



State of West Virginia  
Agency Request for Quote

<b>Proc Folder:</b> 1299023			<b>Reason for Modification:</b>
<b>Doc Description:</b> Equipment and Systems Maintenance and Repairs SRJCF			
<b>Proc Type:</b> Agency Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2023-09-26	2023-10-23 10:30	ARFQ 0608 DCR2400000048	1

**BID RECEIVING LOCATION**

**VENDOR**

**Vendor Customer Code:**

**Vendor Name :** CIMCO, Inc.

**Address :** 2336 Virginia Ave

**Street :**

**City :** Hurricane

**State :** WV

**Country :** USA

**Zip :** 25526

**Principal Contact :** Darren P. Griffith

**Vendor Contact Phone:** (304) 562-7705

**Extension:**

**FOR INFORMATION CONTACT THE BUYER**

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

**Vendor Signature X** *Darren P. Griffith*

**FEIN#** 55-0749511

**DATE** 10/23/2023

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

**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.

Darren P. Griffith Service Manager  
(Name, Title)  
Darren P. Griffith Service Manager  
(Printed Name and Title)  
2336 Virginia Ave. Hurricane, WV 25526  
(Address)  
(304) 562-7705  
(Phone Number) / (Fax Number)  
Dgriffith@cmco.wv.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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise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.

CMCO, Inc.  
(Company)  
Darren P. Griffith Darren P. Griffith Service Manager  
(Authorized Signature) (Representative Name, Title)  
Darren P. Griffith Service Manager  
(Printed Name and Title of Authorized Representative) (Date)  
10/23/2023  
(Date)  
(304) 562-7705  
(Phone Number) (Fax Number)  
Dgriffith@cmco.wv.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.

CIMCO, Inc.  
Company

Robert L. Griffith  
Authorized Signature

10/23/2023  
Date

NOTE: This addendum acknowledgment 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 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: CIMCO, Inc.

Authorized Signature: Doreen P. Griffith Date: 10/23/2023

State of West Virginia

County of Putnam, to-wit:

Taken, subscribed, and sworn to before me this 23 day of October, 2023.

My Commission expires July 12, 2028.

**AFFIX SEAL HERE**

**NOTARY PUBLIC** Tessa Lynn Baker





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

**STATE OF WEST VIRGINIA,**

**COUNTY OF Putnam, TO-WIT:**

I, Darren P. Griffith, after being first duly sworn, depose and state as follows:

- 1. I am an employee of CIMCO, Inc.; and,  
(Company Name)
- 2. I do hereby attest that CIMCO, Inc.  
(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: Darren P. Griffith  
 Signature: Darren P. Griffith  
 Title: Service Manager  
 Company Name: CIMCO, Inc.  
 Date: 10/23/2023

Taken, subscribed and sworn to before me this 23 day of October, 2023.

By Commission expires July 12, 2028

(Seal)

Tessa L. Baker  
(Notary Public)



ARFQ 0608 DCR2400000048  
REQUEST FOR QUOTATION  
EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT  
Southern Regional Jail and Correctional Facility

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**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:** Darren P. Griffith  
**Telephone Number:** (304) 562-7705  
**Fax Number:** \_\_\_\_\_  
**Email Address:** Dgriffith@cmccowv.com

**END OF SPECIFICATIONS**

TRANE	BCVC036A2D0A2L02F*B*12S	T09L27348	AHU4B
TRANE	BCVC036A2D0A1L02F*B*12S	T09L27350	AHU1C
TRANE	BCVC036A2D0A2L02F*B*12S	T09L27345	AHU2C
TRANE	BCVC036A2D0A1L02F*B*12S	T09L27352	AHU3C
TRANE	BCVC036A2D0A2L02F*B*12S	T09L27347	AHU4C
HOT WATER HEATERS			
AOSmith	BTH 250 300	2248131858387	HWH1A
AOSmith	BTH 250 300		HWH2A
AOSmith	BTH 250 300	2045121792713	HWH1B
State Ultra Force	SUF-100-250-NE 300	2117124131263	HWH2B
State Ultra Force	SUF-100-250-NE 300	2307132800636	HWH1C
AOSmith	BTH 250 300	1916114517652	HWH2C
BOILERS			
Weil-Mclain	EVG 220	?	Boiler1A
Weil-Mclain	EVG 220	?	Boiler1B
Weil-Mclain	EVG 220	?	Boiler1C
Building Automation Controls System			
Tour Andover	Andover Continuum	Main Control 1199A-2903551	HVAC Controls
High Low water Manifold System			

Please note that hot water heaters GWH-1A, GWH-2A, GWH-1B, GWH-2B, GWH-C1, and GWH-C2 are being replaced with PVI hot water heaters.

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

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**ROOFTOP HVAC UNITS:**

1. Inspect units for proper refrigerant levels. Add additional refrigerant if required.
2. Inspect, clean coils, and cabinets.
3. Inspect fans on bases for restricted drain openings. Remove any obstructions as necessary.
4. Inspect compressor and associated tubing for damages. Replace as needed.
5. Inspect fans motors and fan blades for wear and damage. Replace as needed.
6. Inspect control box associated controls, accessories, wiring, and connections for wear. Repair as necessary.
7. Inspect blower assembly.
8. Inspect combustion blower housing. Clean as necessary.
9. Inspect burner assembly. Clean and adjust.
10. Inspect heat exchanger or heating elements. Replace as necessary.
11. Inspect flue system. Proper attachment, dislocated sections, or any signs wear or damage. Repair as necessary.
12. Inspect system startup for any abnormal noises or unusual odors. Repair as necessary.
13. Inspect systems high and low side system pressure. Repair as necessary
14. Inspect gas furnace system for manifold gas pressure and adjust as needed.
15. Inspect systems for correct line and load voltage and amperage.
16. Inspect all belts and shelves. Replace as necessary.
17. Inspect all bearings and shaft. Lube as needed.



