Mount Olive Correctional Complex and Jail

ARFQ 0608 DCR2500000061 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

The second secon				
Preventative Maintenance	Preventative Maintenance Unit of Measure	Preventative Maintenance Number of Times Per Year	Preventative Maintenance Unit Price Per Each Time	Preventative Maintenance Extended Amount
Equipment and Systems				
Equipment and Systems	Biannual	2	2400	4800
			Subtotal A:	4800
Correction Maintenance Hourly Rates	Corrective Maintenance Unit of Measure	Corrective Maintenance Estimated Annual Hours	Corrective Maintenance Unit Price	Corrective Maintenance Extended Amount
Regular Labor Rate	Hour	100	06	0006
Overtime Labor Rate	Hour	16	125	2000
Holiday Labor Rate	Hour	8	160	1280
Emergency Labor Rate	Hour	8	125	1000
			Subtotal B:	13280
New Equipment, Devices, and Parts Markup Percentage Quote	Estimated New Equipn Markup Perc	Estimated New Equipment, Devices, and Parts Markup Percentage Cost **	New Equipment, Devices, and Parts Markup Percentage	New Equipment, Devices, and Parts Markup Percentage Extended Amount
Parts	\$20,0	\$20,000.00	25%	6250
		'		
			Subtotal C:	6250
		OVERALL COST (by	OVERALL COST (by adding subtotals A, B, and C)	24330
Bidder/Vendor Information:				
Name:	HE Neumann			
West Virginia Contractors License	WV000004			
Address:	100 Middle Creek Rd			
	Tridelphia WV 26059			
Phone No.:	304-629-4582			
Fax No.:				
Email Address:	kwatson@heneumann.com			
Authorized Signature	Kapin Watson			

NOTES:

* Quantities are estimated for bid evaluation purposes only.

** Estimated cost for bid evaluation purposes only.

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.

Karin Watson - Sales
(Name, Title)
(Printed Name and Title) Of Friddlecreek Rd Indelphia WV
(Address) 304-639-4582
(Phone Number) / (Fax Number)
(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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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.

HE Neumann
(Company)
Larin Watson - Sales
(Authorized Signature) (Representative Name, Title)
Larin Watson 12/13/24
(Printed Name and Title of Authorized Representative) (Date)
12/13/24
(Date)
304-639-4582
(Phone Number) (Fax Number)
Luation e heneumann com (Email Address)
(Liliali Addicss)

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.

recessary revisions to my proposar, plans and/or specification, etc.					
Addendum Numbers Received: (Check the box next to each addendum recei	ved)				
[] Addendum No. 1 [] Addendum No. 2 [] Addendum No. 3 [] Addendum No. 4 [] Addendum No. 5	[] Addendum No. 6 [] Addendum No. 7 [] Addendum No. 8 [] Addendum No. 9 [] Addendum No. 10				
further understand that any verbal represend discussion held between Vendor's represent	ipt of addenda may be cause for rejection of this bid. I need to be made during any oral atives and any state personnel is not binding. Only the ne specifications by an official addendum is binding.				
HE Nevmann					
Company Your Watson					
Authorized Signature					
12/13/24 Date					

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

ARFQ 0608 DCR2500000061 REQUEST FOR QUOTATION EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT MOUNT OLIVE CORRECTIONAL COMPLEX AND JAIL

1.15 CONTRACTOR DEFAULT:

- A. The following shall be considered a Contractor default under this Contract.
 - 1) Failure to perform Contract Services in accordance with the requirements contained herein.
 - 2) Failure to comply with other specifications and requirements contained herein.
 - 3) Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
 - 4) Failure to remedy deficient performance upon request.

1.16 CONTRACT MANAGER:

A. During its performance of this Contract, Contractor must designate and maintain a primary contract manager responsible for overseeing Contractor'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. Contractor should list its contract manager and his or her contact information below. The previously specified information must be submitted prior to award of contract.

Contract Manager: _	Karin Watson
Telephone Number:	304-639-4502
Fax Number:	
Email Address:	Luctson e heneumann.com

END OF SPECIFICATIONS



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

I, <u>davin Watton</u> , after being first duly sworn, depose and state as follows:				
1. I am an employee of HE Neumann ; and, (Company Name)				
2. I do hereby attest that(Company Name)				
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with <i>West Virginia Code</i> §21-1D.				
The above statements are sworn to under the penalty of perjury.				
Printed Name: Karin Waton				
Signature: Jan Walson				
Title: Scules				
Company Name: We umann				
Date:				
STATE OF WEST VIRGINIA,				
COUNTY OF, TO-WIT:				
Taken, subscribed and sworn to before me this 13 day of,				
By Commission expires				
(Seal) Record Record Record (Notary Public)				



