

State of West Virginia Agency Request for Quote

Proc Folder:	1324901			Reason for Modification:
Doc Description:	Equipment and Systems I	Maintenance and R	epairs MOCCJ	Treasent of medinodicin.
Proc Type:	Agency Master Agreemer	nt		
Date Issued	Solicitation Closes	Solicitation No		Version
2023-11-07	2023-12-07 10:30	ARFQ 0608	DCR2400000062	1
BID RECEIVING LO	OCATION			
/ENDOR				
endor Customer	Code:			
/endor Name :	HE Neumann	L		
Address: 100	HE Neumann Middle Breek	chol		
Street :				
city: Tridely State: WV	ma		25 1	
State: WV		Country:	John	zip: 26059
Principal Contact :	Karin Wa	tson		
	none: 304-639-6		Extension:	
OR INFORMATION	N CONTACT THE BUYER			
Mary R Kemper 04-957-8226				

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

FEIN#

Page 1

mary.r.kemper@wv.gov

Vendor Signature X

DATE

ARFQ 0608 DCR2400000062 REQUEST FOR QUOTATION EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT Mount Olive Correctional Complex and Jail

- 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:

Telephone Number:

Fax Number:

Email Address: _

304-639-4582

heneumann.com

END OF SPECIFICATIONS

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.

HE Neumann

Company

Harry Watson

Authorized Signature

12/6/23

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

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) Middle Creek Rd Tridelphia W
(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 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 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 Vendor in a contractual relationship; and that to the best of my knowledge, Vendor has properly registered with any State agency that may require registration.
HE Neumann
(Company)
Karın Watson- Sales
(Authorized Signature) (Representative Name, Title)
Karin Watson - Jales 12/6/23
(Printed Name and Title of Authorized Representative) (Date)
$\frac{12/6/25}{\text{(Date)}}$
304-639-4582
(Phone Number) (Fax Number)
Kwatsone heneumann.com
(Email Address)

Mount Olive Correctional Complex and Jail

ARFQ 0608 DCR240000062 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

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	CHAPPIN.	34%0
			Subtotal A:	
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	000	0000
Overtime Labor Rate	Hour	16	125	2000
Holiday Labor Rate	Hour	8	(10)	1280
Emergency Labor Rate	Hour	8	125	1000
		_	Subtotal B:	13,280
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	\$5,000.00	0.00	25 %	6250
			Subtotal C:	USEN
		OVERALL COST (by	OVERALL COST (by adding subtotals A, B, and C)	33,010
Bidder/Vendor Information:				
Name:				
West Virginia Contractors License Address:				
Phone No.:				
Fax No.:				
Email Address:				
Authorized Signature				

NOTES:

* Quantities are estimated for bid evaluation purposes only.
** Estimated cost for bid evaluation purposes only.



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).

PRODUCER						CONTACT Rehecca Gierczak HENCHH CALLIOW					
Riggs, Counselman, Michaels & Downes, Inc.					NAME: REDECCA GIERCZAK HENCHH GAU10W						
555 Fairmount Avenue						(A/C, No, Ext): 410-339-7263 (A/C, No): 410-339-7234					
Towson MD 21286						ADDRESS: rgierczak@rcmd.com					
						INSURER(S) AFFORDING COVERAGE					NAIC#
						INSURER A: Phoenix Insurance Company					25623
INSURED FIDEENG-01 H.E. Neumann Company; Henco Holdings, L.L.C					INSURER B: Travelers Property Casualty Company of America					25674	
10	O Mi	ddle Creek Road	ings,	, L.L.	C	INSURE	Rc: Charter	Oak Fire Insu	rance Company		25615
Triadelphia WV 26059-1109					INSURE	RD: Standard	d Fire Insuran	ice Company		19070	
					INSURE	RE:					
					INSURE	RF:					
COVERAGES CERTIFICATE NUMBER: 262950614					REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE					VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
II.	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION					OF AN'	CONTRACT	OR OTHER I	OCCUMENT WITH RESPEC	CT TO W	HICH THIS
E	CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE					ED BY	THE POLICIES	S DESCRIBEI PAID CLAIMS	HEREIN IS SUBJECT TO	O ALL TH	E TERMS,
INSR ADDLISUBR						POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
A				NSD WVD POLICY NUMBER VTNCO5469B537PHX23			4/1/2023	4/1/2024			
		CLAIMS-MADE X OCCUR				4/1/2023	4/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000,0		
		CLAINS-MADE 1 OCCOR							PREMISES (Ea occurrence)	\$ 1,000,000	
-								MED EXP (Any one person)	\$ 15,000		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC									PERSONAL & ADV INJURY	\$ 2,000,0	00
									GENERAL AGGREGATE	\$4,000,0	00
							PRODUCTS - COMP/OP AGG	\$ 4,000,0	00		
	OTHER:				\$						
С	C AUTOMOBILE LIABILITY				VTOCAP5469B549COF23	4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000		
	X ANY AUTO							BODILY INJURY (Per person)	\$		
ı	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							\$			
В	X UMBRELLALIAB X OCCUR CUP2W0968892325		4/1/2023		3 4/1/2024	EACH OCCURRENCE	\$10,000,000				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000.			
	DED X RETENTION \$ 10,000							\$			
D WORKERS COMPENSATION UB1528152623K			UB1S28152623K	4/1/2	4/1/2023	4/1/2024	X PER OTH-	•			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N					2020	# #IZOZ !	E.L. EACH ACCIDENT	\$ 1,000,000			
ANYPROPRIE I ON/PART NERREXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below											
							E.L. DISEASE - EA EMPLOYEE				
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,0	JU		
DEC	PIDT	ION OF OBERATIONS // COATIONS //	E0 /-	0025	404 Additional P						
Gei	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) General proof of coverage										

CERTIFICATE HOLDER	CANCELLATION
.Specimen	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	RH-WHORIZED REPRESENTATIVE

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.

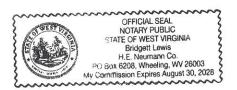
TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them. CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

atL006 v.4 L2115681408



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

STA	TE OF WEST VIRGINIA,	
cou	INTY OF OHO	_, TO-WIT:
		, after being first duly sworn, depose and state as follows:
1.	I am an employee of	TE Neumann; and, (Company Name)
2.	I do hereby attest that _	HE Neumann (Company Name)
	maintains a written plan policy are in compliance	for a drug-free workplace policy and that such plan and with West Virginia Code §21-1D.
The a	above statements are swo	rn to under the penalty of perjury.
		Printed Name: Karin Watson
		Signature: Kan Water
		Title: Sales
		Company Name: NE Neumann
		Date: 12/0/23
Takeı	n, subscribed and sworn to	before me this day of bee, , <u>3033</u> .
Ву Со	ommission expires	30-38
(Seal)	Bridgett Servin
		(Notary Public)



STATE OF WEST VIRGINIA

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §15A-3-14, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
Bridgett Lewis
H.E. Neumann Co.
PO Box 6206, Wheeling, WV 26003
My Commission Expires August 30, 2028

Purchasing Affidavit (Revised 03/09/2019)