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EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT  
SOUTHERN REGIONAL JAIL AND CORRECTIONAL FACILITY

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**HOT WATER HEATERS AND HOT WATER STORAGE TANKS**

1. Inspect pressure relief valve. Replace if necessary.
2. Inspect temperature. Set to manufactures specifications.
3. Drain, flush tank, and clean. Check all valves and refill tank.
4. Check all valves, plumbing piping, and water supply for any damages. Repair as necessary.
5. Inspect all electrical connections. Replace or repair as needed.
6. Inspect all gas connections and plumbing. Replace or repair as needed.

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

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**HIGH LOW WATER MANIFOLD SYSTEMS AND MIXING VALVES:**

1. Inspect all plumbing and fixtures for leaks and proper flow.
2. Inspect temperatures. Set to manufactures specifications.
3. Inspect controls knobs or levers working properly.

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EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS CONTRACT  
SOUTHERN REGIONAL JAIL AND CORRECTIONAL FACILITY

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**VENT FANS:**

1. Visual inspection. Operating and safety system in place.
2. Inspect all bolts and hold downs for damages or wear. Replace or adjust.
3. Inspect dampers for proper closure.
4. Inspect actuators and linkage. Clean and adjust.
5. Lubricate actuators and linkage controls.
6. Inspect fans blades. Clean, replace, or repair.
7. Inspect air flow. Check for duct damage.
8. Inspect filters. Replace or clean as needed.

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

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**BOILERS:**

1. Inspect water levels. Check all plumbing for leaks. Replace or repair as needed.
2. Inspect flush unit. Clean and add proper chemicals.
3. Inspect all gages to make sure working properly. Place as necessary.
4. Inspect pressures. Adjust to manufactures specifications.
5. Inspect gas line pipes for leaks. Replace or repair if necessary.
6. Inspect all shutoff valves for proper flow and opening/closing.
7. Inspect temperature for improper designed range.
8. Inspect vent termination for any obstruction or blockage.
9. Inspect combustion air for blockage. Adjust as necessary.
10. Inspect relief valves for proper manufacture settings.
11. Inspect burner flame. Check if looks different and adjust gas flow to proper settings.
12. Inspect low water cutoff switch and make sure working properly.
13. Inspect heat exchanger. Clean or replace as needed.
14. Inspect ignitors. Replace or adjust as needed.
15. Inspect burner assembly. Clean or replace as needed.
16. Inspect all controls. Check and set to manufactures specifications.

SOUTHERN REGIONAL JAIL AND CORRECTIONAL FACILITY

ARFQ 0608 DCR240000048 - 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	\$2,300	\$4,600.00
			Subtotal A:	\$4,600

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	\$102.00	\$10,200.00
Overtime Labor Rate	Hour	16	\$125.00	\$2,000.00
Holiday Labor Rate	Hour	8	\$125.00	\$1,000.00
Emergency Labor Rate	Hour	8	\$125.00	\$1,000.00
			Subtotal B:	\$14,200.00

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%	\$6,250.00
		Subtotal C:	\$6,250.00
OVERALL COST (by adding subtotals A, B, and C)			\$25,050.00

**Bidder/Vendor Information:**

Name: CINCO INC.  
 Address: 2336 Virginia Ave. Harrison, WV  
 Phone No.: (607) 562-7705  
 Fax No.:  
 Email Address: bill@cincoinc.com  
 Authorized Signature: [Signature]

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



# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV025512

**CLASSIFICATION:**

HEATING, VENTILATING & COOLING  
PIPING  
PLUMBING  
SPECIALTY

CIMCO INC  
DBA CIMCO INC  
PO BOX 480  
CULLODEN, WV 25510

**DATE ISSUED**

MAY 25, 2023

**EXPIRATION DATE**

MAY 25, 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)

4/27/2023

**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).**

<b>PRODUCER</b> George H. Friedlander Company 1566 Kanawha Blvd. E. Charleston WV 25311	<b>CONTACT NAME:</b> Jeff O'Dell <b>PHONE (A/C. No, Ext):</b> 304-357-4520 <b>FAX (A/C. No):</b> 304-345-8724 <b>E-MAIL ADDRESS:</b> jeffodell@friedlandercompany.com														
<b>INSURED</b> Cimco, Inc. P O Box 480 Culloden WV 25510-0480	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Travelers insurance</td> <td style="text-align: center;">25674</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers insurance	25674	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES**                                      **CERTIFICATE NUMBER: 1370092587**                                      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CO-5J77287-23	5/1/2023	5/1/2024	EACH OCCURRENCE      \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ 300,000 MED EXP (Any one person)      \$ 5,000 PERSONAL & ADV INJURY      \$ 1,000,000 GENERAL AGGREGATE      \$ 2,000,000 PRODUCTS - COMP/OP AGG      \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA-9M453429-23	5/1/2023	5/1/2024	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"/> <b>UMBRELLA LIAB</b> <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			CUP-4J428679-23	5/1/2023	5/1/2024	EACH OCCURRENCE      \$ 2,000,000 AGGREGATE      \$ 2,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A	UB-0L10858A-23	5/1/2023	5/1/2024	<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)**  
 WC includes Broad Form Employers Liability, WV 23-4-2  
 Per Project Aggregate applies when required by written contract.  
  
 Evidence of Insurance

<b>CERTIFICATE HOLDER</b>   TO WHOM IT MAY CONCERN	<b>CANCELLATION</b>  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 
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