#### EXHIBITA BRIDGE PAGE

Canaan Valley Resort State Park Lodge Roof Repair Project Davis, WV

VENDOR

Danhill Construction Company PO Box 685 Gauley Bridge, WV 25085 304-632-1600

Name, Address Phone Number Final

#### WV Contractor's License Number: WV001196

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

The Base Bid shall consist of:

- -Proper removal and disposal of all existing shingles, underlayment, tlashing, translated drip edge
- Installation of new architectural asphalt shingle roof systems and shingle ridge cap
- Installation of titanium underlayment and titanium ice and water shield
- Installation of 5/8 inch OSB sheathing
- Installation of new flashing, trim, and drip edge
   Installation of necessary boots, sealant, flashing, etc., to properly seaf around all roof penetrations
   Work will be performed on the BACK side of the main lodge building

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

#### TOTAL BID

(IN WORDS)	§ One Hundred Ten Thousand Fourteen Dollars and Zero Cents
(IN NUMBERS)	\$ 110.014.00

#### Additive Alternate

Item 5/8-inch OSB	Quantity 320	Unit SF	Price/SF	Total
			2.00	640.00



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

Procurement Folder: 577646

Document Description : Addendum No. 01 Canaan Valley Resort SP- Lodge Roof Repair

Procurement Type: Agency Contract - Fixed Amt

Date Issued	Solicitation Closes		Solic	itation No	Version	Phase
2019-05-24	2019-06-06 13:30:00	ARFQ	0310	DNR1900000118	2	Final

SUBMIT RESPONSES TO:			VENDOR
BID RESPONSE			Vendor Name, Address and Telephone
DIVISION OF NATURAL RESOURCES			Danhill Construction Company
PROPERTY & PROCUREMENT OFFICE			PO Box 685
324 4TH AVE			Gauley Bridge, WV 25085
SOUTH CHARLESTON	WV	25303-1228	304-632-1600
US			

FOR INFORMATION CONTACT THE

Angela W Negley (304) 558-3397

angela.w.negley@wv.gov

Signature X Columbia Conditions Contained in this solicitation

FEIN # 55-0648251

DATE June 6, 2019

Date Printed: May 24, 2019 Solicitation Number: DNR1900000118

Page: 1

FORM ID: WV-PRC-ARFQ-001

#### ADDITIONAL INFORMATION:

Addendum

Addendum No.01 is issued to publish and distribute the attached information to the Vendor Community.

INVOICE TO		SHIP TO			
SUPERINTENDENT	SUPERINTENDENT		T		
		}	DIVISION OF NATURAL RESOURCES CANAAN VALLEY RESORT		
134 HEADQUARTERS		134 HEADQUARTE	ERS RD		
DAVIS	WV26260-8086	DAVIS	WV 26260		
us		US			

Line	Commodity Line Description	Qty	Unit Issue	Unit Price	Total Price
1	Roof Replacement	0.00000	LS		110,014.00
					110,014.00

Commodity Code	Manufacturer	Model #	Specification	
72120000				

## Extended Description Roof Replacement

SCHEDULE	OF EVENTS			
Line	Event	Event Date	***************************************	
1	Mandatory Pre-Bid Meeting 1:00 P.M., EST	2019-05-21		
2	Technical Question Deadline 9:00 A.M., EST	2019-05-28		

Date Printed: May 24, 2019 Solicitation Number: DNR1900000118 Page: 2 FORM ID: WV-PRC-ARFQ-001

	Document Phase	Document Description	Page 3
DNR1900000118	Final	Addendum No. 01 Canaan Valley Resort	of 3
		SP- Lodge Roof Repair	

#### ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

#### **BID BOND**

	KNOW ALL MEN BY THESE	THEOLITTO, Mat We.	nie miderziätie	o, Danini Con	Struction C	ompany
of	Gauley Bridge	,W	<u>v                                    </u>	as Principal, and	The Ohio C	asualty Insurance Company
of	Boston	MA	, a corporatio	n organized and	existing und	er the laws of the State of
NH	with its principal offi	ce in the City of	Boston	, as Suretv	. are held a	nd firmly bound unto the State
of West	t Virginia, as Obligee, in the per	nal sum of Five Perce	nt of Amount E	3id	(\$ 5%	I for the neumant of which
well and	d truly to be made, we jointly ar	nd severally bind ourse	lves, our heirs, a	administrators, e	xecutors, su	ccessors and assigns.
Daniel	The Condition of the above	obligation is such that	t whereas the	Principal has su	bmitted to t	he Purchasing Section of the
Серапп	ment of Administration a certain	bid or proposal, attach	ned hereto and r	nade a part here	of, to enter i	nto a contract in writing for
Canaa	n Valley Resort SP- Lodge	Roof Repair - ARF	Q 0310 DNR1	<u>900000118 - A</u>	occording to	o Plans & Specifications
	NOW THEREFORE,					
full force	(a) If said bid shall be re (b) If said bid shall be a if hereto and shall furnish any of the acceptar and effect. It is expressly un accept the penal amount of this	accepted and the Prir other bonds and insura ace of said bid, then thi derstood and agreed i	ince required by is obligation sha that the liability	the bid or propo	sal, and sha	
way imp waive no	The Surety, for the value rece paired or affected by any exter otice of any such extension.	ision of the time withi	n which the Ob	ligee may accer	ot such bid,	and said Surety does hereby
Ourset -	WITNESS, the following signa					
Surety, o	or by Principal Individually if Pri	ncipal is an Individual,	this <u>6th</u> d	ay ofJu	ne	
					,	
Principal	Seal*			Danhill Cor		
, ,				D	(Ivame	of Principal)
	n di			By	very 2	J. Hill
Salar S				(ivitis	Duly Auth	ent, Vice President, or norized Agent)
				Robert D. H		President
The special of	O D					Title)
Surety S	eal			The Ohio C	asualty ins	surance Company
				By: / Q	trici	of Surety)  A - Magent Attorney in-Fact

IMPORTANT And the rest of the second second in West Virginia to transact surety insurance, must affix its seal, and must attach a power second with its seal affixed.

Cedificate No. 8184578

Liberty Mutual Insurance Company The Ohio Casualty Insurance Company

West American Insurance Company

#### POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS That The Ohio Casually Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that
Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly
organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name constitute and appoint
Gregory T. Gordon; Patricia A. Moye; Kimberly J. Wilkinson

all of the city of Charleston state of WV each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver for and on its behalf as surety and as its act and deed any and all undertakings, bonds, recognizances and other surety obligations, is pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 22nd day of August 2018

STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

guarantees

or residual value

Not valid for mortgage, note, loan, letter of credit,

currency

SS

On this 22nd day of August \_2018 before me personally appeared David M. Carey who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company. The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia. Pennsylvania, on the day and year first above written P48

COMMONWEALTH OF PENNSYLVANIA

Normal Sea igrash Pastern, Notary Publi John Mercin Two Montpermery County My Commission Epones March 25, 2021

LILLAN Tastell Teresa Pastella, Notary Public

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company West American Insurance Company

David M. Carey, Assistant Socretary

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows

ARTICLE IV - OFFICERS - Section 12 Power of Attorney Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such altomeys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full gower to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority

ARTICLE XIII - Execution of Contracts - SECTION 5. Surely Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys in-fact, as may be necessary to act in behalf of the Company to make, execute sear, acknowledge and deliver as surety any and all undertakings, bonds recognizances and other surety obligations. Such attorneys in fact subject to the limitations set forth in Their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as it signed by the president and attested by the secretary

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed

I. Renee C. Llewellyn, the undersigned. Assistant Secretary. The Ohio Casualty Insurance Company. Liberty Multual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked

A have hereunto set my hand and affixed the seals of said Companies this

Renee C Llewellyn, Assistant Secretary

Chill. 429(73:02201)

between 9:00 am and 4:30 pm EST on any business day. of this Power of Attorney confirm the validity 1-610-832-8240

0

191 of 250

## ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: ARFQ DNR19\*118

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	ved)				
Addendum No. 1 Addendum No. 2 Addendum No. 3 Addendum No. 4 Addendum No. 5	☐ Addendum No. 6 ☐ Addendum No. 7 ☐ Addendum No. 8 ☐ Addendum No. 9 ☐ 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.					
Danhill Construction Company					
Company					
Rolut O. Hill Authorized Signature					
June 6, 2019					

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

## 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.

### 



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

STATE OF WEST VIRGINIA,
COUNTY OF Fayette To-WIT:
I, Robert D. Hill, after being first duly sworn, depose and state as follows:
I am an employee of Danhill Construction Company ; and,
2. I do hereby attest that Danhill Construction Company (Company Name)
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with <b>West Virginia Code</b> §21-1D.
The above statements are sworn to under the penalty of perjury.
Signature: Robert D. Hill  Signature: Robert D. Hill  Title: President  Company Name: Danhill Construction Company  Date: June 6, 2019
Taken, subscribed and sworn to before me this 6 day of June , 2019
By Commission expires 4/17/2024
(Seal)  OFFICIAL SEAL Notary Public, State Of West Virginia JESSICA TAYLOR 9626 Rich Creek Rd Jode, WV 26690 My Commission Expiree April 17, 2024

# REQUEST FOR QUOTATION WV Division of Natural Resources Canaan Valley Resort State Park Lodge Roof Repair Project

- 10.1 Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.
- 10.2 Vendor will be responsible for controlling cards and keys and will pay replacement 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:

a. 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: Robert D. Hill

Telephone Number: 304-632-1600

Fax Number: 304-632-1501

Email Address: rdanhill@hotmail.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.

