**Phone:** 3046321600

Solicitation Response(SR) Dept: 0310 ID: ESR03092100000006096 Ver.: 1 Function: New Modified by batch, 03/09/2021 Header III 1 Ē **General Information** Contact Default Values Discount Document Information Clarification Request **Procurement Folder:** SO Doc Code: 833335 **ARFQ Procurement Type:** SO Dept: Agency Contract - Fixed Amt 0310 Vendor ID: SO Doc ID: DNR2100000048 000000205173 **Published Date:** Legal Name: 2/17/21 DANHILL CONSTRUCTION COMPANY **Close Date:** Alias/DBA: 3/9/21 **Close Time: Total Bid:** 13:30 \$43,573.00 Status: Response Date: Closed 03/09/2021 **Solicitation Description: Response Time:** Addendum No.02 - Hawks Nest 7:57 SP CCC Gift Shop Roof Rehab Responded By User ID: **Total of Header Attachments:** michaeljones First Name: **Total of All Attachments:** Michael **Last Name:** Jones Email: michael.jones@danhillco



## State of West Virginia Agency Request for Quote Construction

Proc Folder:

833335

Doc Description: Addendum No.02 - Hawks Nest SP CCC Gift Shop Roof Rehab

Reason for Modification:

Addendum

Addendum No. 02 is issued to publish and distribute the attached information to the

Vendor Community.

Proc Type:

Agency Contract - Fixed Amt

Solicitation Closes Solicitation No.

Version

Date Issued 2021-02-17

2021-03-09 13:30

ARFQ

0310

DNR2100000048

3

**BID RECEIVING LOCATION** 

**BID RESPONSE** 

DIVISION OF NATURAL RESOURCES

PROPERTY & PROCUREMENT OFFICE

**324 4TH AVE** 

SOUTH CHARLESTON

WV 25303-1228

US

#### VENDOR

**Vendor Customer Code:** 

Vendor Name: Danhill Construction Company

Address: PO Box 685

Street:

**City**: Gauley Bridge

State: West Virginia

Country: USA

**Zip**: 25085

Principal Contact: Robert D Hill

Vendor Contact Phone: 30.632.1600

Extension: 310

FOR INFORMATION CONTACT THE BUYER

James H Adkins (304) 558-3397

jamie.h.adkins@wv.gov

Vendor Signature X Robert D. Hill

**FEIN#** 550648251

**DATE** 3/9/2021

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

Date Printed: Feb 17, 2021

Page 1

FORM ID: WV-PRC-ARFQ-002 2020/05

INVOICE TO	SHIP TO
DIVISION OF NATURAL RESOURCES	DIVISION OF NATURAL RESOURCES
PARKS & RECREATION-PEM SECTION	HAWKS NEST STATE PARK
324 4TH AVE	49 HAWKS NEST PARK RD
SOUTH CHARLESTON WV 25305	ANSTED WV 25812-0857
us	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Hawks Nest State Park CCC Gift Shop Roof			See Pricing Page	
	Rehab				

Comm Code	Manufacturer	Specification	Model #	
72000000				

# **Extended Description:**

SCHEDULE OF EVENTS

Hawks Nest State Park CCC Restrooms and Gift Shop roof rehabilitation.

Line	Event	Event Date
1	Mandatory Pre-bid Meeting 10:00AM ET	2021-02-10

	Document Phase	Document Description	Page 3
DNR2100000048		Addendum No.02 - Hawks Nest SP CCC Gift Shop Roof Rehab	

## ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

# ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: ARFQ DNR21\*48

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.

necessary revisions to my proposar, plans and/or specification, etc.
Addendum Numbers Received:
(Check the box next to each addendum received)
Addendum No. 1 Addendum No. 6 Addendum No. 2 Addendum No. 7 Addendum No. 3 Addendum No. 8 Addendum No. 4 Addendum No. 9 Addendum No. 5  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
Robert D. Hill
Authorized Signature
3/9/2021
Date

