

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

Proc Folder:

1299023

Doc Description: Equipment and Systems Maintenance and Repairs SRJCF

Reason for Modification:

Addendum No. 1:

Proc Type:

Agency Master Agreement

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|---------------------|-------------------------|---------|
| 2023-10-18 | 2023-10-23 10:30 | ARFQ 0608 DCR2400000048 | 2 |

BID RECEIVING LOCATION

| | B. E | O | |
|--|------|---|--|
| | | | |
| | | | |

Vendor Customer Code:

Vendor Name: 1,400 Construction Services

Address: 4300 First Ave

Street:

City: 1. +50

State : \

Country :\ \SA

Principal Contact: Amie Kuhn

Vendor Contact Phone: 304-204-1555

Extension:

FOR INFORMATION CONTACT THE BUYER

Philip K Farley (304) 549-1050 philip.k.farley@wv.gov

Vendor Signature X

All offers subject to all terms and conditions contained in this solicitation

Date Printed:

Oct 18, 2023

Page 1

FORM ID: WV-PRC-ARFQ-002 2020/C

ADDITIONAL INFORMATION

The West Virginia Division of Administrative Services (DAS) is soliciting bids on behalf of the Division of Corrections and Rehabilitation (DCR) to establish an open-ended contract to provide preventative maintenance and inspections, corrective maintenance, repairs, replacement parts, and installation of new devices and equipment for the Equipment and Systems Maintenance and Repairs Contract at the Southern Regional Jail and Correctional Facility located 1200 Airport Road, Beaver, WV 25813 in Raleigh County.

| INVOICE TO | | SHIP TO | | |
|------------------------|----|------------------------|--|--|
| SOUTHERN REGIONAL JAIL | | SOUTHERN REGIONAL JAIL | | |
| 1200 AIRPORT RD | | 1200 AIRPORT RD | | |
| BEAVER US | WV | BEAVER WV | | |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--------------|-----|------------|------------|-------------|
| 1 | Overall Cost | | | \$n | 00 22 12 |
| | | | | 0 | 12/1900 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 72151201 | | | | |

Extended Description:

Equipment and Systems Maintenance and Repairs Contract

SCHEDULE OF EVENTS

| <u>Line</u> | <u>Event</u> | Event Date | | | |
|-------------|--|------------|--|--|--|
| 1 | Non-Mandatory Pre-Bid Meeting at 10:00 AM E.S.T. | 2023-10-06 | | | |
| 2 | Deadline for Questions Due is 2:00 PM E.S.T. | 2023-10-16 | | | |
| 3 | Bid Due By 10:30 AM E.S.T. | 2023-10-23 | | | |

ARFQ 0608 DCR2400000048 REQUEST FOR QUOTATION EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT SOUTHERN REGIONAL JAIL AND CORRECTIONAL FACILITY

Addendum No. 1

Questions:

Q1: Are filters included in the contract price?

A1: If the facility wants the contractor to provide and replace the filters, it is done as a corrective maintenance hourly labor rate cost and a material percentage markup as stated in the specifications. The contractor would be responsible for providing and installing new air filters at the facility.

Clarifications:

C1: Please see attached non-mandatory pre-bid sign-in sheet.

C2: A bid bond will not be required on this contract.

C3: The bid closing time and date remains the same: 10:30 AM E.S.T. on October 23, 2023

C4: The public bid opening time and date remains the same: 11:00 AM E.S.T. on October 23, 2023

Pre-Bid Sign-In Sheet

Solicitation Number: ARFQ 0608 DCR2400000048

Date of Pre-Bid Meeting: October 6,2023

Location of Prebid Meeting: SOUTHERN REGIONAL JAIL

Please Note:

Failure to legibly sign in may be grounds for declaring a vendor ineligible to bid. Vendors must sign-in on this sheet to verify attendance at the Pre-Bid meeting. For further verification, please also provide a business card if possible.

| Email: | al. intrhvale | chrs.mtnhat@ | |
|---------------------|--|---------------|--|
| Fax #: | | | |
| Telephone #: | 314 651- | 304 651- | |
| Firm Address: | 456 Marvin Dr 344 651- Mood Lakent, WU 50 | | |
| Rep Name (Printed): | Aloin L. Ray Ja | Chris Rus | |
| Firm Represented:* | Marshan, Heat & Bro | Mondan Hodons | |

*One Vendor Per Representative - No one individual is permitted to represent more than one vendor at the pre-bid meeting. Any individual that does attempt to represent two or more vendors will be required to select one vendor to which the individual's attendance will be attributed. The vendors not selected will be deemed to have not attended the pre-bid meeting unless another individual attended on their behalf.



