

State of West Virginia Solicitation Response

Proc Folder: 1371691

Solicitation Description: Addendum 3 INSTALL FABRIC COVERED ROOF SYSTEM ON SALT SHED

Proc Type: Agency Purchase Order

 Solicitation Closes
 Solicitation Response
 Version

 2024-03-28 14:30
 SR 0803 ESR03282400000005505
 1

VENDOR

VS0000014170

MEADOWS ENTERPRISES LLC

Solicitation Number: ARFQ 0803 DOT2400000061

Total Bid: 77000 **Response Date:** 2024-03-28 **Response Time:** 10:06:06

Comments:

FOR INFORMATION CONTACT THE BUYER

Amber J Heath 304-414-7105 amber.j.heath@wv.gov

Vendor Signature X

FEIN# DATE

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

 Date Printed:
 Mar 28, 2024
 Page: 1
 FORM ID: WV-PRC-SR-001 2020/05

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	ROOF INSTALLATION				77000.00

Comm Code	Manufacturer	Specification	Model #	
72152601				

Commodity Line Comments: SEALED BID: Installation of Fabric Roof System on Salt Shed

BUYER: Amber Heath

SOLICITATION NO.: ARFQ DOT2400000061 BID OPENING DATE: Thursday, March 28, 2024

BID OPENING TIME: 2:30pm ÉT FAX NUMBER: 304-558-0047

Extended Description:

INSTALL FABRIC ROOF ON SALT SHED

 Date Printed:
 Mar 28, 2024
 Page: 2
 FORM ID: WV-PRC-SR-001 2020/05



State of West Virginia **Agency Request for Quote** Construction

Proc Folder:

1371691

Reason for Modification:

Doc Description: Addendum 3 INSTALL FABRIC COVERED ROOF SYSTEM ON SALT

Solicitation No

Addendum 3

SHED

Proc Type:

Agency Purchase Order

Version

Date Issued

Solicitation Closes

2024-03-15

14:30 2024-03-28

ARFQ 0803 DOT2400000061

BID RECEIVING LOCATION

PROCUREMENT DIVISION

DIVISION OF HIGHWAYS

BLDG 6 RM 340A

1900 KANAWHA BLVD E

CHARLESTON

WV

25305

US

VENDOR

Vendor Customer Code:

Vendor Name: Meadows Enterprises, LLC

Address: PD Box 905

Street: 599 Breeden Rd

city: Cool Ridge

State : U V

Country: USA

Zip: 25825

Principal Contact: Manoch Meadows

Vendor Contact Phone: (304) 890-6064 Extension:

FOR INFORMATION CONTACT THE BUYER

Amber J Heath 304-414-7105

amber.j.heath@wv.gov

Vendor

Signature X/2/

FEIN# 46-0807273

DATE 3-27-24

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

Date Printed:

Mar 15, 2024

Page 1

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

ADDITIONAL INFORMATION

Addendum 3 is issued for the following reason:

1. To attach the pre-bid sign in sheet

No other changes

INVOICE TO		SHIP TO
DIVISION OF HIGHWAY	YS .	DIVISION OF HIGHWAYS
DISTRICT FOUR		I-79 HEADQUARTERS - GOSHEN RD
P O BOX 4220		95 GOSHEN RD
CLARKSBURG	WV	MORGANTOWN WV
US		US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	ROOF INSTALLATION			*77	000.00

Comm Code	Manufacturer	Specification	Model #	
72152601				
000-40 (3-0-0-2-65) (0-0-0-2-65) (0-0-0-2-65)				¥

Extended Description:

INSTALL FABRIC ROOF ON SALT SHED

SCHEDULE OF EVENTS

Line	<u>Event</u>	Event Date
1	PRE-BID MEETING AT 3:00PM ET	2024-03-13
2	TECHNICAL QUESTION DUE AT 10:00AM ET	2024-03-19

	Document Phase	Document Description	Page 3
DOT2400000061		Addendum 3 INSTALL FABRIC COVERED ROOF SYSTEM ON SALT SHED	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: ARFQ DOT2400000061

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)	
Addendum No. 2 Addendum No. 3 Addendum No. 4 Adde	endum No. 6 endum No. 7 endum No. 8 endum No. 9 endum No. 10
I understand that failure to confirm the receipt of adder I further understand that any verbal representation made discussion held between Vendor's representatives and the information issued in writing and added to the spec- binding.	le or assumed to be made during any oral any state personnel is not binding. Only
Meadows Enterprises, LL Company	C
Authorized Signature 3-27-24 Date	