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

#### **BID BOND**

	KNOW ALL MEN BY THESE PRES	ENTS, That we, the ur	ndersigned, Da	anhill Construc	tion Company	
of	Gauley Bridge	WV	, as Pri	incipal, and The	Ohio Casualty Ins	urance Company
of	Boston ,	MA, a c	corporation org	anized and exist	ing under the laws	of the State of
NH	with its principal office in the					
of West	Virginia, as Obligee, in the penal sun	n of Five Percent of A	Amount Bid	(\$	5% ) for the	payment of which,
well and	truly to be made, we jointly and seve	erally bind ourselves, o	ur heirs, admir	nistrators, execut	tors, successors a	nd assigns.
	The Condition of the above obligate	tion is such that when	eas the Princ	ipal has submitt	ed to the Purcha	sing Section of the
Departm	ent of Administration a certain bid or	proposal, attached he	reto and made	a part hereof, to	enter into a contr	act in writing for
Hawks	Nest State Park CCC Gift Shop	Roof Rehab - ARF	Q 0310 DNR	2100000048 -	According to PI	ans &
Specifi	cations					
-						
	NOW THEREFORE,					
	(a) If a slid bild about the extended	1.00				
	<ul><li>(a) If said bid shall be rejected,</li><li>(b) If said bid shall be accept</li></ul>		shall enter int	o a contract in	accordance with	the bid or proposal
attached	hereto and shall furnish any other b	onds and insurance re	equired by the	bid or proposal,	and shall in all oth	er respects perform
the agre	ement created by the acceptance of and effect. It is expressly understo	said bid, then this oblig od and agreed that the	gation shall be e liability of the	null and void, of a Surety for any	and all claims he	reunder shall, in no
event, e	sceed the penal amount of this obliga	ation as herein stated.	o nooming or in			
way imn	The Surety, for the value received, haired or affected by any extension of	nereby stipulates and a	agrees that the	obligations of s	aid Surety and its	bond shall be in no Surety does hereby
	tice of any such extension.	, 110 1110 1110 111 1111	the cangua			,,
	WITNESS, the following signatures a					
Surety, o	r by Principal individually if Principal	is an individual, this	9th day of	March		and the second second
market L. L.	CO			N		
Principal	Seal 7		ŗ	Jannill Constru	(Name of Principal	THE RESIDENCE OF THE PERSON OF
30	3.0				Q / + D	11.00
7 6	AICI		Ε	(Must bo	President, Vice Pr	regident of
	7 6 5				uly Authorized Age	
2 61A	il.		R	Robert D. Hill	Presider	nt
1	V A Same				(Title)	The second secon
	new manufacture and the second				,	
Surety S	eal		Т	he Ohio Casu	alty Insurance C	ompany
	AN TWO PARTY		-		(Name of Surety)	THE RESIDENCE OF THE PROPERTY
	A service of the serv					
- 4			В	y: /- al	Time A	Mouse
<b>A.</b>	9: 1072 9		P	atricia A. Moye, WV	Resident Agent /	Attorney-in-Fact
	151 (					

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.



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

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

Certificate No. 8203100-973918

business day

on any

EST

Attorney c

Power of A

00:6

between

To confirm the via 1-610-832-8240

#### POWER OF ATTORNEY

Liberty Mutual Insurance (	Company is a corpora of Indiana (herein c	ation duly organize ollectively called th	d under the laws of the	e Company is a corporation duly e State of Massachusetts, and Wi ant to and by authority herein se	est American Insurance	Company is a corporation	duly organized
				each individually if there be r d deed, any and all undertakings, duly signed by the president and	bonds, recognizances a	and other surety obligation	s, in pursuance
persons	o a a a a a a a a a a a a a a a a a	. me companie		,g, p		,	, , , , , , , , , , , , , , , , , , ,

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 10th day of February 2020





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

David M Carey, Assistant Secretary

State of PENNSYLVANIA County of MONTGOMERY

10th day of 2020 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance February 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



#### COMMONWEALTH OF PENNSYLVANIA

Notanal Sea resa Pastella, Notary Public er Menon Twp . Montgomery County My Commission Expires March 28, 2021

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

the validity of 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 attorneys-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 power 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 Surety 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, 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 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 if 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 Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the to want and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th day of







Renee C. Llewellyn, Assistant Secretary

# **EXHIBIT A - PRICING PAGE**

# Hawk's Nest State Park **Restroom and Gift Shop**



		Rooting Proje	ect	The state of the s
VENDOR				
Danhill Construction	Company			
PO Box 685 Gauley B	•	,		
304.632.1600 / rdanhi	ill@hotmail.com			151
Name, Address, Phone	Number, Email			
Traine, Traine ess, Thore	11001, 211011			
WV Contractor's Licen	se Number: 001	196		
				11
We, the undersigned,	having examined	the site and	being familiar with the	ne local conditions
affecting the cost of the and specifications, here	work and being i	rnish all materi	als equipment and la	bor to complete all
work in a workmanlike	manner as descr	ihed in the Bid	ding documents.	oor to complete wit
work in a workmannike	mamer, as deser		8	
The Base Bid shall con	nsist of:			
		existing shingle	ed roof system, and th	ne installation of a new
insulated metal roof s	vstem, including	the installation	of all applicable drip	edge, trim, and flashing
accessories. The total	l of all items shall	l be summarize	ed as the Total Base B	id in the space indicated
below.				
TOTAL BID				
(IN WORDS) \$	Forty-Three	Thousand Five	Hundred Seventy-Th	ree Dollars and Zero Cents
(IN NUMBERS) \$	43,573.00			
(III NONIDERS)				
Additional Items to be	added by Conti	act Change O	rder if needed:	
- 11	0 44	** **	D : /CT	Total
Installation of like	Quantity	Unit	Price/SF	
material to replace	100	SF	\$7.48	\$748.00
damaged sheathing				
Installation of like	Quantity	Unit	Price/LF	Total
material to replace	Quantity	TE	\$25.00	\$2,500.00

