345-8014 |               |
|  | <b>E-MAIL ADDRESS:</b> mark.stewart@assuredpartners.com     |                                      |               |
| <b>INSURED</b><br><br>Murray Sheet Metal Company, Inc.<br>3112 Northwestern Pike<br>Parkersburg, WV 26104-1105 | <b>INSURER(S) AFFORDING COVERAGE</b>                        |                                      | <b>NAIC #</b> |
|  | <b>INSURER A:</b> Hartford Fire Insurance Co.               |                                      | 19682         |
|  | <b>INSURER B:</b> Travelers Property Casualty Co of America |                                      | 25674         |
|  | <b>INSURER C:</b> Twin City Fire Insurance Co.              |                                      | 29459         |
|  | <b>INSURER D:</b>   |                                      |               |
|  | <b>INSURER E:</b>   |                                      |               |
| <b>INSURER F:</b>  |   |                                      |               |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

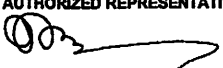
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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   |          | 42UENOE0085        | 4/1/2025                | 4/1/2026                | EACH OCCURRENCE \$ 2,000,000  |                                   |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |   |          |                    |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000                            |                                   |
|          |  |   |          |                    |                         |                         | MED EXP (Any one person) \$ 10,000  |                                   |
|          |  |   |          |                    |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000  |                                   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |          |                    |                         |                         | GENERAL AGGREGATE \$ 4,000,000  |                                   |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC |   |          |                    |                         |                         | PRODUCTS - COMP/OP AGG \$ 4,000,000   |                                   |
|          | OTHER:   |   |          |                    |                         |                         | \$  |                                   |
| A        | AUTOMOBILE LIABILITY   | X   |          | 42UENOE0086        | 4/1/2025                | 4/1/2026                | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000                                |                                   |
|          | <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY  |   |          |                    |                         |                         |   | BODILY INJURY (Per person) \$     |
|          | <input checked="" type="checkbox"/> HIRED AUTOS ONLY   |   |          |                    |                         |                         | <input checked="" type="checkbox"/> SCHEDULED AUTOS                             | BODILY INJURY (Per accident) \$   |
|          |  |   |          |                    |                         |                         | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                        | PROPERTY DAMAGE (Per accident) \$ |
| B        | UMBRELLA LIAB  | <input checked="" type="checkbox"/> OCCUR | X        | CUP-1Y69238A-24-NF | 4/1/2025                | 4/1/2026                | EACH OCCURRENCE \$ 8,000,000  |                                   |
|          | <input checked="" type="checkbox"/> EXCESS LIAB  | <input type="checkbox"/> CLAIMS-MADE      |          |                    |                         |                         | AGGREGATE \$ 8,000,000  |                                   |
|          | DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |   |          |                    |                         |                         | \$  |                                   |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  | Y/N                                       | N/A      | 42WEOE0084         | 4/1/2025                | 4/1/2026                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |                                   |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              |   |          |                    |                         |                         | 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)  
The State of West Virginia is covered as an additional insured.

## CERTIFICATE HOLDER

## CANCELLATION

|  |  |
|--|--|
| State of WV<br>1900 Kanawha Blvd E, Building 5<br>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<br>  |