# REQUEST FOR QUOTATION WEST VIRGINIA DIVISION OF NATURAL RESOURCES – PARKS & RECREATION TWIN FALLS RESORT SP – REHABILITATION AND RENOVATION OF 13 CABINS

### Pricing Page Exhibit A

Name of Vendor:	Lewis & ARK Builders LLC.
Address of Vendor:	204 N. Esenhourer DR. Beckley WU 25801
Phone Number of Vendor:	304-719-7288

We, the undersigned, having examined the site and being familiar with the local conditions affecting the cost of the work and also being familiar with the general conditions to vendors, drawings, and specifications, hereby proposes to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding documents.

#### Base Bid

The Base Bid shall consist of construction of the facility and related work described in the drawings and specifications. **Total Base Bid** shall be indicated in the space below.

Total Base Bid: Lump sum for all labor, materials, and equipment as stipulated in the Bidding Documents, written in figures.

\$ 276,343.23

**Total Base Bid**: Lump sum for all labor, materials, and equipment as stipulated in the Bidding Documents, <u>written in words</u>.

Two hundred seventy six thousand, three hundred forty three and twenty three sents.

\*The contract award shall be based on the lowest base bid or the lowest combination of the base bid and alternate bid items, as selected by the owner. \*

# REQUEST FOR QUOTATION WEST VIRGINIA DIVISION OF NATURAL RESOURCES – PARKS & RECREATION TWIN FALLS RESORT SP – REHABILITATION AND RENOVATION OF 13 CABINS

#### Pricing Page Exhibit A

#### Additive Alternate 1:

The Base Bid shall consist of construction of the facility and related work described in the drawings and specifications. Additive Alternate 1 shall be indicated in the space below.

Additive Alternate 1:

Lump sum for all labor, materials, and equipment as stipulated in the Bidding Documents, written in figures.

Additive Alternate 1: Lump sum for all labor, materials, and equipment as stipulated in the Bidding Documents, written in words.

\$ 276,343.23

Two hundred seventy six thousand, three hundred forty three dollars and thenty three cents.

\*The contract award shall be based on the lowest base bid or the lowest combination of the base bid and alternate bid items, as selected by the owner. \*



204 North Eisenhower Dr • Beckley, WV 25801 • Phone: 3047197288

twin falls

West Virginia 97 Mullens, WV 25882

**Print-date:** 

11-20-2018

Code	Title	Description	Qty / Unit	Unit Price	Price
1310- Installation only		bathroom labor	14	\$2,932.00	\$41,048.00
1310- Installation only		kitchen installation labor	13	\$2,838.00	\$36,894.00
5400 - Cabinets and vanities		kitchen	13	\$3,296.00	\$42,848.00
4300 - Exterior doors			26	\$165.00	\$4,290.00
5400 - Cabinets and vanities			14	\$350.00	\$4,900.00
5710 - Plumbing—final		bath sink faucet	14	\$55.97	\$783.61
5710 - Plumbing—final		kitchen faucet	13	\$166.60	\$2,165.80
5521- Tile			350	\$2.50	\$875.00
3300 - Windows			91	\$342.62	\$31,178.60
4300 - Exterior doors			26	\$232.40	\$6,042.40
5710 - Plumbing—final		kitchen sink	13	\$168.40	\$2,189.20
1310- Installation only		install sink at factory	1	\$1,200.00	\$1,200.00
		quarts	1	\$23,118.00	\$23,118.00
5450 - Countertops		quarte	8	\$221.20	\$1,769.60
5300 - Painting—interior 5610 - Hardware		exterior door hardware	13	\$69.96	\$909.45
5620 - Shower doors and mirrors		bathroom mirror	14	\$522.00	\$7,308.00
5710 - Plumbing—final		toilet	14	\$627.90	\$8,790.60
3150 - Miscellaneous lumber		bathroom fan	13	\$136.98	\$1,780.69
5630 - Appliances		otr	13	\$278.60	\$3,621.80
3300 - Windows			91	\$342.62	\$31,178.60
5610 - Hardware		bathroom accessories	14	\$96.92	\$1,356.88
5000- General Supplies		Trash removal	1	\$1,200.00	\$1,200.00
5000- General Supplies		port-a-jon	1	\$1,200.00	\$1,200.00
1310- Installation only		Install windows and doors in all the cabin	s 1	\$16,695.00	\$16,695.00

https://buildertrend.net/Proposals/ProposalPrint.aspx?&proposalId=1023472&loginType=1&masterPageBuilderId=31474

