

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.

Karin Watson - Sales

(Name, Title)

Karin Watson - Sales

(Printed Name and Title)

100 Middle Creek Rd Tridelphia WV 24059

(Address)

304-639-4582

(Phone Number) / (Fax Number)

KWatson@heneumann.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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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..

H.E Neumann

(Company)

Karin Watson - Sales

(Authorized Signature) (Representative Name, Title)

Karin Watson - Sales 6/28/24

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

6/28/24

(Date)

304-639-4582

(Phone Number) (Fax Number)

KWatson@heneumann.com

(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.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> 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.

HE Neumann

Company

Harri Watson

Authorized Signature

6/28/24

Date

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



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

I, Karin Watson, after being first duly sworn, depose and state as follows:

1. I am an employee of H.E. Neumann; and,
(Company Name)
2. I do hereby attest that H.E. Neumann
(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: Karin Watson
 Signature: Karin Watson
 Title: Sales
 Company Name: HE Neumann
 Date: 7/1/24

STATE OF WEST VIRGINIA,

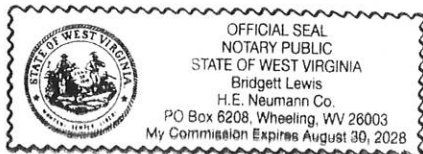
COUNTY OF Ohio, TO-WIT:

Taken, subscribed and sworn to before me this 1 day of July, 2024.

By Commission expires 8-30-28

(Seal)

Bridgett Lewis
(Notary Public)



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board



NUMBER: WV000004

CLASSIFICATION:

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

H E NEUMANN COMPANY
DBA H E NEUMANN COMPANY
PO BOX 6208
WHEELING, WV 26003

DATE ISSUED

EXPIRATION DATE

AUGUST 07, 2023

AUGUST 07, 2024

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

DATE (MM/DD/YYYY)
3/23/2023

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).

| | | | | | |
|--|--|---|--|------------------------------------|--|
| PRODUCER Riggs, Counselman, Michaels & Downes, Inc. 555 Fairmount Avenue Towson MD 21286 | | CONTACT NAME: Rebecca Gierczak HENCHH GAU10W PHONE (A/C, No, Ext): 410-339-7263 E-MAIL ADDRESS: rgierczak@rcmd.com | | FAX (A/C, No): 410-339-7234 | |
| | | INSURER(S) AFFORDING COVERAGE | | NAIC # | |
| | | INSURER A : Phoenix Insurance Company | | 25623 | |
| | | INSURER B : Travelers Property Casualty Company of America | | 25674 | |
| | | INSURER C : Charter Oak Fire Insurance Company | | 25615 | |
| | | INSURER D : Standard Fire Insurance Company | | 19070 | |
| | | INSURER E : | | | |
| | | INSURER F : | | | |

COVERAGES **CERTIFICATE NUMBER:** 262950614 **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 INSD | SUBR WVD | 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | | | VTNCO5469B537PHX23 | 4/1/2023 | 4/1/2024 | 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 \$ |
| 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 | | | VTOCAP5469B549COF23 | 4/1/2023 | 4/1/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | CUP2W0968892325 | 4/1/2023 | 4/1/2024 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ |
| D | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | UB1S28152623K | 4/1/2023 | 4/1/2024 | <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

CERTIFICATE HOLDER**CANCELLATION**

.Specimen

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

West Virginia Penitentiary Training Building & Old Warden's Residence

ARFQ 0608 DCR240000133 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

| Preventative Maintenance Equipment and Systems | 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 | Biannual | 2 | \$840.00 | \$1,680.00 |
| | | | Subtotal A: | \$1,680.00 |

| 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 | 90 | \$9,000.00 |
| Overtime Labor Rate | Hour | 16 | 125 | \$2,000.00 |
| Holiday Labor Rate | Hour | 8 | 160 | \$1,280.00 |
| Emergency Labor Rate | Hour | 8 | 125 | \$1,000.00 |
| | | | Subtotal B: | \$13,280.00 |

| 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 | \$5,000.00 | 25.00% | \$6,250.00 |
| | | Subtotal C: | \$6,250.00 |

OVERALL COST (by adding subtotals A, B, and C) \$21,210.00

Bidder/Vendor Information:

Name: HE Neumann
 West Virginia Contractors License: WV000004
 Address: 199 Middle Creek Rd
 Triadelphia, WV 26059
 Phone No.: 304-639-4582
 Fax No.:
 Email Address: kvaatson@heneumann.com
 Authorized Signature: *Kaate Platon*

NOTES:
 * Quantities are estimated for bid evaluation purposes only.
 ** Estimated cost for bid evaluation purposes only.