



State of West Virginia  
Agency Request for Quote

<b>Proc Folder:</b> 1646201			<b>Reason for Modification:</b> Addendum No. 3:
<b>Doc Description:</b> Chiller Replacement Project			
<b>Proc Type:</b> Agency Purchase Order			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2025-04-11	2025-04-18 10:30	ARFQ 0608 DCR2500000046	4

**BID RECEIVING LOCATION**

**VENDOR**

**Vendor Customer Code:** 000000203565  
**Vendor Name :** TRI-STATE ROOFING & SHEET METAL CO OF WV  
**Address :** MAILING: PO BOX 1231 CHARLESTON, WV 25324  
**Street :** 321 HARRIS DR  
**City :** POCA  
**State :** WV **Country :** US **Zip :** 25159  
**Principal Contact :** BRANDON MERRIMAN, VICE PRESIDENT  
**Vendor Contact Phone:** 304-755-8135 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**

Philip K Farley  
(304) 549-1050  
philip.k.farley@wv.gov

**Vendor  
Signature X**

**FEIN#** 55-0591156

**DATE** 02/18/2025

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

**ADDITIONAL INFORMATION**

The West Virginia Division of Corrections and Rehabilitation (DCR) is soliciting bids on behalf of Mount Olive Correctional Complex and Jail (MOCC&J), to establish a contract for a lump sum amount to replace existing two (2) chillers and chiller controls, four (4) butterfly valves, any required piping, four (4) pumps and pump controls, and any associated parts and install new. The facility is located at 1 Mountainside Way, Mount Olive, WV 25185 and is in Fayette County.

INVOICE TO				SHIP TO			
DIVISION OF CORRECTIONS - CENTRAL OFFICE 1124 SMITH STREET SECOND FLOOR CHARLESTON WV US				MT OLIVE CORRECTIONAL CENTER ONE MOUNTAINSIDE WAY MT OLIVE WV US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Total Bid Amount				

Comm Code	Manufacturer	Specification	Model #
72151201			

**Extended Description:**

The West Virginia Division of Corrections and Rehabilitation (DCR) is soliciting bids on behalf of Mount Olive Correctional Complex and Jail (MOCC&J), to establish a contract for a lump sum amount to replace existing two (2) chillers and chiller controls, four (4) butterfly valves, any required piping, four (4) pumps and pump controls, and any associated parts and install new. The facility is located at 1 Mountainside Way, Mount Olive, WV 25185 and is in Fayette County.

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
2	Mandatory Pre-Bid Meeting at 10:00 AM E.S.T.	2025-03-21
3	Deadline for Questions Due is 2:00 PM E.S.T.	2025-04-08
4	Bid Due By 10:30 AM E.S.T.	2025-04-18

	Document Phase	Document Description	Page
			3
DCR2500000046	Final	Chiller Replacement Project	

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

	Document Phase	Document Description	Page 4
DCR2500000046	Final	Chiller Replacement Project	

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

ARFQ 0608 DCR2500000046  
REQUEST FOR QUOTATION  
CHILLER REPLACEMENT PROJECT  
MOUNT OLIVE CORRECTIONAL COMPLEX AND JAIL

---

EXHIBIT E – PRICING PAGE

ARFQ 0608 DCR2500000046  
REQUEST FOR QUOTATION  
CHILLER REPLACEMENT PROJECT  
MOUNT OLIVE CORRECTIONAL COMPLEX AND JAIL

---

EXHIBIT E – PRICING PAGE

Vendor's Company Name: TRI-STATE ROOFING & SHEET METAL CO OF WV

Vendor's Address: PO BOX 1231 CHARLESTON, WV 25324

Phone Number: 304-755-8135

Fax Number: 304-755-5275

Email Address: CHARLESTON@TRI-STATESERVICE.COM

WV Contractor's License Number: WV000104

We, the undersigned, hereby propose to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding Documents.

**TOTAL BID AMOUNT:** SIX HUNDRED FORTY TWO THOUSAND, TWO-  
HUNDRED AND EIGHTY FIVE DOLLARS

( \$ \$642,285 )

(Total bid amount to be written in words and numbers.)