11/20/2018

1000- General Fees

\$3,000.00 \$3,000.00

**Total Price:** \$276,343.23

Signature	
Print Name:	
Date:	

### 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: Lowjs and Ark Bulders
Authorized Signature: Upul Date: 11/20/18
State of WV
County of Raleigh to-wit:
Taken, subscribed, and swom to before me this 20th day of November . 2018.
My Commission expires May 13,2021 .20
AFFIX SEAL HERE  OFFICIAL SEAL  Notary Public, State of West Virginia  JEFFREY'S SPICER  City National Back

One Park Ave. Beckley, WV 25601 My commission expires May 13, 2024

# REQUEST FOR QUOTATION WEST VIRGINIA DIVISION OF NATURAL RESOURCES – PARKS & RECREATION TWIN FALLS RESORT SP – REHABILITATION AND RENOVATION OF 13 CABINS

- 11.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
- 11.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
- 11.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
- 11.5. Vendor shall inform all staff of Agency's security protocol and procedures.

#### 12. MISCELLANEOUS:

12.1. 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.

ociow.	Λ 11 -	
Contract Manage	r. April Lowis	
Telephone Numbe	er: 304-719-7288	
Fax Number:		Part de la lace de la constante de la constant
Email Address: _	glewise lewis-ark.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.

Raymond King - owner	
(Name, Title)  Raymond Kmy - owner  (Printed Name and Title)  (Printed Name and Title)  Road less WU 2580	
Raymond Kmy - swiler	4
(Printed Name and Title)	1
204 10. BISEMBURY FIVE, CESTING,	
(Address) 304-890-5416	
The state of the s	
(Phone Number) / (Fax Number)	
(email 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.

Lowis and Ark Buildons.
(Company)
Company - owner
(Authorized Signature) (Representative Name, Title)
April Lewis- owner
(Printed Name and Title of Authorized Representative)
(Date) 11/19/18
(Date)
304-719-7288
(Phone Number) (Fax Number)

#### Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Lowis	s and Art	Buildors
Check this box if no subcontr	ractors 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.
	THE POST CONTRACTOR OF THE CONTRACTOR AS A CONTRACTOR OF THE CONTR	
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	Por free black to the control of the	
	***************************************	
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20171020v

Attach additional pages if necessary.

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION
To Be Completed by the Vendor and Returned to the Purchasing Division

Legal Name of Company/Individual Lewis and Ark Builders			
ding Address 204 North Etsewhower Dr.			
BONGEW. WU 258 0 1			
Ordering Address 204 N. Eisenhower Drive, Beckley WV 25801			
Payment Address 204 N. Eisenhower Prive Beckley, WV 25801			
City, State, Zip Brckley, WU, 25801			
Telephone Number 304-0719-1288 Fax Number 304-115-3621			
Principle Contact Person April Lewis E-mail a lewis Huis-ark. Cor			
Contact's Telephone Number 304-719-7288 Contact's Fax Number 304-715-3621			
DBA, if any			
Bidding Address			
Ordering Address			
Payment Address			
City, State, Zip			
Telephone Number Fax Number			
Principle Contact PersonE-mail			
Contact's Telephone Number Contact's Fax Number			
Vendor Tax Classification:			
Individual Government  Sole Proprietor Medical Corporation Partnership Attorney Corporation Corporation Non-Profit Organization Board Member Payroll Trust Employee Estate			

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION

To Be Completed by the Vendor and Returned to the Purchasing Division

3. Taxpayer Identification Number (TIN): If you have an Identification Number, enter it below. All partnerships, corporations, or companies with employees must have an EIN.  414998057 EIN
If you do not have a EIN, please enter Social Security number (SSN), Individual Taxpayer Identification Number (ITIN) or Adoptive Identification Number (ATIN) and check the correct below.  - (SSN, ITIN, ATIN)