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

Proc Folder: 1299023

Doc Description: Equipment and Systems Maintenance and Repairs SRJCF

Reason for Modification:

Proc Type:

Agency Master Agreement

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|---------------------|-------------------------|---------|
| 2023-09-26 | 2023-10-23 10:30 | ARFQ 0608 DCR2400000048 | 1 |

BID RECEIVING LOCATION

| ٧E | N | n | n | P |
|----|---|---|---|---|

Vendor Customer Code:

Vendor Name: 1, tro Construction Services

Address: 4300 First Ave

Street:

City: (1+10

Country: USA

Zip: 25 143

Principal Contact: Amie Kuhn

Vendor Contact Phone: 304-204-1555

Extension:

FOR INFORMATION CONTACT THE BUYER

Philip K Farley (304) 549-1050 philip.k.farley@wv.gov

Vendor

Signature X

All offers subject to all terms and conditions contained in this solicitation

Sep 26, 2023 Date Printed:

Page 1

FORM ID: WV-PRC-ARFQ-002 2020/05

ADDITIONAL INFORMATION

The West Virginia Division of Administrative Services (DAS) is soliciting bids on behalf of the Division of Corrections and Rehabilitation (DCR) to establish an open-ended contract to provide preventative maintenance and inspections, corrective maintenance, repairs, replacement parts, and installation of new devices and equipment for the Equipment and Systems Maintenance and Repairs Contract at the Southern Regional Jail and Correctional Facility located 1200 Airport Road, Beaver, WV 25813 in Raleigh County.

| INVOICE TO | | SHIP TO | |
|------------------------|----|------------------------|----|
| SOUTHERN REGIONAL JAIL | | SOUTHERN REGIONAL JAIL | |
| 1200 AIRPORT RD | | 1200 AIRPORT RD | |
| BEAVER US | WV | BEAVER US | WV |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|------|--------------|-----|------------|------------|-------------|
| 1 | Overall Cost | | | # 00 | 1 00 |
| | | | · | 22 | 600,00 |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 72151201 | | | | |

Extended Description:

Equipment and Systems Maintenance and Repairs Contract

SCHEDULE OF EVENTS

| Event | Event Date | | | | | |
|--|---|--|--|--|--|--|
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| Deadline for Questions Due is 2:00 PM E.S.T. | 2023-10-16 | | | | | |
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| | Non-Mandatory Pre-Bid Meeting at 10:00 AM E.S.T. Deadline for Questions Due is 2:00 PM E.S.T. | | | | | |

SOUTHERN REGIONAL JAIL AND CORRECTIONAL FACILITY

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

| ns ourly Rates | | Times Per Year | Unit Price Per Each Time | Extended Amount |
|--|---|--|---|--|
| | | | 00 | 1 |
| | Biannual | 2 | 2950 | 2,000,00 |
| - | | | Subtotal A: | 5,900.00 |
| | Corrective Maintenance Unit of Measure | Corrective Maintenance Estimated Annual Hours | Corrective Maintenance Unit Price | Corrective Maintenance Extended Amount |
| Regular Labor Rate | Hour | 100 | 8,6 | 00.000.01 |
| Overtime Labor Rate | Hour | 16 | 8 | 00 00 |
| Holiday Labor Rate | Hour | 8 | 00.001 | 8 |
| Emergency Labor Rate | Hour | 80 | 100,00 | 400,000 |
| | | | Subtotal B: | 00,000,67 |
| New Equipment, Devices, and Parts Markup Percentage Quote | Estimated New Equipr Markup Perc | 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 | \$5,01 | \$5,000.00 | % OS % | 9 |
| | | | Subtotal C: | 90,005,01 |
| | | OVERALL COST (by | OVERALL COST (by adding subtotals A, B, and C) | 35,000,00 |
| Bidder/Vendor Information: | | | | |
| Name: Nitro Construction | an Service | Sa | | |
| SE US OFFICE | 143 | | | |
| Phone No.: 3504-204-15555 | | | | |
| Fax No.: 304-204-1250 | | | | |
| Email Address | May Som | | | |
| Course of State of St | | | | |

* Quantities are estimated for bid evaluation purposes only.

** Estimated cost for bid evaluation purposes only.

NOTES:

Subcontractor List Submission (Construction Contracts Only)

| Bidder's Name: Atro Construction Services | | | | | | | |
|---|--|--|--|--|--|--|--|
| Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project. | | | | | | | |
| Subcontractor Name | License Number if Required by W. Va. Code § 21-11-1 et. seq. | | | | | | |
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Attach additional pages if necessary.

Revised 11/01/2022

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. (Printed Name and Title) (Address) (Phone Number) / (Fax Number) nogs 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 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) (Phone Number) (Fax Number)

(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.

| Check the box next to each addend | um received) |
|-----------------------------------|--------------------|
| 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 |

Addendum Numbers Received:

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.

Company
Authorized Signature

Date

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

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.



