

Solicitation Response(SR) Dept: 0608 ID: ESR10032500000002425 Ver.: 1 Function: New Phase: Final

Modified by batch , 10/03/2025

Header 5



General Information   Contact   Default Values   Discount   Document Information   Clarification Request

**Procurement Folder:**

1789604

**Procurement Type:**

Agency Master Agreement

**Vendor ID:**

000000160475

**Legal Name:**

SCALISE INDUSTRIES CORPORATION

**Alias/DBA:**

**Total Bid:**

\$79,744.00

**Response Date:**

10/03/2025

**Response Time:**

8:59

**Responded By User ID:**

SarahRubis

**First Name:**

Sarah

**Last Name:**

Rubis

**Email:**

srubis@scaliseindustries.com

**Phone:**

17247465400

**SO Doc Code:**

ARFQ

**SO Dept:**

0608

**SO Doc ID:**

DCR2600000036

**Published Date:**

9/14/25

**Close Date:**

10/3/25

**Close Time:**

10:30

**Status:**

Closed

**Solicitation Description:**

Equipment and Systems Maintenance and Repairs Contract

**Total of Header Attachments:**

5

**Total of All Attachments:**

5

## NORTH CENTRAL REGIONAL JAIL AND CORRECTIONAL FACILITY

## ARFQ 0608 DCR2600000036 - 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	\$ 17,500.00	\$ 35,000.00

<b>Subtotal A:</b>	\$ 35,000.00
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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	\$ 138.00	\$ 13,800.00
Overtime Labor Rate	Hour	16	\$ 191.00	\$ 3,056.00
Holiday Labor Rate	Hour	8	\$ 243.00	\$ 1,944.00
Emergency Labor Rate	Hour	8	\$ 243.00	\$ 1,944.00

<b>Subtotal B:</b>	\$ 20,744.00
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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
<b>Parts</b>	\$20,000.00	20%	\$ 24,000.00

<b>Subtotal C:</b>	\$ 24,000.00
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<b>OVERALL COST (by adding subtotals A, B, and C)</b>	\$ 79,744.00
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<b>Bidder/Vendor Information:</b>	
Name:	Scalise Industries Corporation
West Virginia Contractors License:	WV008349
Address:	55 Park Drive, P. O. Box 611
	Lawrence, PA 15055
Phone No.:	(724) 746-5400
Email Address:	<a href="mailto:schorey@scaliseindustries.com">schorey@scaliseindustries.com</a>
Authorized Signature:	

## NOTES:

\* Quantities are estimated for bid evaluation purposes only.

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

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Scalise Industries Corporation  
\_\_\_\_\_ of 55 Park Drive, Lawrence, PA 15055, as Principal, and Travelers Casualty and Surety Company of America  
\_\_\_\_\_ of One Tower Square, Hartford, CT 06183, a corporation organized and existing under the laws of the State of CT  
\_\_\_\_\_ with its principal office in the City of Hartford, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligee, in the penal sum of Five Percent of the Amount Bid (\$ 5% of Amt. 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  
North Central Regional Jail and Correctional Facility, Equipment and Systems Maintenance and Repairs Contract

SOLICITATION NO.: ARFQ 0608 DCR2600000036

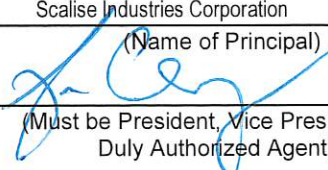
**NOW THEREFORE,**

(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.

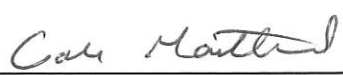
The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no  
way impaired or affected by any extension of the time within which the Obligee may accept such bid, and said Surety does hereby  
waive notice of any such extension.

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 29th day of September, 20 25.

Principal Seal

Scalise Industries Corporation  
\_\_\_\_\_  
(Name of Principal)  
By   
\_\_\_\_\_  
(Must be President, Vice President, or  
Duly Authorized Agent)  
PRESIDENT  
\_\_\_\_\_  
(Title)

Surety Seal

Travelers Casualty and Surety Company of America  
\_\_\_\_\_  
(Name of Surety)  
  
\_\_\_\_\_  
Camille Maitland, 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.**



**Travelers Casualty and Surety Company of America**  
**Travelers Casualty and Surety Company**  
**St. Paul Fire and Marine Insurance Company**

**POWER OF ATTORNEY**

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **Camille Maitland** of **UNIONDALE**, **New York**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024**.



State of Connecticut

By:   
Bryce Grissom, Senior Vice President

City of Hartford ss.

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**





Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

**RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

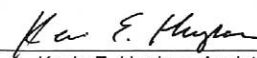
**FURTHER RESOLVED**, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED**, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **29th** day of **September**, **2025**





Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.  
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.



## TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CT 06183

## PRINCIPAL'S ACKNOWLEDGMENT

Commonwealth of Pennsylvania - Notary Seal  
 Sarah Rublis, Notary Public  
 Washington County  
 My commission expires August 11, 2027  
 Commission number 1285223  
 Member, Pennsylvania Association of Notaries

State of PENNSYLVANIA, County of WASHINGTON }ss.

On this 2ND day of OCTOBER in the year 20 25, before me, the undersigned, personally appeared SCOTT A. CHOREL, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

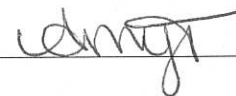


Notary Public

## SURETY COMPANY'S ACKNOWLEDGMENT

State of New York, County of Nassau }ss.

