ARFQ 0608 DCR2400000130 REQUEST FOR QUOTATION REPLACEMENT OF FIRE ALARM SYSTEM PROJECT MOUNT OLIVE CORRECTIONAL COMPLEX AND JAIL

EXHIBIT F – PRICING PAGE

EAHIBIT F - FRICING FAGE
Vendor's Company Name: Danhill Construction Company Vendor's Address: P.O. Box 685, Gauley Bridge, WV 25085
Phone Number: 304-632-1600
Fax Number: 304-632-1501
Email Address: Dan.Hill@Danhillconstruction.com
WV Contractor's License Number: WV001196
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: Three Million, Two Hundred Two Thousand, Eight Hundred
Ninety-Seven Dollars
(\$3,202,897.00
(Total bid amount to be written in words and numbers.)
Authorized Signature: Robert D. Hill

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.

Robert D. Hell
(Name, Title)
Robert D. Hill, President
(Printed Name and Title) P.O. Box 685, Gauley Bridge, WV 25085
(Address) (304) 663-5761 (304) 632-1501
(Phone Number) / (Fax Number) Dan.Hill@Danhillconstruction.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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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.

Danhill Construction Company
(Company)
Robert D. Hill
(Authorized Signature) (Representative Name, Title)
Robert D. Hill, President
(Printed Name and Title of Authorized Representative) (Date)
August 21, 2024
(Date)
(304) 663-5761 (304) 632-1501
(Phone Number) (Fax Number)
Dan.Hill@Danhillconstruction.com
(Email Address)

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the under	signed, Danhill Construction Company
of Gauley Bridge, WV	, as Principal, and Ohio Farmers Insurance Company
of Westfield Center OH , a corpo	oration organized and existing under the laws of the State of
OH with its principal office in the City of Westfield C	enter, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligee, in the penal sum of Five Percent of Amo	ount Bid (\$ 5%) for the payment of which,
well and truly to be made, we jointly and severally bind ourselves, our h	eirs, 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
Replacement of Fire Alarm System Project, Mount Olive Corre	
- According to Plans & Specifications	
NOW THEREFORE,	
NOW THEREFORE,	
(a) If said bid shall be rejected, or	Il anter into a contract in accordance with the hid or proposal
(b) If said bid shall be accepted and the Principal shall attached hereto and shall furnish any other bonds and insurance require	Il enter into a contract in accordance with the bid or proposal red by the bid or proposal, and shall in all other respects perform
the agreement created by the acceptance of said bid, then this obligation	on shall be null and void, otherwise this obligation shall remain in
full force and effect. It is expressly understood and agreed that the lia event, exceed the penal amount of this obligation as herein stated.	ibility 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 agre way impaired or affected by any extension of the time within which the waive notice of any such extension.	es that the obligations of said Surety and its bond shall be in no ne Obligee may accept such bid, and said Surety does hereby
WITNESS, the following signatures and seals of Principal and	Surety, executed and sealed by a proper officer of Principal and
	day of August , 2024 .
outer, or by through market and market and market and	,,
Principal Seal	Danhill Construction Company
Thirther coul	(Name of Principal)
	Poket D 1480
	(Must be President, Vice President, or
(C, 1) [3]	Duly Authorized Agent)
. 16. 7.7 #1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Robert D. Hill President
CANING TO ME	(Title)
Surety Seal	Ohio Farmers Insurance Company
4,131.6124	(Name of Surety)
119.83	
	By: tata
	Patricia A. Moye, WV Resident Agent Attorney-in-Fact

IMPORTANT.—Superly 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.

THIS POWER OF ATTORNEY SUPERCEDES ANY PREVIOUS POWER BEARING THIS SAME POWER # AND ISSUED PRIOR TO 10/03/22, FOR ANY PERSON OR PERSONS NAMED BELOW.

General Power of Attorney

CERTIFIED COPY

JOINTLY OR SEVERALLY

POWER NO. 4752152 06

Westfield Insurance Co. Westfield National Insurance Co. Ohio Farmers Insurance Co.

Westfield Center, Ohio

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint
GREGORY T. GORDON, KIMBERLY J. WILKINSON, PATRICIA A. MOYE, JEREMY B. STANLEY, TERRI L. DODRILL,

of **CHARLESTON** and State of WV its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS. and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate

seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for

be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-ract to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact. may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000)

held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE

COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto affixed this 03rd day of OCTOBER A.D., 2022

Corporate Seals Affixed

State of Ohio County of Medina Personal Maria

WESTFIELD INSURANCE COMPANY WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

Gary W. Stumper, National Surety Leader and Senior Executive

On this 03rd day of OCTOBER A.D., 2022, before me personally came Gary W. Stumper to me known, who, being by me duly sworn, did depose and say, that he resides in Medina, OH; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial Seal Affixed

State of Ohio County of Medina

SS.:

SS.:



David A. Kotnik, Attorney at Law, Notary Public My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

I, Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foragoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and attixed the seals of said Companies at Westfield Center, Ohio, this 7th day of August A.D., 2024

A.D., 2024 63

August

Frank A. Carrino, Secretary

BPOAC2 (combined) (03-22)

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.

necessary revisions to my proposar, pr	ans and/or specification, etc.
Addendum Numbers Received: (Check the box next to each addendum	received)
 ✓ 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 rediscussion held between Vendor's rep	e receipt of addenda may be cause for rejection of this bid. epresentation made or assumed to be made during any orangementatives and any state personnel is not binding. Only the dot to the specifications by an official addendum is binding.
Danhill Construction Co	ompany
Robert Authorized Signature	D. 1411
August 21, 2024 Date	
Date	

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



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

I, Robert D. Hill	_, after being first duly sworn, depose and state as follows:
1. I am an employee of \underline{D}	anhill Construction Company ; and, (Company Name)
2. I do hereby attest that	Danhill Construction Company (Company Name)
	n for a drug-free workplace policy and that such plan and e with West Virginia Code §21-1D.
The above statements are swe	orn to under the penalty of perjury.
	Printed Name: Robert D. Hill
	Signature: Robert D. Hell
	Title: President
	Company Name: Danhill Construction Company
	Date: August 21, 2024
STATE OF WEST VIRGINIA,	
COUNTY OF Fayette	, TO-WIT:
Taken, subscribed and sworn	to before me this 21st day of August , 2024
By Commission expires July 2	7, 2026
OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRIG Cheryl Lynn Lawrend Danhill Construction 9033 Midland Trail, Glen Ferris, My Commission Expires July	ce n WV 25090
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

#### ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/26/2024

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

PRODUCER		CONTACT NAME:		
McGriff Insurance Services LLC 300 Summers Street, Suite 150 Charleston, WV 25301		PHONE (A/C, No, Ext): 304 346-0806	FAX (A/C, No):	
		E-MAIL ADDRESS: certificatesvawv@mcgriff.com		
		INSURER(S) AFFORDING COVERA	GE	NAIC #
304 346-0806		INSURER A: Westfield National Insurance Compar	ny	24120
INSURED		INSURER B : NorthStone Insurance Company		13045
	onstruction Company 885 ridge, WV 25085-0685	INSURER C : Berkley Assurance Company		39462
P O Box 685		INSURER D:		
Gauley Bridge, WV		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	MBER:	

IN CE	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		TYPE OF INSURANCE		SUBR			POLICY EXP (MM/DD/YYYY)	LIMITS		
A	Х	COMMERCIAL GENERAL LIABILITY	X	Х	TRA0548113		1	EACH OCCURRENCE	\$2,000,000	
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000	
	X	XCU Included						MED EXP (Any one person)	\$5,000	
	X	Contractual Liab.						PERSONAL & ADV INJURY	\$2,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000	
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY	X	Х	TRA0548113	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	X	ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X	UMBRELLA LIAB X OCCUR			TRA0548113	07/01/2024	07/01/2025	EACH OCCURRENCE	\$7,000,000	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$7,000,000	
		DED X RETENTION \$0							\$	
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY		X	WCN6010562	07/01/2024	07/01/2025	X PER OTH-		
		PROPRIETOR/PARTNER/EXECUTIVE Y ICER/MEMBER EXCLUDED?	N/A		Includes	<b>Employers</b>	Liability	E.L. EACH ACCIDENT	\$1,000,000	
	(Mai	ndatory in NH)			Broad	Form	Section	E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below				23-4-2	of WV	Code	E.L. DISEASE - POLICY LIMIT	\$1,000,000		
С	Po	llution Liab.			PCAB50252800724	07/01/2024	07/01/2025	\$1,000,000 Each Claim		
C Professional Liab				PCAB50252800724	07/01/2024	07/01/2025	\$1,000,000 Each Cla	im		

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

** Workers Comp Information **

Voluntary Compensation; Other States Coverage

Proprietors/Partners/Executive Officers/Members Excluded:

Robert Hill, President

Rebecca Hill, Secretary/Treasurer

(See Attached Descriptions)

CERTIFICATE HOLDER CANCELLATION

Danhill Construction Company P O Box 685 Gauley Bridge, WV 25085 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

obert D. Hell

AUTHORIZED REPRESENTATIVE

greens 6. 5tholy

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# **CONTRACTOR LICENSE**

AUTHORIZED BY THE

West Virginia Contractor Licensing Board

NUMBER:

BOARD

WEST VIRGINIA

TO A LICENSING

WV001196

### CLASSIFICATION:

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

DANHILL CONSTRUCTION COMPANY
DBA DANHILL CONSTRUCTION COMPANY
PO BOX 685
GAULEY BRIDGE, WV 25085-0685

DATE ISSUED

**EXPIRATION DATE** 

AUGUST 06, 2024

AUGUST 06, 2025

Authorized Signature

Robert D. Hell

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.