

Solicitation Response(SR) Dept: 0310 ID: ESR0121190000003280 Ver.: 1 Function: New Phase: Final

Modified by batch , 01/22/2019

Header  5



General Information Contact Default Values Discount Document Information

<b>Procurement Folder:</b> 524032	<b>SO Doc Code:</b> ARFQ
<b>Procurement Type:</b> Agency Contract - Fixed Amt	<b>SO Dept:</b> 0310
<b>Vendor ID:</b> 000000188248	<b>SO Doc ID:</b> DNR1900000077
<b>Legal Name:</b> B N A HEATING & COOLING	<b>Published Date:</b> 1/7/19
<b>Alias/DBA:</b>	<b>Close Date:</b> 1/22/19
<b>Total Bid:</b> \$347,557.00	<b>Close Time:</b> 13:30
<b>Response Date:</b> 01/21/2019	<b>Status:</b> Closed
<b>Response Time:</b> 11:41	<b>Solicitation Description:</b> Addendum No. 03 Blackwater Falls State Park Cabin HVAC
	<b>Total of Header Attachments:</b> 5
	<b>Total of All Attachments:</b> 5

**REQUEST FOR QUOTATION**  
**WEST VIRGINIA DIVISION OF NATURAL RESOURCES – PARKS & RECREATION**  
**BLACKWATER FALLS STATE PARK – HVAC IN TWENTY-FIVE (25) CABINS**

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**Pricing Page**  
**Exhibit A**

Name of Vendor:

B-n-A Heating & Cooling

Address of Vendor:

13972 George Washington Hwy  
Rowlesburg WV 26425

Phone Number of Vendor:

304-454-9714

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.

\$ 277,975.00

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

Two hundred seventy-seven thousand nine hundred seventy-five dollars and zero cents

**REQUEST FOR QUOTATION**  
**WEST VIRGINIA DIVISION OF NATURAL RESOURCES – PARKS & RECREATION**  
**BLACKWATER FALLS STATE PARK – HVAC IN TWENTY-FIVE (25) CABINS**

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**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.

\$63,402.00

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

Sixty-three thousand  
four hundred and two dollars  
and zero cents

**Additive Alternate 2:**

The Base Bid shall consist of construction of the facility and related work described in the drawings and specifications. **Additive Alternate 2** shall be indicated in the space below.

**Additive Alternate 2:**

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

\$2060.00

**Additive Alternate 2:** Lump sum for all labor, materials, and equipment as stipulated in the Bidding Documents, written in words.

Two thousand sixty dollars  
and zero 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. \**

**REQUEST FOR QUOTATION**  
**WEST VIRGINIA DIVISION OF NATURAL RESOURCES – PARKS & RECREATION**  
**BLACKWATER FALLS STATE PARK – HVAC IN TWENTY-FIVE (25) CABINS**

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**Pricing Page**  
**Exhibit A**

**Additive Alternate 3:**

The Base Bid shall consist of construction of the facility and related work described in the drawings and specifications. **Additive Alternate 3** shall be indicated in the space below.

**Additive Alternate 3:**

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

\$4120.00

**Additive Alternate 3:** Lump sum for all labor, materials, and equipment as stipulated in the Bidding Documents, written in words.

Four thousand one hundred twenty dollars and zero 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. \**



**State of West Virginia  
Request For Quotation  
Construction**

**Procurement Folder :** 524032

**Document Description :** Parks - Blackwater Falls State Park Cabin HVAC Improvements

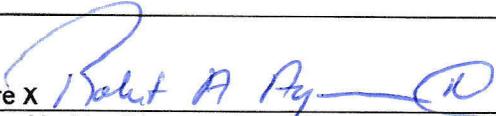
**Procurement Type :** Agency Contract - Fixed Amt

Date Issued	Solicitation Closes	Solicitation No		Version	Phase
2018-12-03	2019-01-22 13:30:00	ARFQ 0310	DNR1900000077	1	Final

SUBMIT RESPONSES TO:	VENDOR
BID RESPONSE DIVISION OF NATURAL RESOURCES PROPERTY & PROCUREMENT OFFICE 324 4TH AVE SOUTH CHARLESTON US	Vendor Name, Address and Telephone  <b>B-n-A HEATING &amp; COOLING</b> 13972 GEORGE WASHINGTON HWY ROWLESBURG WV 26425  <hr/> 304-454-9714

**FOR INFORMATION CONTACT THE**

Angela W Negley  
 (304) 558-3397  
 angela.w.negley@wv.gov

Signature X 

FEIN # 45-2644789

DATE 1-21-2019

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

**ADDITIONAL INFORMATION:**

The West Virginia Division of Natural Resources is soliciting bids to establish a contract for HVAC improvements at Blackwater Falls State Park cabins.

