

NORTHERN CORRECTIONAL FACILITY AND JAIL

ARFQ 0608 DCR260000048 - 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
<b>Equipment and Systems</b>				
Equipment and Systems	Biannual	2	8,000	\$16,000

Subtotal A:

Correction Maintenance Hourly Rates	Corrective Maintenance Unit of Measure	Corrective Maintenance Estimated Annual Hours *	Corrective Maintenance Unit Price	Corrective Maintenance Extended Amount
Regular Labor Rate	Hour	100	\$110	\$11,000
Overtime Labor Rate	Hour	16	1.3 \$143	\$2,288
Holiday Labor Rate	Hour	8	1.6 \$176	\$1,408
Emergency Labor Rate	Hour	8	1.3 \$143	\$1,144

Subtotal B: \$16,984

New Equipment, Devices, and Parts Markup Percentage Quote	Estimated New Equipment, Devices, and Parts Markup Percentage Cost **	New Equipment, Devices, and Parts Markup Percentage	New Equipment, Devices, and Parts Markup Percentage Extended Amount
Parts	\$20,000.00	20%	\$4,000

Subtotal C: \$4,000

OVERALL COST (by adding subtotals A, B, and C) \$35,984

<b>Bidder/Vendor Information:</b>	
Name:	HE Neumann
West Virginia Contractors License:	000004
Address:	100 Middle Creek Rd Tridelpia WV 26059
Phone No.:	304-639-4582
Email Address:	RWatson@heneumann.com
Authorized Signature:	Russ Watson

NOTES:

\* Quantities are estimated for bid evaluation purposes only.

\*\* Estimated cost for bid evaluation purposes only.

Agency \_\_\_\_\_  
REQ.P.O# \_\_\_\_\_

### BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, H.E. NEUMANN COMPANY  
of 1124 Smith Street, Suite 2100, Charleston, WV 25301, as Principal, and ASCOT SURETY & CASUALTY COMPANY  
of 55 West 46th Street, New York, NY 10036, a corporation organized and existing under the laws of the State of  
CO with its principal office in the City of New York, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligee, in the penal sum of Five Percent of Amount bid (\$5% of Amount Bid)  
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  
Northern Correctional Facility and Jail, Equipment and Systems Maintenance and Repairs Contract SOLICITATION NO. : \_\_\_\_\_  
ARFQ 0608 DCR2600000048

#### 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 Obligee 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 14th day of October, 2025.

Principal Seal

H.E. NEUMANN COMPANY

(Name of Principal)

By

R. Boniti  
(Must be President, Vice President, or  
Duly Authorized Agent)

PRESIDENT

(Title)

Surety Seal

ASCOT SURETY & CASUALTY COMPANY

(Name of Surety)

Francesca Kazmierczak  
Francesca Kazmierczak 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.**



Power of Attorney

KNOW ALL MEN BY THE PRESENTS:

That Ascot Surety & Casualty Company and Ascot Insurance Company, each a corporation organized and existing under the laws of the State of Colorado (the "Companies"), do hereby constitute and appoint:

Aklima Noorhassan, Anne Potter, Debra A. Deming, Frances Rodriguez, Francesca Kazmierczak, Sandra Diaz, Beverly A. Woolford, Valorie Spates, and Vilma Gonzalez

of New York, NY (city, state) and each its true and lawful Attorney(s)-in-Fact, with full authority to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, or, if the following line is filled in, only within the area and up to the amount therein designated, any and all bonds, undertakings, recognizances, and other contracts of indemnity or writings obligatory in the nature thereof, issued in the course of its surety business, and to bond the Companies as follows:

Any such obligations in the United States not to exceed \$100,000,000.00.

The Companies hereby ratify and confirm all and whatsoever said Attorney(s)-in-fact may lawfully do in the premises by virtue of these presents. These appointments are made under and by authority Resolutions adopted by the Board of Directors of the Companies, which resolutions are still in effect:

RESOLVED, that any of the Chief Executive Office, the Chief Operating Officer or the Chief Underwriting Officer, acting in conjunction with the head of the surety business line for the Corporation (each an Authorized Individual" and, collectively, the Authorized Individuals"), are authorized to jointly appoint one or more attorneys-in-fact to represent and act for and on behalf of the Corporation in the transaction of the Corporation's surety business to execute (under the common seal of the Corporation if appropriate) bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof.

