EXHIBIT D

SOUTHERN REGIONAL JAIL AND CORRECTIONAL FACILITY

ARFQ 0608 DCR240000048 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

	Preventative	Preventative	Drawnating Maintenance	Presentativo Maintananca Dravantativa Maintananca
Preventative Maintenance	Maintenance Unit of	Iaintenance Unit of Maintenance Number of	of Theyemanye Manuenance	Evended Amount
	Measure	Times Per Year		-
Equipment and Systems				
Equipment and Systems	Biannual	2		1800

Subtotal A:

e				
Corrective Maintenance Extended Amount	9000	2000	1280	$V \circ \delta \circ$
Corrective Maintenance Unit Price	ab	Ias	100	125
Corrective Maintenance Estimated Annual Ilours *	100	16	8	8
Corrective Maintenance Unit of Measure	Hour	Hour	Hour	Hour
Correction Maintenance Hourly Rates	Regular Labor Rate	Overtime Labor Rate	Holiday Labor Rate	Emergency Labor Rate

30

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Subtotal B:

	Subtotal C:		
10350	25 %	\$5,000.00	Parts
New Equipment, Devices, and Parts Markup Percentage Extended Amount	New Equipment, Devices, and Parts Markup Percentage	 Kew Equipment, Devices, and Parts Markup Percentage Quote 	New Equipment, Devices, and Parts Markup Percentage Quote

L	OVERALL COST (by adding subtotals A, B, and C) 37, 350	31, 330
1		· · · ·
Bidder/Vendor Information:		
Name:		
Address:		
Phone No.:		
Fax No.:		
Email Address:		
Authorized Signature		

NOTES:

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

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.

(Name, Title) (Printed Name and Title) Rol Tripelphia WU 20059 IP rppk (Address) 458 (Phone Number) / (Fax Number) reneumann.cor A NO (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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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 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 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 Vendor in a contractual relationship; and that to the best of my knowledge, Vendor has properly registered with any State agency that may require registration.

(Company) (Authorized Signature) (Representative Name, Title) (Printed Name and Title of Authorized Representative) (Date) 2 (Date) (Phone Number) (Fax Number) eneumann.com Ø Sn (Email Address)

Revised 11/01/2022

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)

Addendum No. 6
💭 Addendum No. 7
[4] Addendum No. 8
[]]Addendum No. 9
[4] 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.

Jeumann Company Authorized Signature

NOTE: This addendum acknowledgement 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

STATE OF WEST VIRGINIA,

COUN	ITY OF <u>Ohio</u> , TO-WIT:
17 Ka	M. Watson, after being first duly sworn, depose and state as follows:
	I am an employee of <u>HENpumann</u> ; and, (Company Name) I do hereby attest that <u>HE Npumann</u>
2.	I do hereby attest that <u>IFE Neumann</u> (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: Kaun Watson
Title: Sales
Company Name: HE Neumann
Date: 10/20/23

Taken, subscribed	l and swo	m to	before	me	this	day day	of	October,	2003.
		diffeter a		(R) (R)					

(Seal)

(Notary Public)

Rév. July 7, 2017

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 exceed 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: NE NEUMANN	•
Authorized Signature: Kann Works	Date: 10/20/23
State of West Virginia	
County of Ohio, to-wit:	
Taken, subscribed, and sworn to before me this ல day o	of October, 2003
My Commission expires 8-30-08	, 20
AFFIX SEAL HERE	NOTARY PUBLIC Bridgett Service
OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRGINIA Bridgett Lewis H.E. Neumann Co. PO Box 6208, Wheeling, WV 26003 MV Commission Expires August 30, 2028	Purchasing Affidavit (Revised 03/09/2019)

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CERTIFICATE OF LIABILITY INSURANCE

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

С В	HIS CERTIFICATE IS ISSUED AS A MERTIFICATE DOES NOT AFFIRMATI SELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VEL URA	(OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALTE	ER THE CO	ERAGE AFFORDED	re hol By the	POLICIES	
lf	MPORTANT: If the certificate holder in SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to th	ne ter	rms and conditions of th	e polic	y, certain po	olicies may r				
	DUCER				CONTA NAME:			ICHH GAU10W			
	ggs, Counselman, Michaels & Down	es, li	nc.					FAX (A/C, No):	410-33	9-7234	
	5 Fairmount Avenue wson MD 21286					ss: rgierczak		(A/C, NO).	410 00	5 1 2 6 4	
10	wson wd 21200				ADDRE						
								DING COVERAGE		NAIC #	
INSI	JRED			FIDEENG-01		RA: Phoenix				25623	
	E. Neumann Company; Henco Holdi	ngs,	L.L.	С				sualty Company of Amer	ica	25674	
	0 Middle Creek Road	•								25615	
Triadelphia WV 26059-1109										19070	
				NUMBER: 262950614	-			REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH I	QUIR PERT POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPE	CT TO V	WHICH THIS	
INSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
А	X COMMERCIAL GENERAL LIABILITY	_		VTNCO5469B537PHX23		4/1/2023	4/1/2024	EACH OCCURRENCE	\$2,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	,000	
								MED EXP (Any one person)	\$ 15,00	0	
								PERSONAL & ADV INJURY	\$ 2,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			
	POLICY X PRO- JECT X LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG			\$ 4,000,000 \$ 4,000,000	
	OTHER:								\$ 4,000,000 \$		
С	AUTOMOBILE LIABILITY			VTOCAP5469B549COF23		4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000		
	X ANY AUTO						BODILY INJURY (Per person)	n) \$			
	OWNED SCHEDULED						BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONET AUTOS ONET								\$		
В	X UMBRELLA LIAB X OCCUR			CUP2W0968892325		4/1/2023 4/1/2024 EACH OCCURRENCE			\$ 10,00	0.000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$10,000,000			
	DED X RETENTION \$ 10,000							Nooneonie	\$	0,000	
D	WORKERS COMPENSATION			UB1S28152623K		4/1/2023	4/1/2024	X PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						.,	STATUTE ÉR E.L. EACH ACCIDENT	\$ 1,000	000	
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below										
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if more	e space is require	ed)			
Ge	neral proof of coverage										
CE	RTIFICATE HOLDER				CAN	ELLATION					
							THE ABOVE D	ESCRIBED POLICIES BE C	ANCELL	ED BEFORE	
								REOF, NOTICE WILL Y PROVISIONS.	BE DEL	IVERED IN	
	.Specimen				L						
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CONTRACTOR LICENSE

AUTHORIZED BY THE West Virginia Contractor Licensing Board

WV000004

CLASSIFICATION:

NUMBER:

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, 2024

AUGUST 07, 2023

Authorized Signature

Chair, West Virginia Contractor Licensing Board



WEST VIRGININ

CONTRACTOR LICENSING

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.