

State of West Virginia **Agency Request for Quote**

Proc Folder:

1298916

Doc Description: Equipment and Systems Maintenance and Repairs SCRJCF

Reason for Modification:

Addendum No. 1:

Proc Type:

Agency Master Agreement

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|---------------------|-------------------------|---------|
| 2023-10-12 | 2023-10-23 10:30 | ARFQ 0608 DCR2400000047 | 2 |

BID RECEIVING LOCATION

| VENDOI | |
|--------|--|
| | |
| | |
| | |

Vendor Customer Code:

Vendor Name: Nitro Construction Services

Address: 4300 First Aue

Street:

City: (1,400

Country: USA State: Principal Contact: Jamie Kuhn

Vendor Contact Phone: 304-204-1555

Extension:

FOR INFORMATION CONTACT THE BUYER

Philip K Farley (304) 549-1050 philip.k.farley@wv.gov

Vendor

Signature X

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

Oct 12, 2023 Date Printed:

Page 1

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

Zip: 25/43

ADDITIONAL INFORMATION

The West Virginia Division of Administrative Services (DAS) is soliciting bids on behalf of the Division of Corrections and Rehabilitation (DCR) to establish an open-ended contract to provide preventative maintenance and inspections, corrective maintenance, repairs, replacement parts, and installation of new devices and equipment for the Equipment and Systems Maintenance and Repairs Contract at the South Central Regional Jail and Correctional Facility located 1001 Centre Way, Charleston, WV 25309 in Kanawha County.

| INVOICE TO | | SHIP TO | | |
|---|----|---|----|--|
| SOUTH CENTRAL REGIONAL JAIL 1001 CENTRE WAY | | SOUTH CENTRAL REGIONAL JAIL 1001 CENTRE WAY | | |
| CHARLESTON US | WV | CHARLESTON US | WV | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|-----------|--------------|-----|------------|------------|-------------|
| 1 | Overall Cost | | | 0.0 | 10 |
| o <u></u> | | | | | 1950, |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 72151201 | | | | |

Extended Description:

Equipment and Systems Maintenance and Repairs Contract

SCHEDULE OF EVENTS

| <u>Line</u> | Event | Event Date |
|-------------|--|------------|
| 1 | Non-Mandatory Pre-Bid Meeting at 10:00 AM E.S.T. | 2023-10-02 |
| 2 | Deadline for Questions Due is 2:00 PM E.S.T. | 2023-10-10 |
| 3 | Bid Due By 10:30 AM E.S.T. | 2023-10-23 |

ARFQ 0608 DCR2400000047 REQUEST FOR QUOTATION EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT SOUTH CENTRAL REGIONAL JAIL AND CORRECTIONAL FACILITY

Addendum No. 1

Questions:

Q1: Are filters included in the contract price?

A1: If the facility wants the contractor to provide and replace the filters, it is done as a corrective maintenance hourly labor rate cost and a material percentage markup as stated in the specifications. The contractor would be responsible for providing and installing new air filters at the facility.

Clarifications:

C1: Please see attached non-mandatory pre-bid sign-in sheet.

C2: A bid bond will not be required on this contract.

C3: The bid closing date has changed: 10:30 AM E.S.T. on October 23, 2023

C4: The public bid opening date has changed: 11:00 AM E.S.T. on October 23, 2023

Pre-Bid Sign-In Sheet

Solicitation Number: ARFQ 0608 DCR2400000047 Date of Pre-Bid Meeting: 10/2/23
Location of Prebid Meeting.

Please Note:

Vendors must sign-in on this sheet to verify attendance at the Pre-Bid meeting Failure to legibly sign in may be grounds for declaring a vendor ineligible to bid. For further verification, please also provide a business card if possible.

| Firm Represented.* | Rep Name [Printed]; | Firm Address; | Telephone#; | Fox # | Email: |
|--------------------|---------------------|--|--------------------------|-------------|------------------------------------|
| Powell hig | Knstin Hind | 170 Strington Rd Belington Wyzezo | ઉલ્લ- હ શ વધવવ | MA | Powellinco@yahascon |
| Povelline | Rose Tons | 69 . 10 | t= f | (0)** | V. |
| Alpha, | | 401 27th 5trat | 304 | · · · · · · | john, jenningse aamservice, com |
| Mechanica | Vola Jenniag | DAN AL WY | 550-3209 | | aamservice.com |
| SEBRA KUEMPEL | Josh | ADI 27th Strat Dandar WV 1301 13134 ASMAWKY | 471-43% | 1 7 | SSTERLING @ DKEMCORO. |
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| *** | | AND CONTRACT OF THE PARTY OF TH | | 4-9/- | |
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^{*}One Vendor Per Representative - No one individual is permitted to represent more than one vendor at the pre-bid meeting. Any individual that does attempt to represent two or more vendors will be required to select one vendor to which the individual's attendance will be attributed. The vendors not selected will be deemed to have not attended the pre-bid meeting unless another individual attended on their behalf.