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

| STATE OF WEST VIRGINIA, |
|--|
| COUNTY OF Putton, TO-WIT: |
| I, Jamie Kuhn , after being first duly sworn, depose and state as follows: |
| I am an employee of <u>Atro Construction Services</u>; and, (Company Name) I do hereby attest that <u>Atro Construction Services</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: Ame hum Signature: Title: AVAC Comm. Sow. Managor Company Name: Am Construction Services Date: 10/23/2023 |
| Taken, subscribed and sworn to before me this <u>33</u> day of <u>October</u> , <u>2013</u> . |
| By Commission expires April 3, 2024 |
| OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC Cheryl L Griffith 4810 Spring Hill Ave South Charleston WV 25309 My Commission Expires April 3, 2024 Rev. July 7, 2017 |

Rev. July 7, 2017

ARFQ 0608 DCR2400000048 REQUEST FOR QUOTATION

EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT Southern Regional Jail and Correctional Facility

1.15 CONTRACTOR DEFAULT:

- A. The following shall be considered a Contractor default under this Contract.
 - 1) Failure to perform Contract Services in accordance with the requirements contained herein.
 - 2) Failure to comply with other specifications and requirements contained herein.
 - 3) Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
 - 4) Failure to remedy deficient performance upon request.

1.16 CONTRACT MANAGER:

A. During its performance of this Contract, Contractor must designate and maintain a primary contract manager responsible for overseeing Contractor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Contractor should list its contract manager and his or her contact information below. The previously specified information must be submitted prior to award of contract.

Contract Manager: Jamie

Telephone Number: 304-204-1555

Fax Number: 304-204

Email Address: _

END OF SPECIFICATIONS

CONTRACTOR LICENSE



AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER:

WV042601

CLASSIFICATION:

ELECTRICAL
GENERAL BUILDING
HEATING, VENTILATING & COOLING
PIPING
SPECIALTY
LOW VOLTAGE SYSTEMS
SPRINKLER AND FIRE PROTECTION

NITRO CONSTRUCTION SERVICES INC DBA NITRO MECHANICAL SERVICES 4300 1ST AVE #2 NITRO, WV 25143-1001

DATE ISSUED

EXPIRATION DATE

JUNE 13, 2023

JUNE 13, 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) 12/28/2022

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).

| this certificate does not come in | gitts to the certificate holder in field of \$ | uch endorsement(s). | | | | |
|---|--|---|--------------------------------|----|--|--|
| PRODUCER | | CONTACT Willis Towers Watson Certificate Center | | | | |
| Willis Towers Watson Northeast, | Inc. | PHONE (A/C, No, Ext): 1-877-945-7378 | FAX (A/C, No): 1-888-467-23 | 78 | | |
| c/o 26 Century Blvd | | [A/C, NO, EXT). | (AVC, NO): | | | |
| P.O. Box 305191 | E-MAIL ADDRESS: certificates@willis.com | | | | | |
| Nashville, TN 372305191 USA | | INSURER(S) AFFORDING COVERAGE | NAIC | # | | |
| | | INSURER A: Arch Insurance Company | 1115 | 50 | | |
| INSURED Nitro Construction Services, Inc | | INSURER B: Starr Indemnity & Liability C | ompany 3831 | .8 | | |
| | | | | | | |
| 4300 1st Avenue | | INSURER C: | | | | |
| Nitro, WV 25143 | | INSURER D: | | | | |
| | | INSURER E : | | | | |
| | | INSURER F: | | | | |
| COVERAGES | CERTIFICATE NUMBER: W27421387 | REVISION NUI | MBER: | | | |
| THE 10 TO OFFITTE THE DOL | TOTAL OF MICHELLINES AND | A DEED LOCALIST TO THE MICHIGAN AND AND AND AND AND AND AND AND AND A | | | | |

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: | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | s | |
|-------------|---|------------------------|--------------------|-------------------|----------------------------|------------------------------|---|------------|------------|
| | CLAIMS-MADE X OCCUR | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 2,000,000 |
| A | | | ZAGLB9222206 | 01/01/2023 | 01/01/2024 | MED EXP (Any one person) | \$ | 5,000 | |
| | | | | | | PERSONAL & ADV INJURY | \$ | 2,000,00 | |
| | EN'L AGGREGATE LIMIT APPLIES PER: | | | GENERAL AGGREGATE | \$ | 4,000,00 | | | |
| | POLICY X PRO- JECT X LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 4,000,000 |
| | OTHER: | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | s | 5,000,000 |
| A X | | | ZACAT9243306 | 01/01/2023 | 01/01/2024 | BODILY INJURY (Per person) | \$ | | |
| | OWNED SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ | | |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | \$ | | |
| В | X UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ | 10,000,000 | |
| 1 | EXCESS LIAB CLAIMS-MADE | | | 1000588155231 | 01/01/2023 | 01/01/2024 | AGGREGATE | \$ | 10,000,000 |
| | DED X RETENTION \$ 10,000 | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | ETOR/PARTNER/EXECUTIVE | X PER STATUTE OTH- | | | | | | |
| A | | | E.L. EACH ACCIDENT | \$ | 1,000,000 | | | | |
| | (Mandatory in NH) If yes, describe under | | 1 | ZANC19402000 | 01/01/2023 | 01/01/2024 | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | DESCRIPTION OF OPERATIONS below | | | | | 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)

| CERTIFICATE HOLDER | CANCELLATION | | |
|-----------------------|--|--|--|
| | 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 | | |
| Evidence of Insurance | Dad Ehn | | |
| | © 4000 004C 400DD CODDODATION AND LA | | |

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