



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

Proc Folder: 1377902			Reason for Modification:
Doc Description: PM Kitchen Equipment - Salem Correctional Center and Jail			
Proc Type: Agency Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-02-16	2024-03-04 10:30	ARFQ 0608 DCR2400000089	1

BID RECEIVING LOCATION
<p>WV DIVISION OF ADMINISTRATIVE SERVICES 1124 SMITH STREET SECOND FLOOR CHARLESTON WV 25301 US</p>

VENDOR
<p>Vendor Customer Code: 000000 189985 Vendor Name : DSO Mechanical LLC Address : 515 Third Ave Street : City : South Charleston State : West Virginia Country : USA Zip : 25303 Principal Contact : Jeffrey Kelley Vendor Contact Phone: 304-744-8479 Extension:</p>

FOR INFORMATION CONTACT THE BUYER
<p>Tina R Withrow 304-558-9093 tina.r.withrow@wv.gov</p>

Vendor Signature X 	FEIN# 46-1525016	DATE 03/04/2024
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All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

The WV Division of Administrative Services is soliciting bids on behalf of the West Virginia Division of Corrections and Rehabilitation to establish an open-end contract for Kitchen Equipment Maintenance and repairs for The Salem Correctional Center and Jail located at 7 Industrial Boulevard, Industrial, WV 26426 (Harrison/Doddridge County).

INVOICE TO		SHIP TO	
DIVISION OF ADMINISTRATIVE SERVICES 1124 SMITH STREET SECOND FLOOR CHARLESTON WV US		SALEM CORRECTIONAL CENTER 7 INDUSTRIAL BLVD INDUSTRIAL WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	4.1.1.8 - REGULAR LABOR RATE	80.00000	EA	\$ 95 ⁰⁰	\$ 7600 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
72102900			

Extended Description:
See Attached Specifications

INVOICE TO		SHIP TO	
DIVISION OF ADMINISTRATIVE SERVICES 1124 SMITH STREET SECOND FLOOR CHARLESTON WV US		SALEM CORRECTIONAL CENTER 7 INDUSTRIAL BLVD INDUSTRIAL WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	4.1.1.9 - OVERTIME LABOR RATE	40.00000	EA	\$ 135 ⁰⁰	\$ 5400 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
72102900			

Extended Description:
See Attached Specifications

INVOICE TO		SHIP TO	
DIVISION OF ADMINISTRATIVE SERVICES 1124 SMITH STREET SECOND FLOOR CHARLESTON WV US		SALEM CORRECTIONAL CENTER 7 INDUSTRIAL BLVD INDUSTRIAL WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	4.1.1.10 - HOLIDAY LABOR RATE	40.00000	EA	\$ 140 ⁰⁰	\$ 5,600 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
72102900			

Extended Description:
See Attached Specifications

INVOICE TO		SHIP TO	
DIVISION OF ADMINISTRATIVE SERVICES 1124 SMITH STREET SECOND FLOOR CHARLESTON WV US		SALEM CORRECTIONAL CENTER 7 INDUSTRIAL BLVD INDUSTRIAL WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	4.1.1.11 - EMERGENCY LABOR RATE	40.00000	EA	\$ 140 ⁰⁰	\$ 5,600 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
72102900			

Extended Description:
See Attached Specifications

INVOICE TO		SHIP TO	
DIVISION OF ADMINISTRATIVE SERVICES 1124 SMITH STREET SECOND FLOOR CHARLESTON US		WW	SALEM CORRECTIONAL CENTER 7 INDUSTRIAL BLVD INDUSTRIAL US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	4.1.4 - PARTS + MARKUP	1.00000	EA	1.25	6,250.00

Comm Code	Manufacturer	Specification	Model #
72102900			

Extended Description:
See Attached Specifications

INVOICE TO		SHIP TO	
DIVISION OF ADMINISTRATIVE SERVICES 1124 SMITH STREET SECOND FLOOR CHARLESTON US		WW	SALEM CORRECTIONAL CENTER 7 INDUSTRIAL BLVD INDUSTRIAL US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	8 - FLAT RATE TRAVEL CHARGE	10.00000	EA	375.00	3,750.00