#### 4. (A) Small, Women-Owned, Minority-Owned Businesses

West Virginia Code §5A-3-59 establishes a procurement certification program in West Virginia for small, women-, and minority-owned businesses. Requirements related to the certification program are provided in the West Virginia Code of State Rules §148-2-1 et seq. Note that this certification provides nonresident vendors preference that is equivalent to competing resident (West Virginia) vendors that have applied for resident vendor preference, in accordance with West Virginia Code §5A-3-37. This certification may assist resident small, women-, and minority-owned businesses when soliciting business in other states. If you are renewing your two-year SWAM business certification status, please indicate the appropriate designation below.

Certification of Status (Check all those which apply)

- Minority-owned Business [1] means a business concern that is at least fifty-one percent owned by one or more minority individuals or in the case of a corporation, partnership, or limited liability company or other entity, at least fifty-one percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals and both the management and daily business operations are controlled by one or more minority individuals.
  - A "minority individual" means an individual who is a citizen of the United States or a noncitizen who is in full
    compliance with United States immigration law and who satisfies one or more of the following definitions:
    - African American means a person having origins in any of the original peoples of Africa and who is regarded as such by the community of which this person claims to be a part.
    - O Asian American means a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands, including, but not limited to, Japan, China, Vietnam, Samoa, Laos, Cambodia, Taiwan, Northern Mariana, the Philippines, a U.S. territory of the Pacific, India, Pakistan, Bangladesh, or Sri Lanka and who is regarded as such by the community of which this person claims to be a part.
    - Hispanic American means a person having origins in any of the Spanish-speaking peoples of Mexico, South or Central America, or the Caribbean Islands or other Spanish or Portuguese cultures and who is regarded as such by the community of which this person claims to be a part.
    - Native American means a person having origins in any of the original peoples of North America and
      who is regarded as such by the community of which this person claims to be a part or who is
      recognized by a tribal organization.

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION

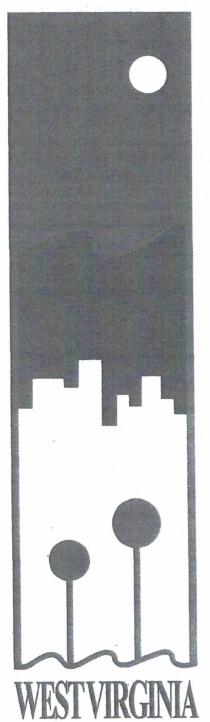
To Be Completed by the Vendor and Returned to the Purchasing Division

	Small Business [2] means a business, independently owned or operated by one or more persons who are citizens of the United States or noncitizens who are in full compliance with United States immigration law, which, together with affiliates, has two hundred fifty or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years.
	Women-owned Business [3] means a business concern that is at least fifty-one percent owned by one or more women who are citizens of the United States or noncitizens who are in full compliance with United States immigration law, or in the case of a corporation, partnership or limited liability company or other entity, at least fifty-one percent of the equity ownership interest is owned by one or more women who are citizens of the United States or noncitizens who are in full compliance with United States immigration law, and both the management and daily business operations are controlled by one or more women who are citizens of the United States or noncitizens who are in full compliance with United States immigration law.
(B) Otl	her Federal Designations
Code o	onally, by providing the following information, I represent that this enterprise is a small business as defined by the federal Regulations, Title 13, Part 121, as appended - which contains detailed industry definitions and related ures - and/or the characteristics of the enterprise's control, operation and/or ownership are accurately reflected information provided. Check all that apply.
	Disabled Small Business Ownership [4]
	Veteran Small Business Ownership [5]
provide	mmodity Codes: You may register for commodity codes for the products and services that you offer, which will be you with bid opportunity alerts and notifications should you become a paid registered vendor. To perform this on, visit the Vendor Self-Service (VSS) Portal at wvOASIS.gov.
name a names partne busine and ge	the name, title, city and state of residence for all owners/officers. If the vendor is an individual, list his or her and city and state of residence, and, if he or she has associates or partners sharing in his or her business, list their and city and state of residence. If the vendor is a firm, list the name and city and state of residence of each member, r or associate of the firm. If the vendor is a corporation created under the laws of this state or authorized to do ss in this state, list the names and city and state of residence of the president, vice president, secretary, treasurer neral manager, if any, of the corporation; and the names and city and state of residence of each stockholder of the ation owning or holding at least ten percent of the capital stock thereof. Attach an additional sheet if space is de.
Apr	Name    Name   Position   City and State of Residence   Hiderson, will     Mond King   Partner   Beukley, will
If the v	vendor has only one owner/officer, list the name, position, and city and state of residence above and please initial