On this 29th day of September in the year 20 25, before me, the undersigned, personally appeared Camille Maitland, personally known to me, and who, being by me duly sworn, did depose and say: That he/she resides in Nassau County, New York; that he/she is Attorney-in-Fact of **TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA**, the corporation described in and which executed the within instrument; that he/she knows the corporate seal of said Company; that the seal affixed to said instrument is such corporate seal; and that he/she signed said instrument as Attorney-in-Fact by authority of the Board of Directors of said Company; and affiant did further depose and say that the Superintendent of the State of New York Department of Financial Services has, pursuant to Section 1111 of the New York Insurance Law, issued to **TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA** his/her certificate that said Company is qualified to become and be accepted as surety or guarantor on all bonds, undertakings, recognizances, guaranties, and other obligations required or permitted by law; and that such certificate has not been revoked.



Notary Public

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2024

AS FILED IN THE STATE OF NEW YORK

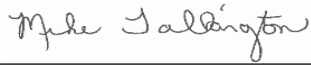
CAPITAL STOCK \$ 6,480,000

Amy Tarazona  
 Notary Public-State of New York  
 No. 01TA0013151  
 Qualified in Nassau County  
 Commission Expires 09/06/2027

ASSETS		LIABILITIES & SURPLUS	
BONDS	\$ 5,367,684,447	LOSSES	\$ 1,648,831,742
STOCKS	99,502,344	LOSS ADJUSTMENT EXPENSES	169,492,904
CASH AND INVESTED CASH	69,689,826	REINSURANCE PAYABLE ON PAID LOSSES & LOSS ADJ. EXPENSES	15,148,347
OTHER INVESTED ASSETS	9,969,793	COMMISSIONS	62,360,717
SECURITIES LENDING REINVESTED COLLATERAL ASSETS	30,993,966	OTHER EXPENSES	69,184,511
INVESTMENT INCOME DUE AND ACCRUED	45,630,862	TAXES, LICENSES AND FEES	16,311,579
PREMIUM BALANCES	346,017,428	CURRENT FEDERAL AND FOREIGN INCOME TAXES	7,102,552
REINSURANCE RECOVERABLE	62,034,928	UNEARNED PREMIUMS	1,047,964,685
NET DEFERRED TAX ASSET	78,278,940	ADVANCE PREMIUM	3,970,618
UNDISTRIBUTED PAYMENTS	15,607,795	POLICYHOLDER DIVIDENDS	26,972,587
GUARANTY FUNDS RECEIVABLE OR ON DEPOSIT	2,148,727	CEDED REINSURANCE NET PREMIUMS PAYABLE	57,879,540
OTHER ASSETS	1,100,106	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	17,071,685
		REMITTANCES AND ITEMS NOT ALLOCATED	10,456,481
		PROVISION FOR REINSURANCE	8,746,887
		PAYABLE TO PARENTS, SUBSIDIARIES AND AFFILIATES	79,937,444
		PAYABLE FOR SECURITIES LENDING	30,993,966
		ESCHEAT LIABILITY	595,014
		OTHER ACCRUED EXPENSES AND LIABILITIES	4,726
		TOTAL LIABILITIES	\$ 3,873,025,985
		CAPITAL STOCK	\$ 6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,815,349,416
		TOTAL SURPLUS TO POLICYHOLDERS	\$ 2,255,633,176
TOTAL ASSETS	\$ 6,128,659,161	TOTAL LIABILITIES & SURPLUS	\$ 6,128,659,161



**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.



Michael Talkington, West Virginia Division Manager

(Name, Title)

Michael Talkington, West Virginia Division Manager

(Printed Name and Title)

503 Morgantown Avenue, Suite 220, Fairmont, WV 26554

(Address)

(304) 367-1609 (304) 367-1594

(Phone Number) / (Fax Number)

mtalkington@scaliseindustries.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..

Scalise Industries Corporation  
dba EMCOR Service Scalise Industries

(Company)



Scott A. Chorey, President

(Authorized Signature) (Representative Name, Title)

Scott A. Chorey, President 10.3.25

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

October 3, 2025

(Date)

(724) 746-5400 (724) 746-5410

(Phone Number) (Fax Number)

schorey@scaliseindustries.com

(Email Address)



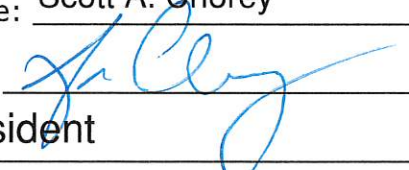
**State of West Virginia**  
**DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT**  
**West Virginia Code §21-1D-5**

I, Scott A. Chorey, after being first duly sworn, depose and state as follows:

1. I am an employee of Scalise Industries Corporation D/B/A EMCOR Services Scalise Industries; and,  
(Company Name)
2. I do hereby attest that Scalise Industries Corporation D/B/A EMCOR Services Scalise Industries  
(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: Scott A. Chorey  
Signature:   
Title: President  
Company Name: Scalise Industries Corporation D/B/A EMCOR Services Scalise Industries  
Date: 10/02/2025

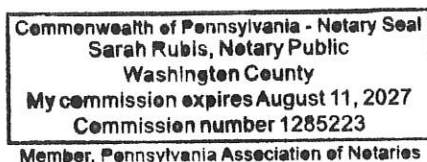
Pennsylvania  
STATE OF ~~WEST VIRGINIA~~,

COUNTY OF Washington, TO-WIT:

Taken, subscribed and sworn to before me this 2nd day of October, 2025.

By Commission expires August 11, 2027

(Seal)



  
(Notary Public)

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)*

☒ None

☐ 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

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.

Scalise Industries Corporation D/B/A EMCOR Services Scalise Industries  
\_\_\_\_\_  
Company



\_\_\_\_\_  
Authorized Signature  
Scott A. Chorey, President

10/03/2025  
\_\_\_\_\_

Date

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