Comm Code	Manufacturer	Specification	Model #
72102900			

Extended Description:
See Attached Specifications

INVOICE TO		SHIP TO	
DIVISION OF ADMINISTRATIVE SERVICES 1124 SMITH STREET SECOND FLOOR CHARLESTON WV US		SALEM CORRECTIONAL CENTER 7 INDUSTRIAL BLVD INDUSTRIAL WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	4.1.2 - QUARTERLY PREVENTATIVE MAINTENANCE	4.00000	EA	1,925.00	7,700.00

Comm Code	Manufacturer	Specification	Model #
72102900			

Extended Description:
See Attached Specifications

SCHEDULE OF EVENTS		
Line	Event	Event Date
1	Question submittal deadline at 2:00EST	2024-02-26

	Document Phase	Document Description	Page 6
DCR2400000089	Final	PM Kitchen Equipment - Salem Correctional Center and Jail	

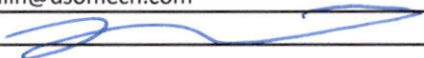
**Exhibit A - Pricing Page
ARFQ 0608 DCR240000089**

Kitchen Equipment Maintenance - Salem Correctional Center and Jail

Labor Quote		Unit of Measure	Estimated Annual Quantity *	Unit Price	Extended Amount
Item #	Description				
4.1.1.8	Regular Labor Rate	Hour	80	\$95.00	\$7,600.00
4.1.1.9	Overtime Labor Rate	Hour	40	\$135.00	\$5,400.00
4.1.1.10	Holiday Labor Rate	Hour	40	\$140.00	\$5,600.00
4.1.1.11	Emergency Labor Rate	Hour	40	\$140.00	\$5,600.00
4.1.2	Quarterly Preventative Maintenance	Each	4	\$1,925.00	\$7,700.00
8	Flat Rate Travel Charge	Each	10	\$375.00	\$3,750.00

Parts Quote Item #	Description	Estimated New Equipment, Devices, & Parts Markup Percentage Costs**		New Equipment, Devices, & Parts Markup Percentage	New Equipment, Devices, & Parts Markup Extended Amount
4.1.4	Parts	\$ 5,000.00	x	25.00%	\$ 6,250.00
Grand Total					\$ 41,900.00

Vendor must complete the Price Page in full as failure to complete the Pricing Page in its entirety will result in Vendor's bid being disqualified. A no bid will result in Vendor's bid being disqualified.

Bidder/Vendor Information:	
Name:	DSO Mechanical LLC
Address:	515 Third Ave., South Charleston, WV 25303
Phone No.:	304-744-8479
Fax No.:	304-744-8491
Email Address:	mLaughlin@dsomech.com
Authorized Signature	

NOTES:

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


REQUEST FOR QUOTATION

ARFQ 0608 DCR240000089

Kitchen Equipment Maintenance – Salem Correctional Center and Jail

Contract Manager:	Mike Laughlin
Telephone Number:	304-744-8479
Fax Number:	304-744-8491
Email Address:	mllaughlin@dsomech.com

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.

 *Project Manager*

(Name, Title)
Mike Laughlin Project Manager

(Printed Name and Title)
515 Third Ave., South Charleston, WV, 25303


(Address)
304-744-8479 304-744-8491

(Phone Number) / (Fax Number)
mlaughlin@dsomech.com

(E-mail address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation 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 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.

DSO Mechanical LLC

(Company)
 *Project Manager*

(Authorized Signature) (Representative Name, Title)
Mike Laughlin / Project Manager

(Printed Name and Title of Authorized Representative)
03/04/2024

(Date)
304-744-8479 / 304-744-8491

(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: ARFQ # DCR240000089

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 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.

DSO Mechanical LLC

Company

Authorized Signature

03/04/2024

Date

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



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: **WV050370**

CLASSIFICATION:
HEATING, VENTILATING & COOLING
PLUMBING

DSO MECHANICAL LLC
DBA DSO MECHANICAL LLC
515 THIRD AVENUE
SOUTH CHARLESTON, WV 25303

DATE ISSUED

EXPIRATION DATE

JANUARY 21, 2024	JANUARY 21, 2025
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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.