RESOLVED, that in conjunction with the Corporation's transaction of surety business the signatures and attestations of the Authorized Individuals and the seal of the Corporation be affixed to any such Power of Attorney or to any certificate relating thereto (electronic or otherwise) by facsimile and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seals (electronic or otherwise) shall be valid and bonding upon the Corporation when so affixed with respect to any bond, undertaking, recognizance or toher contract of indemnity or writing obligatory in the nature thereof;

RESOLVED, that in connection with the Corporation's transaction of surety business, the facsimile electronic or mechanically reproduced signature of any Authorized Individual, whether made heretofore or hereafter, whenever appearing upon a copy of any Power of Attorney of the Corporation, with signatures affixed as next above noted, shall be valid and binding upon the Corporation with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, the Companies have caused these presents with the respective corporate seals and to be executed by the individuals named below who are duly authorized and empowered to execute the Power of Attorney on the Companies' behalf, this 13th day of March 2025.



ASCOT SURETY & CASUALTY COMPANY
ASCOT INSURANCE COMPANY

Matthew Conrad Kramer (Chief Executive Officer)

Tara North (Executive Vice President, Surety)

STATE OF CONNECTICUT )
COUNTY OF FAIRFIELD ) ss.

On this 13th day of March 2025, before me came the above named Chief Executive Officer of each Ascot Surety & Casualty Company and Ascot Insurance Company and the head of the surety business line for each of Ascot Surety & Casualty Company and Ascot Insurance Company, to me personally known to be the individuals described herein, and acknowledged that the seals affixed to the preceding instrument and the corporate seals of each Ascot Surety & Casualty Company and Ascot Insurance Company, and that the said corporate seals and signatures were duly affixed and subscribed to said instrument by the authority and direction of said Companies.

KSENIA E. GUSEVA
NOTARY PUBLIC
STATE OF CONNECTICUT
My Commission Expires June 30, 2029

Notary Public Ksenia E Guseva
My commission expires on June 30, 2029

I, the undersigned Secretary of the Company, do hereby certify that the foregoing excerpts of the Resolution adopted by the Board of Directors of the Companies, and the Power of Attorney issued pursuant thereto, are true and correct, and further certify that both the Resolution and the Power of Attorney are still in full force and effect.

This Certificate may be signed by facsimile under and by the authority of the following resolution of the Board of Directors of the Companies.

RESOLVED, that in connection with the Corporation's transaction of surety business the signatures and attestations of the Authorized Individuals and the seal of the Corporation be affixed to any such Power of Attorney or to any certificate relating thereto (electronic or otherwise) by facsimile and any such Power of Attorney of certificate bearing such facsimile signatures or facsimile seal (electronic or otherwise) shall be valid and binding upon the Corporation when so affixed with respect to any bond, undertaking, recognizances or other contract of indemnity or writing obligatory in the nature thereof;

IN WITNESS WHEREOF; I have hereunto set my hand and affixed the seal of the Companies, this 14th day of October, 2025

ASCOT SURETY & CASUALTY COMPANY
ASCOT INSURANCE COMPANY

John Gill, Secretary



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

I, Jack Becker, after being first duly sworn, depose and state as follows:

1. I am an employee of H.E. Neumann Company; and,  
(Company Name)
2. I do hereby attest that H.E. Neumann Company  
(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: Jack Becker  
 Signature: Jack Becker  
 Title: Sales Manager  
 Company Name: H.E. Neumann Company  
 Date: 9/24/2025

STATE OF WEST VIRGINIA,

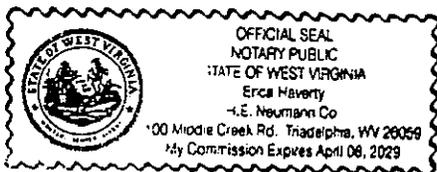
COUNTY OF Ohio, TO-WIT:

Taken, subscribed and sworn to before me this 24 day of September, 2025.