State of West Virginia **Agency Request for Quote**

Proc Folder:

1298916

Doc Description: Equipment and Systems Maintenance and Repairs SCRJCF

Reason for Modification:

Proc Type:

Agency Master Agreement

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|---------------------|-------------------------|---------|
| 2023-09-25 | 2023-10-17 10:30 | ARFQ 0608 DCR2400000047 | 1 |

BID RECEIVING LOCATION

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Vendor Customer Code:

Vendor Name: Nitro Construction Services

Address: 4300 First Ave

Street:

City:

Country: USA Zip: 25143 State:

Principal Contact: Jame Kuhn

Vendor Contact Phone: 244-254-1555 Extension:

FOR INFORMATION CONTACT THE BUYER

Philip K Farley (304) 549-1050 philip.k.farley@wv.gov

Vendor Signature X

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

Date Printed: Sep 25, 2023 Page 1

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

ADDITIONAL INFORMATION

The West Virginia Division of Administrative Services (DAS) is soliciting bids on behalf of the Division of Corrections and Rehabilitation (DCR) to establish an open-ended contract to provide preventative maintenance and inspections, corrective maintenance, repairs, replacement parts, and installation of new devices and equipment for the Equipment and Systems Maintenance and Repairs Contract at the South Central Regional Jail and Correctional Facility located 1001 Centre Way, Charleston, WV 25309 in Kanawha County.

| INVOICE TO | | SHIP TO | | |
|--|--------|---|--|--|
| SOUTH CENTRAL REG JAIL 1001 CENTRE WAY | GIONAL | SOUTH CENTRAL REGIONAL JAIL 1001 CENTRE WAY | | |
| CHARLESTON US | WV | CHARLESTON WV US | | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--------------|----------|------------|------------|-------------|
| 1 | Overall Cost | 12115200 | | 11500 | |
| | | | | 00 | 420' |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 72151201 | | | | |

Extended Description:

Equipment and Systems Maintenance and Repairs Contract

SCHEDULE OF EVENTS

| Event | Event Date | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Non-Mandatory Pre-Bid Meeting at 10:00 AM E.S.T. | 2023-10-02 | | | | | | | |
| Deadline for Questions Due is 2:00 PM E.S.T. | 2023-10-10 | | | | | | | |
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| | Non-Mandatory Pre-Bid Meeting at 10:00 AM E.S.T. Deadline for Questions Due is 2:00 PM E.S.T. | | | | | | | |

SOUTH CENTRAL REGIONAL JAIL AND CORRECTIONAL FACILITY

ARFQ 0608 DCR2400000047 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

| New Equipment, Devices, and Parts Markup Percentage Quote Markup Percentage Cost ** New Equipment, Devices, and Parts Markup Mew Equipment, Devices, and Parts Markup Mew Equipment, Devices, and Parts Markup Mew Equipment, Devices, and Parts Markup Amount | Parts \$5,000.00 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Subtotal C: | | OVERALL COST (by adding subtotals A, B, and C) 33, 4 | Vendor Information: | astruction Services | Vendor Information: 1. + 00 Construction Services 8: 4300 First Aug | Wendor Information: No. 304 - 304 - 1858 No. 304 - 304 - 1858 | Wendor Information: (1) + (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 | Nendor Information: 1.40 Construction Setuces 3.40 First Aug 1.40 First Aug |
|---|---|-------------|--|--|---------------------|---------------------|---|---|---|--|
|---|---|-------------|--|--|---------------------|---------------------|---|---|---|--|

NOTES:

^{*} Quantities are estimated for bid evaluation purposes only.

** Estimated cost for bid evaluation purposes only.

Subcontractor List Submission (Construction Contracts Only)

| Bidder's Name: <u>Aitro Construction Services</u> | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Check this box if no subcontractors will per | form more than \$25,000,00 of work to complete the | | | | | | | |
| 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. | | | | | | | |
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DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the

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.

| 1, tro Construction Services |
|--|
| (Company) |
| Jarel & |
| (Authorized Signature) (Representative Name, Title) |
| (Printed Name and Title of Authorized Representative) (Date) |
| (Date) |
| 304-204-1555 304-204-1350 (Phone Number) (Fax Number) |
| (Email Address) |

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.

| | , |
|--------------------|--------------------|
| [4] 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.

Company

Authorized Signature

Date

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

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.

WITNESS THE FOLLOWING SIGNATURE: Authorized Signature: Taken, subscribed, and sworn to before me this 22 day of October My Commission expires OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC Cheryl L Griffith 4810 Spring Hill Ave South Charleston WV 25309 My Commission Expires April 3, 2024 AFFIX SEAL NOTARY PUBLIC

Purchasing Affidavit (Revised 03/09/2019)



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

STATE OF WEST VIRGINIA.