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

1. I am an employee of	I,	armillation	, after being fir	st duly sworn, depose and state as follows:
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with <i>West Virginia Code</i> §21-1D. The above statements are sworn to under the penalty of perjury. Printed Name:	1.		(Company Name)
policy are in compliance with West Virginia Code §21-1D. The above statements are sworn to under the penalty of perjury. Printed Name:	2.	I do hereby attest that _	(Company Name)
Printed Name: Havin Water Signature: Hawker Title: SaleS Company Name: He Neumann Date: 12 13 24 STATE OF WEST VIRGINIA, COUNTY OF		maintains a written plan policy are in compliance	for a drug-free with <i>West Virg</i>	workplace policy and that such plan and ginia Code §21-1D.
Signature: January Title: SaleS Company Name: HE Neumann Date: 12 13 24 STATE OF WEST VIRGINIA, COUNTY OF	The a	bove statements are swor	n to under the	penalty of perjury.
Title:			Printed Name	: Lavin Watson
Company Name: HE Neumann Date: 1213 24 STATE OF WEST VIRGINIA, COUNTY OF			Signature: _	Kamillats
Date:			Title:	Soiles
STATE OF WEST VIRGINIA, COUNTY OF			Company Nam	ne: HE Neumann
COUNTY OF			Date:	12/13/24
Taken, subscribed and sworn to before me this 13 day of bec, , 2004. By Commission expires 8-30-08 (Seal)	STATE	OF WEST VIRGINIA,		
By Commission expires 8-30-08 (Seal) (Notary Public)	COUN	TY OF <u>Chic</u>		, TO-WIT:
(Seal) (Notary Public)	Taken	, subscribed and sworn to	before me this	13 day of bec , 3034 .
(Notary Public)	Ву Со	mmission expires	3-30-28	
	(Seal)			(Notary Public)

CONTRACTOR LICENSE





NUMBER:

WV000004

CLASSIFICATION:

ELECTRICAL
GENERAL BUILDING
GENERAL ENGINEERING
HEATING, VENTILATING & COOLING
MULTIFAMILY
PIPING
PLUMBING
RESIDENTIAL
SPECIALTY

H E NEUMANN COMPANY DBA H E NEUMANN COMPANY PO BOX 6208 WHEELING, WV 26003

DATE ISSUED

EXPIRATION DATE

AUGUST 07, 2024

AUGUST 07, 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.

WEST VIRGINIA STATE TAX DEPARTMENT BUSINESS REGISTRATION CERTIFICATE

ISSUED TO:
H E NEUMANN COMPANY
2100 MIDDLE CREEK RD
TRIADELPHIA, WV 26059-0000

BUSINESS REGISTRATION ACCOUNT NUMBER:

1034-0944

This certificate is issued on:

06/24/2011

This certificate is issued by the West Virginia State Tax Commissioner in accordance with Chapter 11, Article 12, of the West Virginia Code

The person or organization identified on this certificate is registered to conduct business in the State of West Virginia at the location above.

This certificate is not transferrable and must be displayed at the location for which issued. This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them. CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

atL006 v.4 L2115681408



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/23/2023

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)

	9					
PRODUCER Riggs, Counselman, Michaels &	P Downer Inc	CONTACT Rebecca Gierczak HENCHH GAU10W				
555 Fairmount Avenue	& Downes, Inc.	PHONE (A/C, No, Ext): 410-339-7263	FAX (A/C, No): 410-339-7234			
Towson MD 21286		E-MAIL ADDRESS: rgierczak@rcmd.com				
- ·		INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A: Phoenix Insurance Company	25623			
INSURED H.E. Neumann Company; Henc	FIDEENG-01	INSURER B: Travelers Property Casualty Company	y of America 25674			
100 Middle Creek Road	50 Flordings, E.E.O	INSURER c : Charter Oak Fire Insurance Company	25615			
Triadelphia WV 26059-1109		INSURER D: Standard Fire Insurance Company	19070			
		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 262950614	REVISION NUI	MBER:			
THIS IS TO CEPTIEV THAT THE D	OUTCIES OF INCLIDANCE LICTED DELOWARD	VE DEEN LOOKED TO THE WALLEST WALLES				

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.

NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY		VTNCO5469B537PHX23	4/1/2023	4/1/2024	EACH OCCURRENCE	\$ 2,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 15,000
			π χ			PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				1 1	GENERAL AGGREGATE	\$4,000,000
	POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$4,000,000
	OTHER:						\$
С	AUTOMOBILE LIABILITY		VTOCAP5469B549COF23	4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	X ANY AUTO		1			BODILY INJURY (Per person)	\$
-	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
ļ	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR		CUP2W0968892325	4/1/2023	4/1/2024	EACH OCCURRENCE	\$ 10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 10,000,000
	DED X RETENTION\$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		UB1S28152623K	4/1/2023	4/1/2024	X PER OTH-	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		-		E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

ERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) General proof of coverage

CERTIFICATE HOLDER	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.
.Specimen	AUTHORIZED REPRESENTATIVE
	Rdeor Only