100

damaged trim/framing LF

# 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 Contractor's 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	р
Contractor's License		

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

**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)
Refert D 11111 , President
(Authorized Signature) (Representative Name, Title)
Robert D Hill, President
(Printed Name and Title of Authorized Representative)
3/9/2021
(Date)
304.632.1600 / 304.632.1501
(Phone Number) (Fax Number)

# REQUEST FOR QUOTATION

# Hawk's Nest State Park Restroom and Gift Shop Roofing Project

- 9. SUBSTITUTIONS: Any substitution requests must be submitted in accordance with the official question and answer period described in the INSTRUCTIONS TO VENDORS SUBMITTING BIDS, Paragraph 4. Vendor Question Deadline.
- 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:
  - **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:

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:	Robert D Hill					
Telephone Number:	304.632.1600					
Fax Number: 304.632.1501						
Email Address: rda	anhill@hotmail.com					

# 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: Danhill Construction Company	
Authorized Signature:	Date: <u>3/9/2021</u>
State of West Virginia	
County of Fayette , to-wit:	
Taken, subscribed, and sworn to before me this 9 day of March	, 20 <u>21</u> .
My Commission expires	
AFFIX SEAL HERE OFFICIAL SEAL Michael D Jones Notary Public State of West Virginia	Purchasing Affidavit (Revised 01/19/2018)

My Commission Expires January 29, 2025 9033 MIDLAND TRAIL GLEN FERRIS, WV 25090



# Authorized by the West Virginia Contractor Licensing Board

**CONTRACTOR LICENSE** 

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, 2020

AUGUST 06, 2021

Authorized Company Signature

ure

Chair, West Virginia Contractor

Licensing Board

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.



Client#: 1638974

18DANHICON

### ACORD.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/02/2020

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

McGriff Insurance Services 300 Summers Street, Suite #650 Charleston, WV 25301 304 346-0806		CONTACT Janet Poling				
		PHONE (A/C, No. Ext): 304 346-0806	FAX (A/C, No): 888	FAX (A/C. No): 8887513002		
		E-MAIL ADDRESS: Jpoling@mcgriffinsurance.com				
		INSURER(S) AFFORDING COVERAGE				
		INSURER A : Westfield National Insurance Com	24120			
NSURED		INSURER B : Brickstreet Mutual Insurance Com	12372			
	nstruction Company	INSURER C				
P O Box 685		INSURER D :				
Gauley Bri	dge, WV 25085	INSURER E :				
		INSURER F :				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:				

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

SA	TYPE OF INSURANCE	ADDL SUE		D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY		X	TRA0548113	07/01/2020	07/01/2021		s 2,000,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s 500,000	
	X XCU Included						MED EXP (Any one person)	s 5,000	
	X Contractual Liab.  GEN'L AGGREGATE LIMIT APPLIES PER POLICY X PRO- POLICY X DECT LOC						PERSONAL & ACIV INJURY	\$ 2,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	s 2,000,000	
	OTHER.							\$	
A	AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY AUTOS		X	TRA0548113	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
							BODILY INJURY (Per person)	S	
							BODILY INJURY (Per accident)	S	
	X HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	S	
								S	
A	X UMBRELLA LIAB X OCCUR	X	Х	TRA0548113	07/01/2020	07/01/2021	EACH OCCURRENCE	s7,000,000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$7,000,000	
	DED X RETENTION SO							s	
	WORKERS COMPENSATION AND EMPLOYERS: LIABILITY ANY PROPRIETO PAPARTNER: EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	WCB1008781	07/01/2020	07/01/2021	X PER OTH-		
			1	Includes Employers 23-4-2	WV Broad	Form Section Code	E.L. EACH ACCIDENT	\$1,000,000	
(					Liability		EL. DISEASE - EA EMPLOYEE	s1,000,000	
					of WV		E.L. DISEASE - POLICY LIMIT	s1,000,000	

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)

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400	200	term	-	DESCRIPTION OF THE PERSON OF T	NAME AND ADDRESS OF	descriptions.	MEGASTANIA	-	<b>COLORATION</b>	<b>MAN</b>

CANCELLATION

**Danhill Construction Company** P O Box 685 Gauley Bridge, WV 25085

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

Grang 6. Stanley

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