Authorized Signature: 



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)*

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input checked="" 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 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.

TRI-STATE ROOFING & SHEET METAL CO OF WV

\_\_\_\_\_  
Company

  
\_\_\_\_\_  
Authorized Signature

04/18/2025

\_\_\_\_\_  
Date

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

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Tri-State Roofing & Sheet Metal Company of WV  
of P.O. Box 1231, Charleston, WV 25324, as Principal, and Travelers Casualty and Surety Company  
of America of 119 Virginia Street W, Charleston, WV 25302, a corporation organized and existing under the laws of the State of Connecticut  
with its principal office in the City of Hartford, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligee, 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  
ARFQ 0608 DCR2500000046, Chiller Replacement Project  
Mount Olive Correctional Complex and Jail, 1 Mountainside Way, Mountain Olive, WV 25185  
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 Obligee 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 04 day of April, 2025.

Principal Seal

Tri-State Roofing & Sheet Metal Company of WV  
(Name of Principal)

By [Signature]  
(Must be President, Vice President, or  
Duly Authorized Agent)

VP

(Title)

Surety Seal

Travelers Casualty and Surety Company of America  
(Name of Surety)

[Signature]  
Taylor R. Johnson 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.**





**Travelers Casualty and Surety Company of America**  
**Travelers Casualty and Surety Company**  
**St. Paul Fire and Marine Insurance Company**

**POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:** That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **TAYLOR R JOHNSON** of **CHARLESTON**, **West Virginia**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**IN WITNESS WHEREOF**, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 21st day of April, 2021.



State of Connecticut

City of Hartford ss.

By:   
 Robert L. Raney, Senior Vice President

On this the 21st day of April, 2021, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

**IN WITNESS WHEREOF**, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2026



  
 Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

**RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

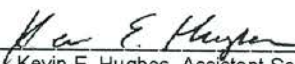
**FURTHER RESOLVED**, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED**, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 04 day of April, 2025



  
 Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.**  
**Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.**





# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV000104

**CLASSIFICATION:**

HEATING, VENTILATING & COOLING  
SPECIALTY  
ROOFING  
CRANE

TRI STATE ROOFING & SHEET METAL CO  
DBA TRI STATE ROOFING & SHEET METAL CO  
PO BOX 1231  
CHARLESTON, WV 25324-1231

**DATE ISSUED**

AUGUST 01, 2024

**EXPIRATION DATE**

AUGUST 01, 2025

Authorized Signature

Chair, West Virginia Contractor  
Licensing Board



**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.



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2024

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

PRODUCER <b>Marsh &amp; McLennan Agency LLC</b> 360 East Vine Street, Ste 200 Lexington, KY 40507 859 254-8023	CONTACT NAME: <b>Brenda S Stickrod AAI</b>	FAX (A/C, No): <b>859-254-8020</b>
	PHONE (A/C, No, Ext): <b>800-796-3567</b>	E-MAIL ADDRESS: <b>Brenda.Stickrod@MarshMMA.com</b>
INSURED <b>Tri-State Roofing &amp; Sheet Metal Company</b> of West Virginia P.O. Box 1231 Charleston, WV 25234	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>Westfield Insurance Company</b>	NAIC #: <b>24112</b>
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 SUBR INSR 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 type="checkbox"/> LOC OTHER:		CMM5942244	04/30/2024	04/30/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Drive Oth Car <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		CMM5942244	04/30/2024	04/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0		CMM5942244	04/30/2024	04/30/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					

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

## CERTIFICATE HOLDER

## CANCELLATION

\*FOR INFORMATION PURPOSES ONLY\*

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/31/2024

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>		<b>CONTACT NAME:</b> Jennifer Drake	
Mountain State Insurance Agency		<b>PHONE (A/C, No, Ext):</b> (304) 720-2000	<b>FAX (A/C, No):</b> (304) 720-2002
1206 Kanawha Blvd. E.		<b>E-MAIL ADDRESS:</b> jdrake@mountainstateinsurance.com	
Suite 100			
Charleston WV 25301-2949			
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A : Brickstreet Mutual Insurance Co	12372
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

**COVERAGES** **CERTIFICATE NUMBER:** 24 25 TSR WV Charleston **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
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER WV Code 23-4-2
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A	WCB1037746	06/01/2024	06/01/2025	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)

--	--

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Verification of Insurance	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 

© 1988-2015 ACORD CORPORATION. All rights reserved.





