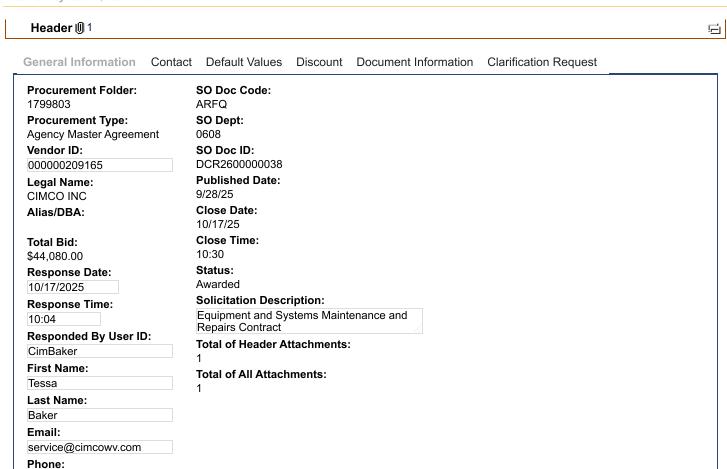
Solicitation Response(SR) Dept: 0608 ID: ESR10172500000002625 Ver.: 1 Function: New Phase: Final

Modified by batch, 10/17/2025

3045627705



CHARLESTON CORRECTIONAL CENTER AND JAIL

ARFQ 0608 DCR2600000038 - 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	\$ 1,750,00	\$ 3,500.00		
			Subtotal A:	\$ 3,500.00		
				21,500.00		
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	\$115,00	# 11,500,00		
Overtime Labor Rate	Hour	16	\$ 140.00	\$ 3,246.00		
Holiday Labor Rate	Hour	8	\$ 115.00	\$ 920.60		
Emergency Labor Rate	Hour	8	5 115.00	\$ 920.00		
New Equipment, Devices, and Parts Markup Percentage Quote	Estimated New Equips Markup Perc	New Equipment, Devices, and Parts Markup Percentage	New Equipment, Devices, and Parts Markup Percentage Extended Amount			
Parts	\$20,0	00.00	25 %	\$ 25,000.00		
		1	Subtotal C:	\$ 25,000.00		
OVERALL COST (by adding subtotals A, B, and C) \$ 47,080.00						
Bidder/Vendor Information:						
Name: CIMCO, Inc.						
West Virginia Contractors License:	0255112					
Address: 2336 Virginia Av	e,					
Harricane, WV 25526						
Phone No.: 304 562-7705						
Email Address: Dgriffith Ocimco w V · Com						
Authorized Signature: Own P. 12	1401					

NOTES:

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

^{**} Estimated cost for bid evaluation purposes only.

