

State of West Virginia Agency Request for Quote Construction

 Proc Folder:
 858629

 Doc Description:
 Babcock State Park Septic System Replacement

 Proc Type:
 Agency Purchase Order

 Date Issued
 Solicitation Closes
 Solicitation No

Version

DNR2100000063

BID RECEIVING LOCATION

BID RESPONSE

2021-03-18

DIVISION OF NATURAL RESOURCES
PROPERTY & PROCUREMENT OFFICE

324 4TH AVE

SOUTH CHARLESTON WV 25303-1228

2021-04-20

13:30

ARFQ

0310

US

VENDOR

Vendor Customer Code:

Vendor Name: WISEMAN EXCAVATING, IN L

Address: 515 WISEMAN FARMS ROAD

Street:

City: LIBERTY

State: WV Country: U.S. Zip: 2512Y

Principal Contact: JOSEPH 1. WISEMAN

Vendor Contact Phone: 304-553-3598 Extension:

FOR INFORMATION CONTACT THE BUYER

James H Adkins (304) 558-3397

jamie.h.adkins@wv.gov

Vendor

Signature X

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

Date Printed: Mar 18, 2021 Page 1

INVOICE TO	SHIP TO
DIVISION OF NATURAL RESOURCES	DIVISION OF NATURAL RESOURCES
PARKS & RECREATION-PEM SECTION	BABCOCK STATE PARK
324 4TH AVE	HC 35, BOX 150
SOUTH CHARLESTON WV	CLIFFTOP WV
us	us

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Babcock State Park Septic System Replacement			\$14.6	00 -

Comm Code	Manufacturer	Specification	Model #	
72103300				
l.				

Extended Description:
Babcock State Park replacement of existing septic system.

SCHEDULE OF EVENTS

Line	<u>Event</u>	Event Date
1	Mandatory Pre-bid Meeting 10:00AM ET	2021-04-01
2	Technical Questions Due 9:00AM ET	2021-04-06

	Document Phase	Document Description	Page 3
DNR2100000063	Final	Babcock State Park Septic System Replacement	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

EXHIBIT A - PRICING PAGE

Babcock State Park Septic Project

VENDOR
WISEMAN EXCAUATING INC 515 WISEMAN FALMS ROAD LIBERTY, WV 25124
P: 304-553-3598 E: joewiseman b@gmail. com
Name, Address, Phone Number, Email
WV Contractor's License Number: WV043641
We, the undersigned, having examined the site and being familiar with the local conditions affecting the cost of the work and being familiar with the general conditions to vendors, drawings, and specifications, hereby propose to furnish all materials, equipment, and labor to complete all

The total of all items shall be summarized as the Total Base Bid in the space indicated below.

work in a workmanlike manner, as described in the Bidding documents.

TOTAL BID

(IN WORDS)	\$ FOURTEEN THOUSAND	51%	HWDRED	Dorvals	
(IN NUMBERS)	s 14,600 T				

ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

1. CONTRACTOR'S LICENSE: W. Va. Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor. W. Va. Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. If an apparent low bidder fails to submit a license number in accordance with this section, the Property and Procurement Office will promptly request by telephone and electronic mail that the low bidder and the second low bidder provide the license number within one business day of the request. Failure of the bidder to provide the license number within one business day of receiving the request shall result in disqualification of the bid. Vendors should include a contractor's license number in the space provided below.

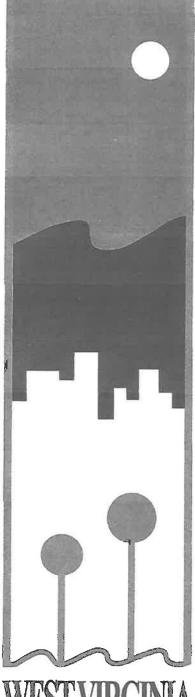
Contractor's Name:	WISEMAN	EXCAVATING	INC
Contractor's License	No.: WV WVC	43641	1 10

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a contract award document.