INVOICE TO		SHIP TO	
SUPERINTENDENT DIVISION OF NATURAL RESOURCES BLACKWATER FALLS STATE PARK PO BOX 490		SUPERINTENDENT DIVISION OF NATURAL RESOURCES BLACKWATER FALLS STATE PARK 1584 BLACKWATER LODGE RD	
DAVIS	WV26260-0490	DAVIS	WV 26260-0490
US		US	

Line	Commodity Line Description	Qty	Unit Issue	Unit Price	Total Price
1	Heating System Construction Service				\$277,975.00

Commodity Code	Manufacturer	Model #	Specification
72151206			

**Extended Description**  
Heating System Construction Service

INVOICE TO		SHIP TO	
SUPERINTENDENT DIVISION OF NATURAL RESOURCES BLACKWATER FALLS STATE PARK PO BOX 490		SUPERINTENDENT DIVISION OF NATURAL RESOURCES BLACKWATER FALLS STATE PARK 1584 BLACKWATER LODGE RD	
DAVIS	WV26260-0490	DAVIS	WV 26260-0490
US		US	

Line	Commodity Line Description	Qty	Unit Issue	Unit Price	Total Price
2	Additive Alternate No. 01				\$63,402.00

Commodity Code	Manufacturer	Model #	Specification
72151206			

**Extended Description**  
Remove existing hot water heater and supply and install propane tankless water heaters in twenty-six (26) cabins (Cabins 1 - 26)

INVOICE TO		SHIP TO	
SUPERINTENDENT DIVISION OF NATURAL RESOURCES BLACKWATER FALLS STATE PARK PO BOX 490		SUPERINTENDENT DIVISION OF NATURAL RESOURCES BLACKWATER FALLS STATE PARK 1584 BLACKWATER LODGE RD	
DAVIS	WV26260-0490	DAVIS	WV 26260-0490
US		US	

Line	Commodity Line Description	Qty	Unit Issue	Unit Price	Total Price
3	Additive Alternate No. 02				\$2060.00

Commodity Code	Manufacturer	Model #	Specification
72151206			

**Extended Description**  
Remove existing furnace and supply and install furnace in Cabin 22.

INVOICE TO		SHIP TO	
SUPERINTENDENT DIVISION OF NATURAL RESOURCES BLACKWATER FALLS STATE PARK PO BOX 490		SUPERINTENDENT DIVISION OF NATURAL RESOURCES BLACKWATER FALLS STATE PARK 1584 BLACKWATER LODGE RD	
DAVIS	WV26260-0490	DAVIS	WV 26260-0490
US		US	

Line	Commodity Line Description	Qty	Unit Issue	Unit Price	Total Price
4	Additive Alternate No. 03				\$4120.00

Commodity Code	Manufacturer	Model #	Specification
72151206			

**Extended Description**  
Remove existing furnaces and supply and install furnaces in Cabins 23 & 24.

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	Non-Mandatory Pre-Bid at 10:30 a.m., EST	2018-12-20
2	Technical Question Deadline 9:00 A.M. EST	2019-01-02

<b>DNR190000077</b>	<b>Document Phase</b> Final	<b>Document Description</b> Parks - Blackwater Falls State Park Cabin HVAC Improvements	<b>Page 4</b> <b>of 4</b>
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**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.

Robert A Ayersman II Partner  
(Name, Title)

Robert A Ayersman II Partner  
(Printed Name and Title)

13972 George Washington Hwy Rowlesburg WV 26425  
(Address)

304-454-9714  
(Phone Number) / (Fax Number)

bobayersman@yahoo.com  
(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.