BID BOND

KN	OW ALL MEN B	THESE PRE	SENTS, That we, the	undersigned,	Cimco, Inc.	
0	2336 Virgin		Hurricane, W\		_ as Principal, a	nd Ohio Farmers Insurance Cor
0	P. O. Box 50	001 West	tfield Center, OH	a 44251ation or	ganized and exis	sting under the laws of the State of
		ncipal office in I	the City of Westf	ield Center	_ as Surety, are	held and firmly bound unto the St
f West Virg	inia, as Obligee,	in the penal su	m of Five Percent of To	otal Amount Bid	(\$ 5%) for the payment of whi
ell and trub	y to be made, we	jointly and sev	rerally bind ourselves	, our heirs, adm	inistrators, execu	itors, successors and assigns.
The	Condition of th	e above obliga	ation is such that wh	nereas the Prin	cipal has aubmi	tted to the Purchasing Section of
						o enter into a contract in writing for
)CR2600	000038: Cha	rleston Corr	ectional Center a	ınd Jail - Equ	ipment and S	ystems Maintenance and Re
			-			
				CONTRACTOR OF THE STATE OF THE		
NO	W THEREFORE	k;				
(a)	if said bid s	hall be rejected	d. or			
(b)	if said bid	shall be accer	oted and the Principa	al shall enter la	nto a contract in	accordance with the bld or propo
tached he	reto and shall fur	nish any other	bonds and insurance	required by the	bid or proposal.	and shall in all other respects perfo
e sgreeme	nt created by the	acceptance of	said bid, then this of	oligation shall b	e null and vold o	therwise this obligation shall remain
						and all claims hereunder shall. in
			etion as herein stated		no outery to att	y and an classic hereofice ation, in
	or or portal article	Sure and anna	mani en istalan nemer			
-						
enioneel un	Surety, for the v	alue received,	nerecy supulates an	agrees mai v	e congations of	said Surety and its bond shall be in uch bid, and said Surety does here
alve notice	of any such exte	nsion.	Of the fille autin an	indi the Conge	e may accept si	ich bid, and said Surety does nere
	,					
WΠ	TNESS, the follow	ing signatures	and seals of Principa	al and Surety, e	xecuted and sea	ied by a proper officer of Principal a
urety, or by	Principal Individ	ally if Principal	d is an individual, this	17th day of	October	20 25
rincipal Sea	ol le				Cimco, Inc.	
						(Name of Principal)
039					By Im	APP
150						President, Vice President, or
	333					Ouly Authorized Agent)
3 - m-					1	
					V	
2					/	/Title\
Section of the second					<i>\rightarrow</i>	(Title)
	3-1				Ohio Farmers	of the control of
urety Seal					Ohio Farmers	Insurance Company
urety Seal					Ohio Farmers	of the control of
urety Seal	55"				Ohio Farmers	Insurance Company
urety Seal					Ohio Farmers	Insurance Company
iurety Seal					Ohio Farmers	Insurance Company

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.

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

CERTIFIED COPY

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

RICHARD L. HIGGINBOTHAM, BUNNIE MARIE PERRINE, JEFFERY O'DELL, ROBIN M. HUBBARD-SHERROD, LISA G.

ASBURY, JOINTLY OR SEVERALLY

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 suretyship in any penal limit. - - - - -

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

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 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

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)

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 01st day of MAY A.D., 2022

Corporate Seals Affixed

SS.:

SS.:

State of Ohio County of Medina " Harman

WESTFIELD INSURANCE COMPANY WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

Gary W. Stumper, National Surety Leader and Senior Executive

A.D., 2022 , before me personally came Gary W. Stumper to me known, who, being by me duly sworn, On this 01st day of MAY 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

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 foregoing 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 Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 17th day of October 2025







Frank A. Carrino, Secretary



State of West Virginia Agency Request for Quote

Proc Folder:	1799803		Reason for Modification:
Doc Description:	Equipment and Systems Ma		
Proc Type:	Agency Master Agreement		
Date Issued	Solicitation Closes	Solicitation No	Version
2025-09-27	2025-10-17 10:30	ARFQ 0608 DCR2600000038	1

v	F	N	n	n	R
۳	_		_	-	

Vendor Customer Code:

Vendor Name:

ne: (Imco, Inc. 2336 Virginia Ave. Address:

Street:

City: Harricane

Zip: 25526 Country: USA State: WV

Principal Contact: Darra P. Griffith

Vendor Contact Phone: 364 5 62-7705 Extension:

FOR INFORMATION CONTACT THE BUYER

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

Vendor

FEIN# 55-0749511 DATE /0/17/2025 Signature X

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

Date Printed: Sep 27, 2025

Page 1

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

ADDITIONAL INFORMATION

The West Virginia Division of Corrections and Rehabilitation (DCR) is soliciting bids 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 Charleston Correctional Center and Jail (CCC&J) located at 1356 Hansford Street, Charleston, WV 25301 in Kanawha County.