- 2. DRUG-FREE WORKPLACE AFFIDAVIT: W. Va. Code § 21-1D-5 provides that any solicitation for a public improvement contract requires each Vendor that submits a bid for the work to submit an affidavit that the Vendor has a written plan for a drug-free workplace policy. If the affidavit is not submitted with the bid submission, the Property and Procurement Office shall promptly request by telephone and electronic mail that the low bidder and second low bidder provide the affidavit within one business day of the request. Failure to submit the affidavit within one business day of receiving the request shall result in disqualification of the bid. To comply with this law, Vendor should complete the enclosed drug-free workplace affidavit and submit the same with its bid. Failure to submit the signed and notarized drug-free workplace affidavit or a similar affidavit that fully complies with the requirements of the applicable code, within one (1) business day of being requested to do so shall result in disqualification of Vendor's bid. Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.
- 2.1. DRUG-FREE WORKPLACE POLICY: Pursuant to W. Va. Code § 21-1D-4, Vendor and its subcontractors must implement and maintain a written drug-free workplace policy that complies with said article. The awarding public authority shall cancel this contract if: (1) Vendor fails to implement and maintain a written drug-free workplace policy described in the preceding paragraph, (2) Vendor fails to provide information regarding implementation of its drug-free workplace policy at the request of the public authority; or (3) Vendor provides to the public authority false information regarding the contractor's drug-free workplace policy.

Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.

3. DRUG FREE WORKPLACE REPORT: Pursuant to W. Va. Code § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. For contracts over \$25,000, the public authority shall be



WEST VIRGINIA CONTRACTOR LICENSING -BOARD

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV043641

Classification:

GENERAL ENGINEERING

WISEMAN EXCAVATING INC DBA WISEMAN EXCAVATING INC 515 WISEMAN FARMS RD LIBERTY, WV 25124

Date Issued

Expiration Date

FEBRUARY 19. 2021

FEBRUARY 19, 2022

Authorized Company Signature

Chair, West Virginia Contractor

Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where 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 cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: WISEMAN EXCANAT	ING, INC
Check this box if no subcontractors will perform	n 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.
,	
=	

Attach additional pages if necessary.

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

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the

WISEMAN EXCAMENTAL (WCCompany)

(Company)

(Authorized Signature) (Representative Name, Title)

TOSEPH 1. WISEMAN VICE PLESIDEM

(Printed Name and Title of Authorized Representative)

09/19/202/
(Date)

204-553-3598

(Phone Number) (Fax Number)

registration.

REQUEST FOR QUOTATION **Babcock State Park Septic Project**

- 10. FACILITIES ACCESS: Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:
 - Vendor must identify principal service personnel which will be issued access cards 10.1. and/or keys to perform service.
 - Vendor will be responsible for controlling cards and keys and will pay replacement 10.2. fee, if the cards or keys become lost or stolen.
 - 10.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
 - 10.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
 - **10.5.** Vendor shall inform all staff of Agency's security protocol and procedures.

11. MISCELLANEOUS:

11.1. Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor'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. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: JOSEPH 1. WISEMAN

Telephone Number: 304-55 3-35 98

Fax Number: 304-586-3780

Email Address: joeniseman 6@gmail.com

Agency WV DNR				
REQ.P.O#	ARFQ 0310			
	DNR2100000063			

BID BOND

	KNO	W ALL MEN BY THE	SE PRESENT	rs, That we, the undersi	gned, Wiseman	Excavating Inc	C
	_ of _	Liberty		West Virginia	, as Princ	ipal, and Ohi	o Farmers Insurance Compa
	of_	Westfield Center	, Ohio	, a corpor	ation organized ar	nd existing und	er the laws of the State of
Ohio		with its principal	office in the C	ity of Westfield Center		ty, are held ar	nd firmly bound unto the Sta
f West	Virgini	a, as Obligee, in the	penal sum of	5% of bid	(\$ 5%) for the payment of whic
well and	truly to	o be made, we jointl	y and severally	y bind ourselves, our hei	rs, administrators,	executors, su	ccessors and assigns.
	The C	Condition of the abo	ove obligation	is such that whereas t	he Principal has	submitted to t	he Purchasing Section of the
		Administration a cel bcock State Park Se		posal, attached hereto a	nd made a part he	ereof, to enter i	nto a contract in writing for
	NOW	THEREFORE,					
he agre ull force	ement and e	to and shall furnish a created by the acce	be accepted a any other bond eptance of said y understood a	s and insurance require bid, then this obligation and agreed that the liab	d by the bid or pro shall be null and	posal, and sha void, otherwise	ance with the bid or propos all in all other respects perfor this obligation shall remain claims hereunder shall, in r
	paired o	Surety, for the value or affected by any of any such extension	extension of th	by stipulates and agrees te time within which the	s that the obligation obligee may acc	ons of said Sur cept such bid,	ety and its bond shall be in r and said Surety does heret
			-	•	•	nd sealed by a	proper officer of Principal ar
urety,	or by P	rincipal individually	f Principal is a	n individual, this 15th	day of April		20_21
						Wissess	- Everyatina Inc
rincipa	Seal				-		n Excavating Inc
4		÷			BKy	pedul	ent, Vice President, or
							horized Agent)
						Vice	President
							(Title)
							_
uraty S	Seal						Insurance Company
p 1						(Name	e of Surety)
					0	LICANA	e moto
							ney-in-Fact zanne Metz

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.