B-n-A Heating & Cooling  
(Company)

Robert A Ayersman II  
(Authorized Signature) (Representative Name, Title)

Robert A Ayersman II Partner  
(Printed Name and Title of Authorized Representative)

1-21-2019  
(Date)

304-454-9714  
(Phone Number) (Fax Number)

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 checked="" type="checkbox"/>	Addendum No. 2	<input type="checkbox"/>	Addendum No. 7
<input checked="" 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.

B-n-A Heating & Cooling  
Company

Robert A. Ay  
Authorized Signature

1-21-2019  
Date

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

## 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: B-n-A Heating & Cooling  
Contractor's License No.: WV- 049172

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 drugfree 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

# THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

## Bid Bond

BOND # BNA-111

**KNOW ALL MEN BY THESE PRESENTS**, that we **BNA HEATING & COOLING**  
13972 George Washington Highway Rowlesburg, WV 26425

As Principal, hereinafter called the Principal, and **Hudson Insurance Company**  
100 William Street, 5th Floor New York, NY 10038

a corporation duly organized under the laws of the State of **DE** as Surety, hereinafter called the Surety, are held and firmly bound unto **WV Division of Natural Resources**  
324 4th Avenue Charleston, WV 25303

as Obligee, hereinafter called the Obligee, in the sum of **THREE HUNDRED FIFTY THOUSAND AND 00/100 Dollars** ( \$350,000.00), for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for  
**BLACKWATER FALLS STATE PARK CABIN HVAC IMPROVEMENTS, BLACKWATER FALLS, 1584 BLACKWATER FALLS RD., DAVIS, WV 26260**

(Here insert full name, address and description of project)

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this **22nd** day of **January, 2019**.

*Rhonda Irmiel*

(Witness)

**BNA HEATING & COOLING**

(Principal)

(Seal)

(Title)

*Robert A. ...*  
*Partner*

**Hudson Insurance Company**

(Surety)

(Seal)

**James C. Carlins, Attorney In Fact**

*Kendal J. Rutherford*

(Witness)



**BID BOND POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Richard J. Taylor, James C. Carlins,  
Anthony P. Lekse and Roseann D. Ciamacco

its true and lawful Attorney(s)-in-Fact, at New York City in the State of New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bid bonds for any and all purposes.

Such bid bonds, when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly authorized, on this 7th day of November, 20 17 at New York, New York.

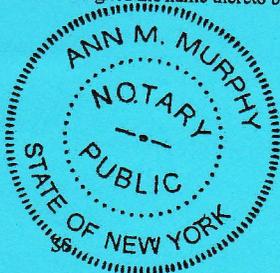
(Corporate seal)  
Attest.....  
Dina Daskalakis, Corporate Secretary

HUDSON INSURANCE COMPANY  
By.....  
Michael P. Cifone, Senior Vice President

STATE OF NEW YORK  
COUNTY OF NEW YORK      SS.

On the 7th day of November, 20 17 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of HUDSON INSURANCE COMPANY, the Company described herein and which executed the above instrument, that he knows the seal of said Company, that the seal affixed to said instrument is the corporate seal of said Company, that it was so affixed by order of the Board of Directors of said Company, and that he signed his name thereto by like order.

(Notarial Seal)



ANN M. MURPHY  
Notary Public, State of New York  
No. 01MU6067553  
Qualified in Nassau County  
Commission Expires December 10, 2021

**CERTIFICATION**

STATE OF NEW YORK  
COUNTY OF NEW YORK

The undersigned Dina Daskalakis hereby certifies:

THAT the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27<sup>th</sup>, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOVLED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

Witness the hand of the undersigned and the seal of said Company this 22nd day of January, 20 19.

(Corporate seal)

By.....  
Dina Daskalakis, Corporate Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/26/2018

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).

PRODUCER The Lewis Financial Group LLC 1 Kruger St. Wheeling, WV 26003	CONTACT NAME: Miranda Robinson	FAX (A/C. No.): 304-242-0133
	PHONE (A/C. No., Ext): 304-242-3355	
	E-MAIL: miranda@thelewisfg.com	
	ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Farm Family	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		4701X1798	04/03/2018	04/03/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <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	X		4701C0529	04/03/2018	04/03/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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 Miranda Robinson <i>Miranda Robinson</i>

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