INVOICE TO CHARLESTON CORRECTIONAL CENTER 1356 HANSFORD ST		SHIP TO		
		CHARLESTON CORRECTIONAL CENTER 1356 HANSFORD ST		
CHARLESTON US	WV	CHARLESTON WV		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Overall Cost				

Comm Code	Manufacturer	Specification	Model #	
72102900				

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.	2025-10-07
2	Deadline for Questions Due is 2:00 PM E.S.T.	2025-10-10
3	Bid Due By 10:30 AM E.S.T.	2025-10-17

ARFQ 0608 DCR2600000038 REQUEST FOR QUOTATION EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT CHARLESTON CORRECTIONAL CENTER AND JAIL

Telephone Number: 304) 562-7705
Fax Number:
Email Address: Dgriffithdcincowv.com
END OF SPECIFICATIONS

ARFQ 0608 DCR2600000038 REQUEST FOR QUOTATION EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT CHARLESTON CORRECTIONAL CENTER AND JAIL

contract to exceed \$500,000.00 will not be permitted.

1.15 CONSUMER PRICE INDEX (CPI):

A. Thirty (30) days prior to the contract anniversary date, Contractor may request a price adjustment. Said price adjustment will be considered based on the prior year Consumer Price Index (CPI) compared to the current year CPI, or 3%, whichever is less. Agency must approve all price adjustments prior to implementation.

1.16 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.
 - Failure to remedy deficient performance upon request.

1.17 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: Larran P. Griffish

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: CIMCO, Inc.

project.	ctors will perform more than \$25,000.00 of work to complete the
Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.

BID BOND PREPARATION INSTRUCTIONS

				AGENCY_(A)
				RFQ/RFP#(B)
(A)	WV State Agency	KNOV	V ALL MEN BY THESE PRE	d Bond SENTS, That we, the undersigned,
(B)	(Stated on Page 1 "Spending Unit") Request for Quotation Number (upper right	as Principal, and		of (G)
(C)	corner of page #1) Your Business Entity Name (or Individual	of the State of	(I) wi	organized and existing under the laws th its principal office in the City of
(D)	Name if Sole Proprietor)	(J)	, as Surety, are	held and firmly bound unto The State
(D) (E)	City, Location of your Company	of West Virginia,	as Obligee, in the penal sum o	f(K)
(E) (F)	State, Location of your Company Surety Corporate Name	(5 (L)	verally bind ourselves, our heir	ent of which, well and truly to be made,
(G)	City, Location of Surety	successors and as	signs	s, administrators, executors,
(H)	State, Location of Surety	successors and as	315113.	
(I)	State of Surety Incorporation	The Co	ondition of the above obligation	n is such that whereas the Principal has submitted to
(J)	City of Surety's Principal Office	the Purchasing Se	ction of the Department of Adi	ministration a certain bid or proposal, attached hereto
(K)	Minimum amount of acceptable bid bond is 5% of total bid. You may state "5% of bid"	and made a part h	ereof to enter into a contract in	writing for
	or a specific amount on this line in words.		(M	
(L)	Amount of bond in numbers		(1/1)	
(M)	Brief Description of scope of work			
(N)	Day of the month			
(O)	Month	NOW 7	THEREFORE	
(P)	Year	4.70		
(Q)	Name of Business Entity (or Individual Name if Sole Proprietor)	(a) (b)	If said bid shall be rejected If said bid shall be accep	ted and the Principal shall enter into a contract in
(R)	Seal of Principal	accordance with t	he bid or proposal attached her	eto and shall furnish any other bonds and insurance
(S)	Signature of President, Vice President, or	required by the bi	d or proposal, and shall in all	other respects perform the agreement created by the
(T)	Authorized Agent Title of Person Signing for Principal	acceptance of sai	d bid then this obligation sha	ll be null and void, otherwise this obligation shall
(U)	Seal of Surety	for any and all al	e and effect. It is expressly u	nderstood and agreed that the liability of the Surety
(V)	Name of Surety	herein stated	anns hereunder shall, in no ev	ent, exceed the penal amount of this obligation as
(W)	Signature of Attorney in Fact of the Surety	norem stated		
		The Su	rety for value received, here	by stipulates and agrees that the obligations of said
NOTE	December 1	Surety and its bon	d shall be in no way impaired of	or affected by any extension of time within which the
NOTE 1:	Dated Power of Attorney with Surety Seal must accompany this bid bond.	Obligee may accep	ot such bid: and said Surety do	es hereby waive notice of any such extension.
	Appropriate to the school and the second of	WIT	NESS, the following signatur	es and seals of Principal and Surety, executed and
		sealed by a prope	r officer of Principal and Sur day of (O), 20	rety, or by Principal individually if Principal is an
		Principal Seal		(Q)
		Political		(Name of Principal)
			(R)	(Final of Finespar)
				By(S)
				(Must be President, Vice President, or
				Duly Authorized Agent)
				(T)
				Title
		Surety Seal		(V)
			(U)	(Name of Surety)
				(W)
				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.