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

**STATE OF WEST VIRGINIA,**

**COUNTY OF** PUTNAM, **TO-WIT:**


I, BRANDON C MERRIMAN, after being first duly sworn, depose and state as follows:

1. I am an employee of Tri-State Roofing & Sheet Metal Co.; and,  
(Company Name)
2. I do hereby attest that Tri-State Roofing & Sheet Metal Co.  
(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: BRANDON C MERRIMAN

Signature: 

Title: Vice President

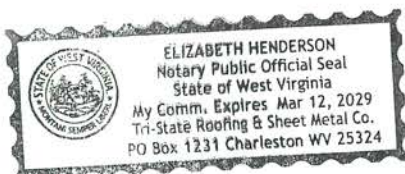
Company Name: Tri-State Roofing & Sheet Metal Co.

Date: APRIL 18 2025

Taken, subscribed and sworn to before me this 18 day of APRIL, 2025.

By Commission expires MARCH 12, 2029

(Seal)



  
(Notary Public)



**Subcontractor List Submission (Construction Contracts Only)**

**Bidder's Name:** TRI-STATE ROOFING & SHEET METAL CO OF WV

☒ 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.

**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.

BRANDON MERRIMAN, VICE PRESIDENT

(Name, Title)

SAM CLEAVENGER, HVAC SERVICE MANAGER

(Printed Name and Title)

PO BOX 1231 CHARLESTON, WV

(Address)

304-755-8135 / 304-755-5275

(Phone Number) / (Fax Number)

CHARLESTON@TRI-STATESERVICE.COM

(Email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, 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 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..

TRI-STATE ROOFING & SHEET METAL CO OF WV

(Company)



(Authorized Signature) (Representative Name, Title)

BRANDON C MERRIMAN, VICE PRESIDENT 04/18/2025

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

04/18/2025

(Date)

304-755-8135 / 304-755-5275

(Phone Number) (Fax Number)

CHARLESTON@TRI-STATESERVICE.COM

(Email Address)

In the event the price of any materials, equipment, products or labor to be used in this work should increase 4% or greater from the price at which the material/product or labor was available to the contractor at the time of submission of the bid, then the price quoted shall be increased to reflect the additional cost. This shall include documentation from the manufacturer, supplier, etc to be used as verification, written notice of any impacts to cost/lead times of materials & equipment will be provided within 5-business days.

Events of "Force Majeure" shall consist of the following: Acts of God, weather events, acts of war, terrorist acts, pandemics, issues or circumstances cause by or arising out of the novel coronavirus and its variants or COVID-19, riots or other civil unrest, newly announced or enacted governmental restrictions or other acts by governmental bodies (local, national or foreign), including but not limited to the imposition of tariffs or other trade restrictions or restrictions on the operation of businesses in the interest of public health or safety, labor disputes, labor shortages (including but not limited to the unavailability of qualified and properly trained labor forces), unavoidable labor or material shortages, unusual transportation delays or travel restrictions, unusual delays in obtaining necessary permits or other approvals granted by applicable governmental bodies, vandalism, fire, flood, tornado, earthquake or other natural disaster or any other casualty loss, or any other events beyond the reasonable control of the Contractor.

If the Contractor is at any time delayed, or anticipates a future delay, in the commencement or progress of the Work or performance under this Agreement due to an event of Force Majeure, the affected party shall provide written notice to other party within ten (10) days after the affected party first recognizes the occurrence or potential occurrence any event of Force Majeure and has assessed its impact to the Project. If an event of Force Majeure exists, the Substantial Completion Date for the Work or other time requirements for performance of obligations under this Agreement shall be extended on a day-for-day basis for the entire period of time associated with the event of Force Majeure.