Robert D. Hill, President
(Name, Title)
Robert D. Hill, President (Printed Name and Title)
PO Box 685, Gauley Bridge, WV 25085 (Address) 304-632-1600 304-632-1501
(Phone Number) / (Fax Number)
rdanhill@hotmail.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.

Danhill Construction Company
Company)
Robert D. Hill (Authorized Signature) (Representative Name, Title)
(Authorized Signature) (Representative Name, Title)
Robert D. Hill, President
(Printed Name and Title of Authorized Representative)
06/06/2019
(Date)
304-632-1600 304-632-1501
(Phone Number) (Fax Number)

#### 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:	Danhill Construction Company
Contractor's License	No.: WV-001196

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



## WEST VIRGINIA CONTRACTOR LICENSING BOARD

# **CONTRACTOR LICENSE**

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV001196

Classification:

ELECTRICAL
GENERAL BUILDING
HEATING, VENTILATING & COOLING
MULTIFAMILY
PIPING
PLUMBING
RESIDENTIAL

DANHILL CONSTRUCTION COMPANY
DBA DANHILL CONSTRUCTION COMPANY
PO BOX 685
GAULEY BRIDGE, WV 25085-0685

**Date Issued** 

**Expiration Date** 

AUGUST 06, 2018

AUGUST 06, 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.

#### 18DANHICON

Client#: 1638974

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/01/2018

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 any rights to the certificate holder in lieu of such endorsement(s).

	<u> </u>					
PRODUÇER	CONTACT Priya Arora					
McGriff Insurance Services	PHONE (A/C, No, Ext): 304 346-0806 FAX (A/C, No): 88	37513002				
300 Summers Street, Suite #650	E-MAIL ADDRESS: parora@mcgriffinsurance.com					
Charleston, WV 25301	INSURER(S) AFFORDING COVERAGE	NAIC #				
304 346-0806	INSURER A : Westfield National Insurance Company	24120				
INSURED	INSURER B : Brickstreet Mutual Insurance Company	12372				
Danhill Construction Company	INSURER C:					
PO Box 685	INSURER D:					
Gauley Bridge, WV 25085	INSURER E:					
	INSURER F:					
	DEVICION AUTOED.					

CO	VERAGES	CERTIFICA	ATE	NUMBER:			HEVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE PO							
IN	IDICATED. NOTWITHSTANDING AN	REQUIRE	MEN	T, TERM OR CONDITION OF	ANY CONTRACT O	R OTHER DO	CUMENT WITH RESPECT	TO WHICH THIS
CE	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.								
NSR TR	TYPE OF INSURANCE	ADDLS INSR V	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY	х	ж	TRA0548113	07/01/2018	07/01/2019	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s500,000
	X PD Ded:500						MED EXP (Any one person)	\$5, <b>00</b> 0
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	_	ĺ		- 1		GENERAL AGGREGATE	\$2,000,000
		1			1	I		

PRODUCTS - COMP/OF AGG | \$2,000,000 POLICY X JECT X LOC OTHER: 07/01/2018 07/01/2019 COMBINED SINGLE LIMIT \$1,000,000 AUTOMOBILE LIABILITY TRA0548113 × BODILY INJURY (Per person) \$ X ANY AUTO SCHEDULED OWNED AUTOS ONLY **BODILY INJURY (Per accident)** AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE HIRED AUTOS ONLY s Х (Per accident) \$ X UMBRELLA LIAB 07/01/2018 07/01/2019 EACH OCCURRENCE \$7,000,000 X OCCUR TRA0548113 **EXCESS LIAB** \$7,000,000 CLAIMS-MADE AGGREGATE DED X RETENTION \$0 WORKERS COMPENSATION 07/01/2018 07/01/2019 X PER STATUTE WCB1008781 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$1,000,000 N/A E.L. DISEASE - EA EMPLOYEE \$1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\* Workers Comp Information \*\*

Voluntary Compensation; Other States Coverage

Proprietors/Partners/Executive Officers/Members Excluded:

Robert Hill, President

Rebecca Hill, Secretary/Treasurer

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	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
	Greenz 6. 5 holy.

@ 1988-2015 ACORD CORPORATION. All rights reserved.

DESCRIPTIONS (Continued from Page 1)	
Broad Form Employers Liability Blanket Walver of Subrogation Notice of Cancellation 30 days USPFO for WV	