

ARFQ 0608 DCR2500000031
REQUEST FOR QUOTATION
ROOF REPLACEMENT PROJECT
DENMAR CORRECTIONAL CENTER AND JAIL

EXHIBIT E – PRICING PAGE, REVISION NO. 1

Vendor's Company Name: Kalkreuth Roofing and Sheet Metal, Inc.

Vendor's Address: 53 14th Street, Suite 100

Wheeling, West Virginia 26003

Phone Number: (304) 232-8540

Fax Number: (304) 232-8552

Email Address: estimatingwv@krsm.net

WV Contractor's License Number: WV 000246

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.

BASE BID:

One Million, Five Hundred Nineteen Thousand, Four Hundred and 00/100 Dollars

(\$1,519,400.00)
(Base bid, roof replacement project, must be written in words and numbers.)

UNIT PRICE NO. 1: REPLACEMENT OF METAL DECKING PER SQUARE FOOTAGE
COST BID (IF ANY):

Fifteen and 00/100 Dollars

(\$15.00)
(Replacement of metal decking per square footage cost bid amount must be written in words and number.)

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UNIT PRICE NO. 2: REPLACEMENT OF CONCRETE DECKING PER SQUARE FOOT
COST BID (IF ANY):

Twenty and 00/100 Dollars

(\$20.00 _____)

(Replacement of concrete decking per square foot cost bid amount must be written in words and number.)

UNIT PRICE NO. 3: REPLACEMENT OF INTERNAL ROOF DRAIN PER EACH COST
BID (IF ANY):

Three Thousand, Five Hundred and 00/100 Dollars

(\$3,500.00 _____)

(Replacement of internal roof drain cost per each bid amount must be written in words and number.)

UNIT PRICE NO. 4: RETROFIT OF INTERNAL ROOF DRAIN COST BID (IF ANY):

One Thousand, Three Hundred and 00/100 Dollars

(\$1,300.00 _____)

(Retrofit of internal roof drain cost per each bid amount must be written in words and number.)

UNIT PRICE NO. 5: REPLACEMENT OF WOOD NAILERS PER LINEAR FOOTAGE
COST BID (IF ANY):

1. 2" X 4" WOOD NAILERS:

Four and 65/100 Dollars

(\$4.65 _____)

(2" X 4" wood nailers per linear cost bid amount must be written in words and number.)

2. 2" X 6" WOOD NAILERS:

Five and 06/100 Dollars

(\$5.06 _____)

(2" X 6" wood nailers per linear cost bid amount must be written in words and number.)

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3. 2" X 8" WOOD NAILERS:

Five and 72/100 Dollars

(\$5.72 _____)
(2" X 8" wood nailers per linear cost bid amount must be written in words and number.)

4. 2" X 10" WOOD NAILERS:

Six and 67/100 Dollars

(\$6.67 _____)
(2" X 10" wood nailers per linear cost bid amount must be written in words and number.)

Authorized Signature: _____



BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Kalkreuth Roofing & Sheet Metal, Inc.
of 53-14th Street, Suite 100, Wheeling, WV 26003, as Principal, and Fidelity and Deposit Company of Maryland
of 1299 Zurich Way, 5th Floor, Schaumburg, IL 60196, a corporation organized and existing under the laws of the State of Illinois
with its principal office in the City of Schaumburg, IL, as Surety, are held and firmly bound unto the State
of West Virginia, as Oblige, in the penal sum of Five Percent of Amount of 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
ARFQ 0608 DCR2500000031 - Denmar Correctional Center & Jail - Roof Replacement Project
4319 Denmar Road, Hillsboro, WV 24946

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 21st day of November, 20 24.

Principal Seal

Kalkreuth Roofing & Sheet Metal, Inc.
(Name of Principal)

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

Chad L McLeish, VP Estimating
(Title)

Surety Seal

Fidelity and Deposit Company of Maryland
(Name of Surety)

[Signature]
Lynn M. Wheelock, 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.**

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint to Eric J. FOLLMAN, SR., Fernanda L. DEPAOLANTONIO, Lynn M. WHEELLOCK of Wayne, Pennsylvania, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 23rd day of January, A.D. 2024.



ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

A handwritten signature of Robert D. Murray in black ink.

By: *Robert D. Murray*
Vice President

A handwritten signature of Dawn E. Brown in black ink.

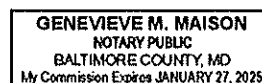
By: *Dawn E. Brown*
Secretary

**State of Maryland
County of Baltimore**

On this 23rd day of January, A.D. 2024, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Genevieve M. Maison



Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 21st day of November, 2024.

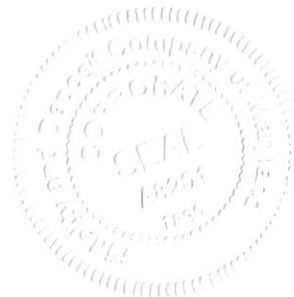


Thomas O. McClellan
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
reportsfclaims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790



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.