By Commission expires 4-8-29

(Seal)

Erica Haverly  
(Notary Public)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/16/2025

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).

<b>PRODUCER</b> Riggs, Counselman, Michaels & Downes, Inc. 4 North Park Drive, Suite 500 Hunt Valley MD 21030	<b>CONTACT NAME:</b> Rebecca Gierczak HENC GAaU10W
	<b>PHONE (A/C, No, Ext):</b> 410-339-7263 <b>FAX (A/C, No):</b> 410-339-7234 <b>E-MAIL ADDRESS:</b> FBSG.Certificates@rcmd.com
<b>INSURED</b> H.E. Neumann Company: Henco Holdings, L.L.C 100 Middle Creek Road Triadelphia WV 26059-1109	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A:</b> Phoenix Insurance Company      25623
	<b>INSURER B:</b> Travelers Property Casualty Company of America      25674
	<b>INSURER C:</b> Charter Oak Fire Insurance Company      25615
	<b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

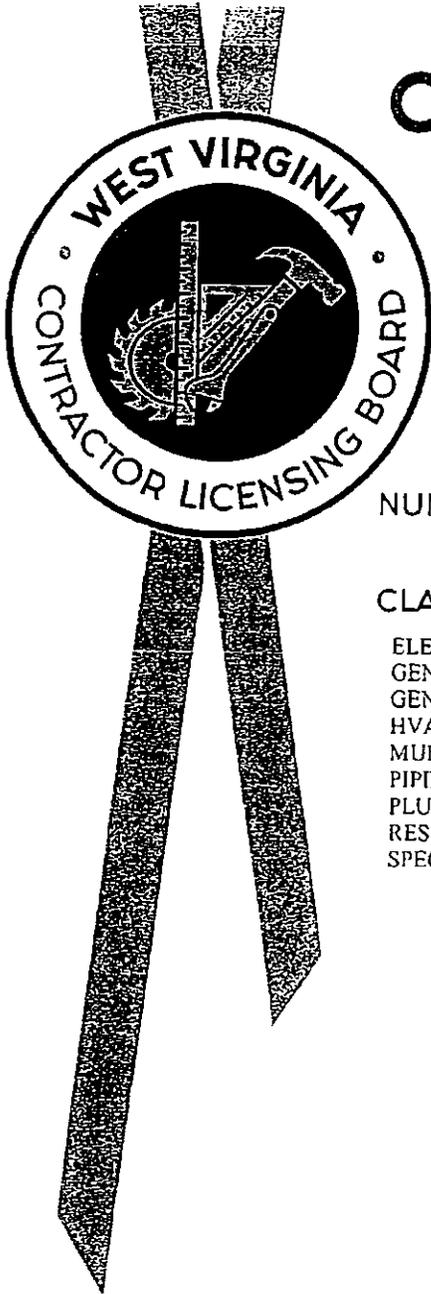
**COVERAGES**      **CERTIFICATE NUMBER:** 1950754475      **REVISION NUMBER:**

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 SUBR INSD WYD	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		VTNCO5469B537PHX25	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 OTHER \$
GEN'L AGGREGATE LIMIT APPL'ES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		VTC2OCAP4R63CCF25 VTJBP4R631875COF25	4/1/2025 4/1/2025	4/1/2026 4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS 10,000		CUP4R6306452525	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 OTHER \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	UB1S2815262526K	4/1/2025	4/1/2026	<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

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

<b>CERTIFICATE HOLDER</b>  Specimen	<b>CANCELLATION</b>  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 



# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV000004

**CLASSIFICATION:**

ELECTRICAL  
GENERAL BUILDING  
GENERAL ENGINEERING  
HVAC  
MULTIFAMILY  
PIPING  
PLUMBING  
RESIDENTIAL  
SPECIALTY

H E NEUMANN COMPANY  
PO BOX 6208  
WHEELING, WV 26003

DATE ISSUED

AUGUST 7, 2025

EXPIRATION DATE

AUGUST 7, 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.