| 01/111 | - O. W. S. VIRGINIA, |
|--------------|---|
| COUN | TY OF Putmen, TO-WIT: |
| I, <u>Je</u> | , after being first duly sworn, depose and state as follows: |
| 1. | I am an employee of 11/10 Construction Services; and, (Company Name) |
| 2. | I do hereby attest that 120 Construction Services (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 ab | ove statements are sworn to under the penalty of perjury. |
| | Printed Name: Jame Kuhn Signature: Title: HVAC Comm. Serv. Manager Company Name: 0.400 Construction Services Date: 10/23/2023 |
| | subscribed and sworn to before me this <u>33</u> day of <u>October</u> , <u>2023</u> . |
| By Con | nmission expires April 3, 2024 |
| (Seal) | OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC Cheryl L Griffith 4810 Spring Hill Ave South Charleston WV 25309 My Commission Expires April 3, 2024 |

ARFQ 0608 DCR2400000047 REQUEST FOR QUOTATION

EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT

South Central Regional Jail and Correctional Facility

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: Amie

Telephone Number: 304-204-155

Fax Number: 304- 204- 135

Email Address:

END OF SPECIFICATIONS

CONTRACTOR LICENSE





NUMBER:

WV042601

CLASSIFICATION:

ELECTRICAL
GENERAL BUILDING
HEATING, VENTILATING & COOLING
PIPING
SPECIALTY
LOW VOLTAGE SYSTEMS
SPRINKLER AND FIRE PROTECTION

NITRO CONSTRUCTION SERVICES INC DBA NITRO MECHANICAL SERVICES 4300 1ST AVE #2 NITRO, WV 25143-1001

DATE ISSUED

EXPIRATION DATE

JUNE 13, 2023

JUNE 13, 2024

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) 12/28/2022

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.

| li ti | f SUBROGATION IS WAIVED, subjec his certificate does not confer rights | t to t to the | he terms e certifica | and conditions of the holder in lieu of s | he polic uch en | cy, certain p dorsement(s | olicies may s). | require an endorsemen | t. A | statement on |
|--|--|------------------|---------------------------------------|---|--|------------------------------|----------------------------|--|-------|----------------|
| | DDUCER | | | | CONTA | CT Willis T | owers Wats | on Certificate Cente | r | |
| Willis Towers Watson Northeast, Inc. | | | | | PHONE (A/C, No, Ext): 1-877-945-7378 (A/C, No): 1-888-467-2378 | | | | | |
| | 26 Century Blvd | | | | | | | | | |
| P.O. Box 305191 Nashville, TN 372305191 USA | | | | | ADDRESS: Certificates@willis.com | | | | | |
| MGONVIIIE, IN JIZJUJIJI UDA | | | | | | | nsurance C | RDING COVERAGE | | NAIC# 11150 |
| INSURED | | | | | | | | | | |
| | ro Construction Services, Inc | | | | INSURE | RB: Starr | Indemnity | & Liability Company | | 38318 |
| | 0 1st Avenue | | | | INSURE | RC: | | | | |
| Nit | ro, WV 25143 | | | | INSURE | RD: | | | | |
| | | | | | INSURER E : | | | | | |
| _ | | | | | INSURE | RF: | | | | |
| | | | | MBER: W27421387 | | | | REVISION NUMBER: | | |
| IN C E | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | PERT POLI | REMENT, 1 'AIN, THE CIES. LIMI' | TERM OR CONDITION INSURANCE AFFORD | OF AN | Y CONTRACT THE POLICIE | OR OTHER S DESCRIBE | DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO | CT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | rs | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | 2,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 2,000,000 |
| A | | | | | | | | MED EXP (Any one person) | \$ | 5,000 |
| | | | | ZAGLB9222206 | 01/01/2023 | 01/01/2023 | 01/01/2024 | PERSONAL & ADV INJURY | \$ | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 4,000,000 |
| | POLICY X PRO- X LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 4,000,000 |
| | OTHER: | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 5,000,000 |
| | X ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| A | OWNED SCHEDULED AUTOS ONLY | | ZACAT9243306 | | | 01/01/2023 | 01/01/2024 | BODILY INJURY (Per accident) | \$ | |
| | X HIRED X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE | s | |
| | AUTOS ONET | | | | | | | (Per accident) | \$ | _ |
| | X UMBRELLA LIAB X OCCUR | | | | | | | TAGU GOOLIDDENGE | | 10,000,000 |
| В | EXCESS LIAB CLAIMS-MADE | | | 1000588155231 | | 01/01/2023 | 01/01/2024 | EACH OCCURRENCE | \$ | |
| | DED X RETENTION\$ 10,000 | f I | | | | , , | ,, | AGGREGATE | \$ | 10,000,000 |
| | WORKERS COMPENSATION | | | | | | | X PER OTH- | \$ | |
| A | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | ZAWCI9402606 | | | 01/01/2023 | 01/01/2024 | | | 1 000 000 |
| n | OFFICER/MEMBEREXCLUDED? No | 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 |
| | | | | | | | | | | |
| DESC | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD 101, A | Additional Remarks Schedu | le, may be | e attached if more | e space is requin | ed) | | |
| CEF | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | |
| | | | | | THE | EXPIRATION | DATE THE | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS. | | |
| Ī | | | | | | RIZED REPRESEI | NTATIVE | | | |
| P | denge of Incurred | | | | | Dal El | 2- | | | - 1 |
| E 4 T | dence of Insurance | | | | | 1 | | | | |

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