Wesley H. Nickell, VP Finance

(Name, Title)

Wesley H. Nickell, VP Finance

(Printed Name and Title)

53 14th Street, Suite 100; Wheeling, West Virginia 26003

(Address)

(304) 232-8540 / (304) 232-8552

(Phone Number) / (Fax Number)

wnickell@krsm.net

(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..

Kalkreuth Roofing and Sheet Metal, Inc.

(Company)



Chad L. McLeish, VP Estimating

(Authorized Signature) (Representative Name, Title)

Chad L. McLeish, VP Estimating

November 21, 2024

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

November 21, 2024

(Date)

(304) 232-8540 / (304) 232-8552

(Phone Number) (Fax Number)

cmcleish@krsm.net

(Email Address)



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

I, Chad L. McLeish, after being first duly sworn, depose and state as follows:

1. I am an employee of Kalkreuth Roofing and Sheet Metal, Inc.; and,
 (Company Name)
2. I do hereby attest that Kalkreuth Roofing and Sheet Metal, 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: Chad L. McLeish

Signature: 

Title: Vice President, Estimating

Company Name: Kalkreuth Roofing and Sheet Metal, Inc.

Date: November 21, 2024

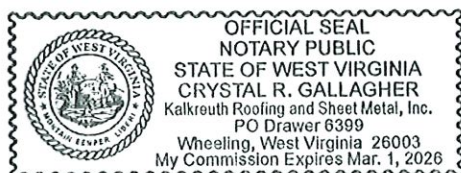
STATE OF WEST VIRGINIA,

COUNTY OF Ohio, TO-WIT:

Taken, subscribed and sworn to before me this 21st day of November, 2024.

By Commission expires March 1, 2026

(Seal)




 (Notary Public)

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Kalkreuth Roofing and Sheet Metal, Inc.

☐ 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.
East Coast Metal Systems - Sheet Metal Install	WV 014286

Attach additional pages if necessary

Revised 4/29/2024



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV000246

CLASSIFICATION:

SPECIALTY
ROOFING

KALKREUTH ROOFING & SHEET METAL INC
DBA KALKREUTH ROOFING & SHEET METAL INC
53 14TH STREET SUITE 100
WHEELING, WV 26003

DATE ISSUED

AUGUST 02, 2024

EXPIRATION DATE

AUGUST 02, 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2024

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).

PRODUCER IMA, Inc. - Colorado Division 1705 17th Street, Suite 100 Denver CO 80202	CONTACT NAME: IMA Construction Team PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: constructioncerts@imacorp.com
INSURED Kalkreuth Roofing & Sheet Metal Inc. 53 14th Street, Suite 100, PO Box 6399 Wheeling, WV 26003	INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company INSURER B: Navigators Specialty Insurance Company INSURER C: Allied World Assurance Company (U.S.) Inc. INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1160174306**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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			ZAGLB9228607	5/1/2024	5/1/2025	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ZACAT9249807	5/1/2024	5/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PT24EXCZ056KWIC	5/1/2024	5/1/2025	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	ZAWCI9421007	5/1/2024	5/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Pollution Liability			0314-2582	5/1/2024	5/1/2026	Per Occurrence \$5,000,000 Aggregate \$5,000,000 Self Insured Retent \$25,000

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

States Included In Workers Compensation and Employers' Liability:
DC, GA, IN, KY, MD, MI, MO, NY, PA, TN, VA, VT, WV, NC

Professional Liability Coverage: Policy #ANE440506924
Eff Date: 05/01/24-05/01/25 Insurer: Underwriters at Lloyd's, London
\$2,000,000 Per Occurrence; \$2,000,000 Aggregate; \$25,000 Deductible

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

For Information 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

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY IMA, Inc. - Colorado Division		NAMED INSURED Kalkreuth Roofing & Sheet Metal Inc. 53 14th Street, Suite 100, PO Box 6399 Wheeling, WV 26003
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Installation Floater incl Stored Materials Coverage: Policy #QT6304H595498TIL24
Eff Date: 05/01/24-05/01/25 Insurer: Travelers Property Casualty Company of America
\$2,000,000 Any One Location Limit; \$2,000,000 Per Disaster Limit; \$750,000 Transit Limit; \$750,000 Temporary Location Limit;
\$5,000 Deductible; SPC Form



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
01105257

Period Specified Below
07/01/2024 to 07/01/2025

KALKREUTH ROOFING & SHEET METAL INC
PO BOX 6399
WHEELING WV 26003-0616



www.bwc.ohio.gov
Issued by: BWC

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.

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 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.

Kalkreuth Roofing and Sheet Metal, Inc.

Company



Authorized Signature

November 21, 2024

Date

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