	REQ.P.O#	
BID BOND		
KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned		
, of,		
of,, a corporation	organized and existing under the laws of t	he State of
with its principal office in the City of		
of West Virginia, as Obligee, in the penal sum of	(\$) for the pay	ment of which,
well and truly to be made, we jointly and severally bind ourselves, our heirs, ac	ministrators, executors, successors and a	ssigns.
The Condition of the above obligation is such that whereas the P Department of Administration a certain bid or proposal, attached hereto and m		
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 t	oid or proposal
attached hereto and shall furnish any other bonds and insurance required by the agreement created by the acceptance of said bid, then this obligation shall full force and effect. It is expressly understood and agreed that the liability of event, exceed the penal amount of this obligation as herein stated. The Surety, for the value received, hereby stipulates and agrees that way impaired or affected by any extension of the time within which the Obligation as herein stated.	be null and void, otherwise this obligation the Surety for any and all claims hereund the obligations of said Surety and its bond	shall remain in der shall, in no
WITNESS, the following signatures and seals of Principal and Surety	executed and sealed by a proper officer of	of Principal and
Surety, or by Principal individually if Principal is an individual, thisday o		
Principal Seal	7	
	(Name of Principal)	
	By(Must be President, Vice Presid Duly Authorized Agent)	ent, or
	(Title)	
Surety Seal	(2)	
	(Name of Surety)	
	Attorney-in-Fact	

Agency_____

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.

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.

and/or specification, etc.
ceived)
[] Addendum No. 6 [] Addendum No. 7 [] Addendum No. 8 [] Addendum No. 9 [] Addendum No. 10 eccipt of addenda may be cause for rejection of this bid.
sentation made or assumed to be made during any ora entatives and any state personnel is not binding. Only the o the specifications by an official addendum is binding.
K

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

Date



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

I, <u>Dirran P. Griffith</u> , after being first duly sworn, depose and state as follows:
1. I am an employee of; and, (Company Name)
2. I do hereby attest that CIMCO, Tnc. (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: Darren P. Griffith
Signature: Danin & Bylth
Title: Service Manager
Company Name: CIMCO, Inc.
Date: 10/17/2025
STATE OF WEST VIRGINIA,
COUNTY OF PUTTON, TO-WIT:
Taken, subscribed and sworn to before me this 17 day of October 1005
By Commission expires
(Seal)
OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRGINIA Tessa Lynn Baker Cimco, Inc. 2336 Virginia Avenue Hurricane, WV 25526 My Commission Expires July 12, 2028 (Notary Public) Rev. July 7, 2017

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.

Darren P. Griffish Service Manager
(Name Title)
(Printed Name and Title) (Printed Name and Title)
(Printed Name and Title)
2336 Virginia Ave. Hurricane, WV 25526
(Address) (304) 562-7705
(Phone Number) / (Fax Number)
(Phone Number) / (Fax Number) Dagriffith Ocimcow . 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.

