

State of West Virginia Agency Request for Quote

Proc Folder:

1777480

Reason for Modification:

Doc Description: Replacement of Hot Water Heaters Project

Addendum No. 1:

Proc Type:

Agency Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2025-09-17	2025-09-24 10:30	ARFQ 0608 DCR2600000018	2

BID RECEIVING LOCATION

VENDOR

Vendor Customer Code: 000000203565

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

Address: PO BOX 1231 CHARLESTON, WV 25324

Street: 321 HARRIS DR

City: POCA

State: WV

Country: USA

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 09/24/2025

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

Date Printed: Sep 17, 2025 Page 1

FORM ID: WV-PRC-ARFQ-002 2020/05

ADDITIONAL INFORMATION

The West Virginia Division of Corrections and Rehabilitation (DCR), on behalf of South Central Regional Jail and Correctional Facility (SCRJ&CF), to establish a contract for a lump sum quotation to replace two (2) existing hot water heaters with new. The facility is located at 1001 Centre Way, Charleston, WV 25309 in Kanawha County.

INVOICE TO		SHIP TO	
DIVISION OF CORRECTIONS - CENTRAL OFFICE		SOUTH CENTRAL REGIONAL JAIL	
1124 SMITH STREET SECOND FLOOR		1001 CENTRE WAY	
CHARLESTON US	WV	CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Total Bid Amount	0.00000			\$217,817.00

Comm Code	Manufacturer	Specification	Model #	
40101826				

Extended Description:

Replacement of Two (2) Natural Gas Fired Hot Water Heaters Project

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	Event Date
1	Mandatory Pre-Bid Meeting at 10:00 AM E.S.T.	2025-09-10
2	Deadline for Questions at 2:00 PM. ES.T.	2025-09-17
3	Bids Due by 10:30 AM ES.T.	2025-09-24

Date Printed:

	Document Phase	Document Description	Page 3
DCR260000018	Final	Replacement of Hot Water Heaters Project	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

	Document Phase	Document Description	Page 4
DCR2600000018	Final	Replacement of Hot Water Heaters Project	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

ARFQ 0608 DCR2600000018 REQUEST FOR QUOTATION REPLACEMENT OF HOT WATER HEATER PROJECT SOUTH CENTRAL REGIONAL JAIL AND CORRECTIONAL FACILITY

EXHIBIT E - PRICING PAGE

Contractor's Company Name: TRI-STATE ROOFING & SHEET METAL CO OF WV
Contractor's Address: PO BOX 1231 CHARLESTON, WV 25324
Phone Number: <u>304-755-8135</u>
Fax Number: <u>304-755-5275</u>
Email Address: <u>CHARLESTON@TRI-STATESERVICE.COM</u>
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:TWO HUNDRED SEVENTEEN THOUSAND, EIGHTHUNDRED SEVENTEEN
(\$_217,817.00)
(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.

[X] 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

Addendum Numbers Received:

(Check the box next to each addendum received)

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	
& ANT	
Authorized Signature	
09/24/2025	
Date	

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

Agency DCR	
REQ.P.O# 260000018	

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the under	ersigned, Tri-State Roofing & Sheet Metal Company of WV
of P.O. Box 1231 Charleston, WV 2	, as Principal, and Travelers Casualty and Surety Company
of America of 119 Virginia Street W Charleston, WV 25302 , a cor	poration 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 Ar	
well and truly to be made, we jointly and severally bind ourselves, our	
	s the Principal has submitted to the Purchasing Section of the
Department of Administration a certain bid or proposal, attached heret ARFQ 0608 DCR2600000018, Replacement of Hot Water He	eaters at South Central Regional Jail and Correctional
Facility (SCRJ&CF), Charleston, WV, according to plans and s	specifications.
the agreement created by the acceptance of said bid, then this obligated full force and effect. It is expressly understood and agreed that the it event, exceed the penal amount of this obligation as herein stated. The Surety, for the value received, hereby stipulates and agreed way impaired or affected by any extension of the time within which waive notice of any such extension.	tion shall be null and void, otherwise this obligation shall remain in lability of the Surety for any and all claims hereunder shall, in no rees that the obligations of said Surety and its bond shall be in no the Obligee may accept such bid, and said Surety does hereby discrety, executed and sealed by a proper officer of Principal and
Principal Seal	Tri-State Roofing & Sheet Metal Company of WV (Name of Principal) By
	(Must be President, Vice President, or Duly Authorized Agent)
	VP
	(Title)
Surety Seal	Travelers Casualty and Surety Company of America
	(Name of Surety)
	Or au Smeth
	Jo Ann Smith 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 JOANN SMITH

CHARLESTON

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 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 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 24 day of September, 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.