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 exceeds 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:

Vendor's Name: DSO Mechanical LLC

Authorized Signature: [Signature] Date: 03/04/2024

State of West Virginia

County of Kanawha, to-wit:

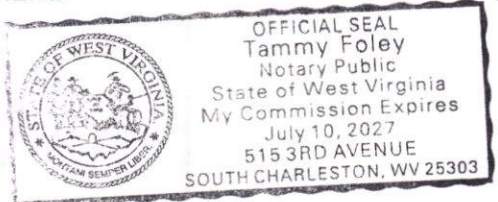
Taken, subscribed, and sworn to before me this 4 day of February, 2024.

My Commission expires 7/10/27, 20 .

AFFIX SEAL HERE

NOTARY PUBLIC

[Signature: Tammy Foley]





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

STATE OF WEST VIRGINIA,
COUNTY OF Kanawha **, TO-WIT:**

I, Mike Laughlin, after being first duly sworn, depose and state as follows:

- I am an employee of DSO Mechanical LLC; and,
(Company Name)
- I do hereby attest that DSO Mechanical LLC
(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: Mike Laughlin

Signature: 

Title: Project Manager


Company Name: DSO Mechanical LLC

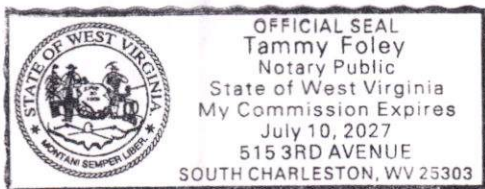
Date: 03/04/2024

Taken, subscribed and sworn to before me this 04 day of March, 2024.

By Commission expires 7/10/27

(Seal)


(Notary Public)



ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/04/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Althans Insurance Agency, Inc. 543 East Washington St. P.O.Box 570 Chagrin Falls, OH 44022	CONTACT NAME: Karen L. Meduri	
	PHONE (A/C, No, Ext): 440 247-6422 FAX (A/C, No): 440 247-2394	
	E-MAIL ADDRESS: klmeduri@althans.com	
INSURED DSO Mechanical LLC 515 Third Ave South Charleston, WV 25303	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Cincinnati Insurance Company	10677
	INSURER B: Cincinnati Indemnity Co	
	INSURER C: Travelers Property Casualty Co.	25674
	INSURER D: Continental Insurance Co	35289
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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 INSR 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 <input checked="" type="checkbox"/> PD Ded:1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		EPP0277989	10/01/2023	10/01/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		EPP0277989	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		EPP0277989	10/01/2023	10/01/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	EWC0407832	11/01/2023	11/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Third Party Crime		107260734	05/26/2023	05/26/2024	\$100,000
A	Rented Equipment		EPP0277989	10/01/2023	10/01/2024	\$350,000/\$1,000
D	Excess Liability		7063361888	10/01/2023	10/01/2024	\$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project PM Kitchen Equipment ARFQ 0608 DCR240000089

CERTIFICATE HOLDER

CANCELLATION

Salem Correctional Center and Jail
7 Industrial Blvd
Industrial, WV 26426

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



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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 101 West Main St Suite 900 Norfolk, VA 23510 866 757-4234	CONTACT NAME: Diane Brown
	PHONE (A/C, No, Ext): 800 441-0770
	FAX (A/C, No): 610-362-8559
	E-MAIL ADDRESS: Diane.Brown@usi.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Wesco Insurance Company
	NAIC # 25011
INSURED DSO Mechanical, LLC 515 Third Ave South Charleston, WV 25303	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **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 INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WWC3697166	01/01/2024	01/01/2025	<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)
Project PM Kitchen Equipment ARFQ 0608 DCR240000089

Evidence of Coverage

CERTIFICATE HOLDER **CANCELLATION**

Salem Correctional Center and Jail 7 Industrial Blvd Salem, WV 26426	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 <i>Shannon Snyder Cole</i>
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