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION

To Be Completed by the Vendor and Returned to the Purchasing Division

7. List the bank name, city, state, and telephone number of one or more fit the vendor. City National Bank, Beakley	nancial institutions to serve as reference for		
8. What is the latest Dun & Bradstreet number and rating on the vendor?	‡085486910		
9. Is the vendor acting as an agent for some other individual, firm or corpora principal authorizing such representation.	ition? If yes, attach statement of the  No Yes		
By signing below and submitting this form, the vendor certifies and acknown certifications, and authorizations necessary to lawfully conduct business in assertions made by completing this form and delivering it to the Purchasing with the applicable law and rules. As authorized agent of the vendor named information is true and complete, in accordance with <b>West Virginia Code</b> §5.	the state of West Virginia; and 2) that the Division are accurate and true in accordance I herein, I do solemnly swear that the above		
In the event that the vendor is applying for certification as a small, women-, or minority-owned business, the vendor's signature below further certifies that: 1) the state in which the vendor has its headquarters or principal place of business does not deny a like certification to a West Virginia based small, women-owned, or minority-owned business; 2) the state in which the vendor has its headquarters or principal place of business does not provide a preference to small, women-owned, or minority-owned firms that is unavailable to West Virginia based businesses; and, 3) that it has read and understands this form, along with the law and rules governing certification as a small, women-owned, or minority-owned business.			
Authorized Agent of Vendor (Print Name)  Authorized Agent (Signature)  Member Of the From	PURCHASING DIVISION USE ONLY  Vendor ID: Check No.: Memo No.:		
10/29/2018 Date	Entered by:		



## **CONTRACTOR LICENSE**

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV056656

Classification:

RESIDENTIAL

LEWIS & ARK BUILDERS LLC DBA LEWIS & ARK BUILDERS 204 N EISENHOWER DR BECKLEY, WV 25801

**Date Issued** 

**Expiration Date** 

SEPTEMBER 22, 2018

SEPTEMBER 22, 2019

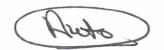
Authorized Company Signature

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.