Subcontractor List Submission (Construction Contracts Only)							
Bidder's Name: TRI-STATE ROOFING & SHEET METAL CO OF WV							
X 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.						
1							



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

I, B	RANDON C MERRIMAN, after being first duly sworn, depose and state as follows:
1.	I am an employee of; and, (Company Name)
	(Company Name)
2.	I do hereby attest thatTRI-STATE ROOFING & SHEET METAL CO OF WV
	(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:
	Company Name: TRI-STATE ROOFING & SHEET METAL CO OF WV
	Date: 09/24/2025
STA	TE OF WEST VIRGINIA,
	[2] [1일 [1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
COL	INTY OF KANAWHA , TO-WIT:
Take	en, subscribed and sworn to before me this 24 day of SEPTEMBER, 2025.
ВуС	Commission expires MARCH 12, 2029
(Sea	al)
	(Notary Public)

CONTRACTOR LICENSE

AUTHORIZED BY THE

West Virginia Contractor Licensing Board

POP LICENSING

HEST VIRGINIA

NUMBER: WV000104

CLASSIFICATION:

HVAC SPECIALTY ROOFING CRANE

TRI STATE ROOFING & SHEET METAL COMPANY OF WV PO BOX 1231 CHARLESTON, WV 25324-1231

DATE ISSUED

EXPIRATION DATE

AUGUST 1, 2025

AUGUST 1, 2026

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.

Client#: 645481 LAUREMANAG2

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/29/2025

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

The second secon	(-)					
PRODUCER	CONTACT Brenda S Stickrod AAI					
Marsh & McLennan Agency LLC	PHONE (A/C, No, Ext): 800-796-3567 FAX (A/C, No):					
360 East Vine Street, Ste 200	E-MAIL ADDRESS: Brenda.Stickrod@MarshMMA.com					
Lexington, KY 40507	INSURER(S) AFFORDING COVERAGE	NAIC #				
859 254-8023	INSURER A : Westfield Insurance Company	24112				
INSURED	INSURER B:					
Tri-State Roofing & Sheet Metal Company	INSURER C:					
of West Virginia	INSURER D:					
P.O. Box 1231	INSURER E:					
Charleston, WV 25234	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)	LIMIT	S
Α	Χ	COMMERCIAL GENERAL LIABILITY			CMM5942244	04/30/2025	04/30/2026	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
Α	AUT	TOMOBILE LIABILITY			CMM5942244	04/30/2025	04/30/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	Х	Drive Oth Car							\$
Α	Χ	UMBRELLA LIAB X OCCUR			CMM5942244	04/30/2025	04/30/2026	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
		DED X RETENTION \$0							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Ma	ndatory in NH)	IN/A					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedule, may	be attached if me	ore space is requ	ired)	

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
	Chi P. Barnett

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/28/2025

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PROD	DUCER				CONTACT NAME: Jennifer Drake						
Mou	ntain State Insurance Agency				PHONE (A/C, No	(304) 72	20-2000		FAX (A/C, No):	(304) 7	720-2002
1206	S Kanawha Blvd. E.				E-MAIL ADDRES	idroko@m	ountainstatein	surance.com	(140, 110).		
Suite	e 100				ADDICE		SUPERIS) AFFOR	DING COVERAGE			NAIC #
Cha	rleston			WV 25301-2949	INSURE	NI	ne Insurance (13045
INSUI	RED				INSURE	NA.		. ,			
	Tri-State Roofing & Sheet Meta	Conf	· WV								
	PO Box 1231				INSURE						
	1 0 Box 1201				INSURE						
	Charleston			WV 25324	INSURE						
201		TIFIO	ATE		INSURE						
_	YERAGES CER IIS IS TO CERTIFY THAT THE POLICIES OF			NUMBER: 25 26 TSR W				REVISION NUME		OD.	
	DICATED. NOTWITHSTANDING ANY REQUI										
	RTIFICATE MAY BE ISSUED OR MAY PERT		,								
	CLUSIONS AND CONDITIONS OF SUCH PO				REDUC						
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	E	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	rrence)	\$	
								MED EXP (Any one p	erson)	\$	
								PERSONAL & ADV IN	NJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/		\$	-
	OTHER:							11.020010 007		\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per	person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per	· /	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUP	-								-	
	EXCESS LIAB							EACH OCCURRENC		\$	
	CLAIMS-MADE	1						AGGREGATE	\longrightarrow	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER	OTH-	\$	d= 00 4 0
	AND EMPLOYERS' LIABILITY Y/N							× PER STATUTE >	OTH- ER		ode 23-4-2
A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A		WCN6012142		06/01/2025	06/01/2026	E.L. EACH ACCIDEN	T	\$ 1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EI		\$ 1,000,000 \$ 1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$ 1,00	0,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
CER	TIFICATE HOLDER				CANC	ELLATION					
								SCRIBED POLICIE) BEFORE
	Varification							F, NOTICE WILL BE Y PROVISIONS.	: DELIVERE	וו ט=	
Verification of Insurance					ACCORDANCE WITH THE POLICY PROVISIONS.						
				AUTHORIZED REPRESENTATIVE							
							1	. 01			
						Sind of h					

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.

SAM CLEAVENGER, HVAC SERVICE MANAGER	
(Name, Title) BRANDON MERRIMAN, VICE PRESIDENT	
(Printed Name and Title) PO BOX 1231 CHARLESTON, WV 25324	
(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)	
A MA	VICE PRESIDENT
(Authorized Signature) (Representati	ve Name, Title)
BRANDON MERRIMAN, VICE PR	RESIDENT 09/24/2025
(Printed Name and Title of Authorize	ed Representative) (Date)
09/24/2025	
(Date)	
304-755-8135 / 304-755-5275	
(Phone Number) (Fax Number)	
CHARLESTON@TRI-STATESERV	VICE.COM
(Email Address)	