General Power of Attorney POWER NO. 4753262 12

Westfield Insurance Co. Westfield National Insurance Co. Ohio Farmers Insurance Co.

CERTIFIED COPY

Westfield Center, Ohio

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint

NEELY R. ARTHUR, JR., STACEY COLE, J. CRAIG LETT, CRAIG KRENZEL, SUZANNE M. METZ, JOINTLY OR SEVERALLY

of WINEIELD and State of WV its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact. may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signated by the President and sealed and attested by the Corporate Secretary."

"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile.

power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting

in Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto A.D., 2020 affixed this 03rd day of JUNE

Corporate Seals Affixed

State of Ohio County of Medina Angelstern Manne

WESTFIELD INSURANCE COMPANY WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

By: Gary W. Stumper, National Surety Leader and Senior Executive

On this 03rd day of JUNE A.D., 2020, before me personally came Gary W. Stumper to me known, who, being by me duly sworn, did depose and say, that he resides in Hartford, CT; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial Seal Affixed

State of Ohio County of Medina

SS.:

SS.:

David A. Kotnik, Attorney at Law, Notary Public My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

in Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 15th day of A.D., 2021







Frank A. Carrino, Secretary

STATE OF WEST VIRGINIA Purchasing Division

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 §5A-3-10a, 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: WI SEMAN EXCAVATING, INC
Authorized Signature: Date: 04/15/21
State of West Kryin: A
County of Polyan, to-wit:
Taken, subscribed, and sworn to before me this 15 day of April 2021
My Commission expires, 20 <u>J \(\)</u>
AFFIX SEAL HERE

NOTARY PUBLIC OFFICIAL SEAL Stephany L Shamblin State of West Virginia My Commission Expires March 16, 2026
ARTHUR KRENZEL LETT INSURANCE GROUP 11987 WINFIELD RD, PO BOX 627 WINFIELD, WV 25213

Purchasing Affidavit (Revised 01/19/2018)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/15/2021

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).

	nis certificate does not confer rights to	o uie ce	runcate noider in lied of s	of such endorsement(s). CONTACT Suzanne Metz NAME:				
Arthur Krenzel Lett Insurance Group				PHONE				
3327 Winfield Rd. Winfield, WV 25213				(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: smetz@aklinsurance.com				
****	illeld, ** * 25215							
INSURED Wiseman Excavating, Inc. 515 Wiseman Farms Road Liberty, WV 25124				INSURER(S) AFFORDING COVERAGE INSURER A : Westfield Insurance INSURER B : ENCOVA/Brickstreet Mutual Insurance Company				NAIC #
								12372
				INSURER C:				
				INSURER D :				
				INSURER E :				
	VERAGES CER	TIFIOAT		INSURER F:				
TI IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	S OF IN EQUIREN PERTAIN	MENT, TERM OR CONDITI N, THE INSURANCE AFFO	ON OF ANY CONTRA RDED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	CT TO	WHICH THIS
E. INSR	XCLUSIONS AND CONDITIONS OF SUCH	POLICIES ADDL SUE	P	E BEEN REDUCED BY POLICY EFF	PAID CLAIMS POLICY EXP			
LTR	1 TPE OF INSURANCE	INSD WY	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	S	1 000 000
A	X COMMERCIAL GENERAL LIABILITY		TD 4 5 40 70 15	A10.1/0.000	0/04/222	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		TRA5487045	9/24/2020	9/24/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	X XCU included					MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
_	OTHER:					001/00/00 00/01/01/01	\$	
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO OWNED SCHEDULED		TRA5487045	9/24/2020	9/24/2021	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
							\$	
A	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		TRA5487045	9/24/2020	9/24/2021	AGGREGATE	\$	5,000,000
	DED X RETENTION\$ 0						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A			4/10/2022	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		WCB1017690	4/10/2021		E.L. EACH ACCIDENT	\$	1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESC ' ro je	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL PORTIONS / VEHICL PORT	.ES (ACOF rk Septic	RD 101, Additional Remarks Schee	dule, may be attached if mou	re space is requi	red)		
CEI	RTIFICATE HOLDER			CANCELLATION				
State of WV Purchasing Division PO Box 50130 2019 Washington Street East Charleston, WV 25305				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				