CIMCO, Inc.	
(Company)	
Dam P. Laplath Darren P. Griffith Service Man	yer
(Authorized Signature) (Representative Name, Title)	
Darren P. Griffith Service Manager	
(Printed Name and Title of Authorized Representative) (Date)	
10/17/2025	
(Date)	
(304) 562-7705	
(Phone Number) (Fax Number)	
Darifforth a cincow, con	
(Email Address)	

CONTRACTOR LICENSE





NUMBER: WV025512

CLASSIFICATION:

HVAC PIPING PLUMBING SPECIALTY

> CIMCO INC PO BOX 480 CULLODEN, WV 25510

DATE ISSUED

EXPIRATION DATE

MAY 25, 2025

MAY 25, 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.



CERTIFICATE OF LIABILITY INSURANCE

7/7/2025

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).

PE	this certificate does not confer rights	to th	ne ce	rtificate holder in lieu of	such e	ndorsement(:	s).	require an endorsemen	IL. A SI	atement on
George H. Friedlander Company				CONTACT NAME: Jeff O'Dell						
11	566 Kanawha Blvd. E.				PHONE (A/C, No. Ext): 304-357-4520 FAX (A/C, No): 304-345-8724					
10	harleston WV 25311				ADDR	Ess: jeffodell(@friedlander	company.com		0.21
1						in	SURER(S) AFF	ORDING COVERAGE		NAIC#
-	URED				INSUF	RERA: Encova				12372
1000	imco. Inc.			CIMI00						12012
P	O Box 480				INSUR	ER C :				
C	ulloden WV 25510-0480				Salter at the second	ERD:				
						ER E :		· · · · · · · · · · · · · · · · · · ·		
					INSUR					
-	OVERAGES CER	RTIF	CAT	E NUMBER: 731753496				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIE	SOF	INSU	RANCE LISTED BELOW HA	VE BE	EN ISSUED TO	THE INSUE		HE DOL	IOV DEDICE
1	NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY	EQUI	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS
	CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH								O ALL T	HE TERMS,
INSI	TYPE OF INSURANCE	IADD	LISUBR		DEEN	POLICY EFF	POLICY FXP	5.		
A	X COMMERCIAL GENERAL LIABILITY	INSC	WVD	POLICY NUMBER 5002859868		POLICY EFF (MM/DD/YYYY)	Committee Commit	LIMIT	S	
				3002839888		7/8/2025	7/8/2026	EACH OCCURRENCE	\$ 1,000,	.000
	V	1						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,00	00
	Contractual Liab							MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$ 1,000,	000
	GEN'L AGGREGATE LIMIT APPLIES PER:	1	1					GENERAL AGGREGATE	\$2,000.	000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$ 2,000,0	
-	OTHER:								\$	
Α	AUTOMOBILE LIABILITY			5002859868		7/8/2025	7/8/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0	000
	X ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	\$	
								(Per accident)	s	
A	X UMBRELLA LIAB X OCCUR			5002921687		7/8/2025	7/8/2026	EACH OCCURRENCE		
	EXCESS LIAB CLAIMS-MADE						170,2020		\$ 2,000,0	
	DED X RETENTION\$ 10,000								\$ 2,000,0	100
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCP700995		7/8/2025	7/8/2025	7/8/2026		\$	
	ANYPROPRIETOR/PARTNER/EXECUTIVE TIN					77072020	77072020			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	N/A						\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
	The state of the s		-					E.L. DISEASE - POLICY LIMIT	\$1,000,0	00
		- 1								1
ESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL includes Broad Form Employers Liability	ES (A	CORD	104 Addus - 15						
					, may be	attached if more	space is require	d)		
er	Project Aggregate applies when require	d by	writter	n contract.						
Evic	ence of Insurance									
										1
										1
ER	TIFICATE HOLDER				CANC	ELLATION				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
TO WHOM IT MAY CONCERN				AUTHORIZED REPRESENTATIVE						
	*				000 000					