ERIE INS PROP/CAS CO COMMERCIAL AUTO POLICY **PREFERRED** NON-FLEET

#### REVISED DECLARATIONS

**ITEM 2. Policy Period Policy Number** Agent 09/30/18 TO 09/30/19 Q09 8030296 W7 APPALACHIAN INS AGY EE1991

**ITEM 1. Named Insured and Address** LEWIS & ARK BUILDERS LLC 140 PINTO DR BECKLEY WV 25801-9416



200111251

ITEM 3. Other Interest

AS LISTED BELOW

ADDED AUTO 16 00 CHEV VAN	1GCHG	35R4Y116	51433				
ITEM 4. AUTOS COVERED  AUTO YR MAKE VIN S  10 11 FORD F150 1FTMF1EF7BFC64173 W  11 00 HIRED AUTOS IF ANY W  12 00 NON-OWNED AUTOS 0-25 EMPLYS W  13 00 GMC C3500 1GBKC34J7YF483486 W  14 77 FORD BOX TRK E28HHY20779 W  15 93 FORD PU 1FTCR10A8PPB20292 W  16 00 CHEV VAN 1GCHG35R4Y1161433 W	IV 3L	T6	CL RA	TING 6 8 8 6	CLASS		
ITEM 5. INSURANCE IS PROVIDED WHERE A PREMIUM COVERAGE. COVERAGES, LIMITS AND ANNU	1, OR I	NCL, IS	SHOW RE AS	N FOR	THE OWS-		
M EQUALS THOUSAND \$	# 10	# 11 #	12	# 13	# 14	# :	15
LIABILITY PROTECTION- BOD INJ & PROP DAMAGE \$1000M/ACC HIRED AUTOS LIABILITY-	518			534	534		518
BOD INJ & PROP DAMAGE \$1000M/ACC EMPLOYERS NON-OWNED AUTOS LIABILITY-		36	5.0				
BOD INJ & PROP DAMAGE \$1000M/ACC MEDICAL PAYMENTS-			50				0.7
\$2M/PERSON UNINSURED MOTORISTS COVERAGE-	23			23	3 23		23
BOD INJ & PROP DAMAGE \$1000M/ACC-\$300 DED UNDERINSURED MOTORISTS COVERAGE-	25			23	3 23		23
BOD INJURY & PROPERTY DAMAGE \$1000M/ACC	103			93	93	3	93
PHYSICAL DAMAGE COVERAGES- COMPREHENSIVE - \$500 DED COLLISION - \$500 DED	90 264			76 187			
OPTIONAL COVERAGES- ROAD SERVICE TRANSP EXPENSES - COMP \$40/DAY, \$1800/LOSS TRANSP EXPENSES - COLL \$40/DAY, \$1800/LOSS	8 12 28			12			
TOTAL ANNUAL PREMIUM FOR EACH AUTO	1071	36	50	976	673	3	657



## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 00 00 01A INCLUDES COPYRIGHT MATERIAL OF THE NATIONAL COUNCIL ON COMPENSATION INSURANCE, USED WITH ITS PERMISSION INFORMATION PAGE

100 Erie Insurance Place Erie, PA 16530

PRIOR POLICY NUMBER - Q90 7700204

<i>k</i> it	Insurance Is Provided By		Policy Number BRANCH CODE
EE1991 APPALACHIAN INS AGY			Q90 7700204
ITEM 1 Named Incurred and Address		22277	950 7700204

ITEM 1. Named Insured and Address

LEWIS & ARK BUILDERS LLC 140 PINTO DR BECKLEY WV 25801-9416

RENEWAL CERTIFICATE
LIMITED LIABILITY CO RALEIGH CO
OTHER WORKPLACES NOT SHOWN ABOVE - AS SCHEDULED

ITEM 2. THE POLICY PERIOD IS FROM 06/27/18 TO 06/27/19 AT THE INSUREDS MAILING ADDRESS.

ITEM 3.A. WORKERS COMPENSATION INSURANCE- PART ONE OF THE POLICY APPLIES TO THE WORKERS COMPENSATION LAW OF THE STATES LISTED HERE- WV.

ITEM 3.B. EMPLOYERS LIABILITY INSURANCE- PART TWO OF THE POLICY APPLIES TO WORK
IN EACH STATE LISTED IN ITEM 3.A. THE LIMITS OF OUR LIABILITY UNDER PART TWO AREBODILY INJURY BY ACCIDENT \$100,000 EACH ACCIDENT
BODILY INJURY BY DISEASE \$500,000 POLICY LIMIT
BODILY INJURY BY DISEASE \$100,000 EACH EMPLOYEE

3.C. OTHER STATES INSURANCE- PART THREE OF THE POLICY APPLIES TO THE STATES, IF ANY, LISTED HERE- ALL STATES EXCEPT ND, OH, WA, WY, STATES DESIGNATED IN ITEM 3.A.,

ITEM 3.D. SEE ATTACHED ENDORSEMENT SCHEDULE

ITEM 4. THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

SEE ATTACHED SCHEDULE OF OPERATIONS	3,945
EXPENSE CONSTANT	100
TOTAL ESTIMATED ANNUAL PREMIUM	\$4,045
WV REGULATORY SURCHARGE 5.00%	\$194
WV DEFICIT REDUCTION SURCHARGE 9.00%	\$349
WV FIRE AND CASUALTY SURCHARGE 0.55%	\$1
DEPOSIT PREMIUM	\$4.589

MINIMUM PREMIUM \$811

RE 'NED PAYMENT FEES WILL BE ADDED TO YOUR ACCOUNT.