October 14, 2025

Kelly Cunningham  
H.E. NEUMANN COMPANY  
1124 Smith Steet, Suite 2100  
Charleston, WV 25301

Re: THE STATE OF WEST VIRGINIA  
Project: Northern Correctional Facility and Jail, Equipment and Systems Maintenance and Repairs Contract SOLICITATION  
NO.: ARFQ 0608 DCR2600000048  
Estimated Contract Price: \$ 56,984.00  
Bid Date: 10/16/2025  
Surety: ASCOT INSURANCE COMPANY

Dear Kelly Cunningham:

Enclosed please find the above captioned bid bond, executed per your request.

The bid bond must be signed by an authorized representative of your company, notarized and sealed with the corporate seal if applicable. It is your responsibility to ensure the bid bond conforms with your needs and instructions to us, including but not limited to the correct coverages and parties, and with any laws applicable to your operations and/or the contract requiring the bid bond, and to advise us immediately, in writing, if the bid bond form so executed does not contain the proper information. Accordingly, it is incumbent upon you to carefully review the bond, and we will expect that you will, double-check all information, including signatures, dates, amounts and job descriptions for accuracy, and to verify that the bid bond form we executed is the form required by the specification. This will avoid the possibility of having a low bid rejected because of a clerical error. We will also expect you to verify that anything unusual that has been requested by the obligee is attached.

If, following your review of the bond, you do not advise us in writing of any problem or deficiency in its terms and information but submit the bond as is, your submission will constitute your verification, and we will justifiably assume, that the bond form as issued is correct and appropriate for the purpose for which it is being submitted. You further understand that we will have no liability for any deficiencies or discrepancies not brought to our attention in accordance with this letter.

The bid bond authorization is based upon your original estimate. **If the actual bid price exceeds this estimate by 10% or more, you must contact us for additional authority!**

Please call our office if you should have any questions or need any further assistance.

Good Luck on your Bid.

Sincerely,

  
Susie Gonzalez  
Record #3021953

Your bid results are very important, please mail this information back to the address below, or email your Aon representative within 5 days of the bid opening.

	Contractors Name		Contract Price
1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____

Where did you place \_\_\_\_\_ And your price \$ \_\_\_\_\_

If awarded contract, is final bond required? Yes  No

**Ascot Surety & Casualty Company**  
**Short Form Financial Statement**  
**as of December 31, 2024**

**Assets:**

Cash and Bank Deposits	\$ 16,745,246
Bonds- US Government	3,576,592
Other Bonds	68,703,647
Stocks	518,088,193
Real Estate	-
Agents' Balances or Uncollected Premiums	5,738,148
Accrued Interest and Rents	496,845
Other Admitted Assets	270,988
<b>Total Admitted Assets</b>	<b><u>\$ 613,619,659</u></b>

**Liabilities**

Unearned Premiums	\$ 25,798,569
Reserve for Claims & Claims Expense	14,585,911
Funds Held Under Reinsurance Treaties	-
Ceded Reinsurance Premiums Payable	3,197,370
Provision for Reinsurance	-
Reserve for Commissions, Taxes & Other Liabilities	3,689,645
<b>Total Liabilities</b>	<b><u>\$ 47,271,495</u></b>

Special Surplus Funds	\$ -
Capital Stock	2,500,000
Paid in Surplus	491,420,117
Unassigned Surplus	72,428,047

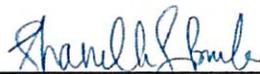
**Surplus to Policyholders** 566,348,164

**Total Liabilities & Surplus** \$ 613,619,659

\*Bonds are stated at amortized cost. Common Stock in Affiliate is stated at statutory surplus plus unamortized goodwill.

The foregoing financial information is taken from Ascot Surety and Casualty Company's financial statement filed with Colorado Division of Insurance.

I, SHANELLE BURKE, Financial Controller of Ascot Surety & Casualty Company (the "Corporation"), do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2024, to the best of my knowledge and belief.

  
 \_\_\_\_\_  
 Financial Controller

I, JOHN GILL, Secretary of the Corporation, do hereby certify that the foregoing is a true and accurate signature of the Financial Controller of the Corporation. and belief.

IN WITNESS HEREOF, I have hereunder to set my hand and affixed the seal of said Corporation at New York, NY, this 8 day of May of 2025.

  
 \_\_\_\_\_  
 Secretary