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

REQUEST FOR QUOTATION Installation of Fabric Covered Roof System

INSTALL A FABRIC COVERED ROOF SYSTEM AT: WVDOH – I-79 HQ at Goshen Rd 95 Goshen Rd Morgantown, WV 26508

DATE: 3-27-24
VENDOR NAME: Meadows Enterprises, LLC
AUTHORIZED SIGNATURE: Mul m

The aforementioned, hereinafter called Vendor, being familiar with and understanding the bidding documents and also having examined the site and being familiar with all local conditions affecting the project hereby proposes to furnish all labor, equipment, supplies, and transportation and to perform all work in accordance with the bidding documents within the time set forth for the sum of:

BASE BID:

For the lump sum of: \$\frac{77,000.00}{(\text{show amount in numbers})}\$

Seventy-Seven Housand \(\pi\) (\text{show amount in words})

(In the event of a difference between the written amount and the number amount, the written amount shall govern).

CONTRACT AWARD:

The contract shall be awarded to the vendor that provides the lowest overall lump sum cost.

REQUEST FOR QUOTATION Installation of Fabric Covered Roof System

- 11.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.
- 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.

Contract Manag	per: <u>Manoah Meadows</u> ber: <u>(304)890-6064</u>
Telephone Num	ber: (304)890-6064
Fax Number: _	
Email Address:	mmeadows 2110 @ gmail. com

EXHIBIT A - Pricing Page

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.

Manoah Meadows owner
(Printed Name and Title)
POBOX 905 Cool Ridge WV 25825
(304) 890 - 6064
(Phone Number) / (Fax Number)
(Phone Number) / (Fax Number) mmeadows 2110 amail. Com
(E-mail 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

(Company) Enterprises, UC
(Company)
Mul m
(Signature of Authorized Representative)
(Printed Name and Title of Authorized Representative)
3-27-24
(Date)
(Date) 890-6064

(Phone Number) (Fax Number)

Revised 8/24/2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/25/2024

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).

this certificate doe	s not confer rights to	the ce	erum	cate noider in fieu of such						
PRODUCER					CONTAC NAME:	CT Rhonda H	lughes			
The Hilb Group of West	Virginia LLC				PHONE (A/C, No	(304) 92	26-7400	FAX (A/C, No):	(304) 9	926-7433
3601 MacCorkle Ave, S	te 50				E-MAIL ADDRE	rhanda hu	ighes@hilbgro			
					ADDRE		SURER(S) AFFOR	RDING COVERAGE		NAIC #
Charleston				WV 25304	INSURE	Ctoto Au		Casualty Insurance Co		25127
INSURED					INSURE	Otata A	tomobile Mutua	al Insurance Co		25135
	WS ENTERPRISES LL	С			INSURE	Driek Ctra	et Mutual Insu			12372
PO BOX						NO.				
1000	. 300				INSURE					
COOL	PIDGE			WV 25825	INSURE				-	
		TIFICA		21.2511	INSURE	RF:		DEVICION NUMBER		
COVERAGES				TOMBETT.	ISSUED	TO THE INSUE		REVISION NUMBER: BOVE FOR THE POLICY PERIO	OD	
INDICATED. NOTWIT CERTIFICATE MAY BE	ISSUED OR MAY PERT	REMEN	NT, TE	RM OR CONDITION OF ANY	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI	DOCUMENT IN THE SERVICE SERVIC	WITH RESPECT TO WHICH TH UBJECT TO ALL THE TERMS,		
INSR	INSURANCE	ADDLIS	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
LIK	ENERAL LIABILITY	INSD	WVD	POLICI NUMBER		(MM/DD/TTTT)	(MM/DD/TTTT)		s 1,00	0,000
CLAIMS-M								DAMAGE TO RENTED	\$ 100,	
									\$ 5,00	0
A -				PBP2889273		01/05/2024	01/05/2025	DEDOCNAL & ADVINUIDY	\$ 1,00	0,000
GEN'L AGGREGATE L	IMIT ADDI IES PER							GENERAL AGGREGATE	\$ 2,00	0,000
The second secon	PRO- DECT LOC								\$ 2,00	0,000
	JECT LOC							11100010	\$	
OTHER: AUTOMOBILE LIABIL	ITY	+						COMBINED SINGLE LIMIT	\$ 1,00	0,000
X ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$	
B OWNED	SCHEDULED			10124791CA		03/30/2024	03/30/2025	BODILY INJURY (Per accident)	\$	
AUTOS ONLY HIRED	AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
AUTOS ONLY	AUTOS ONLY							(Per accident)	\$	
✓ UMBRELLA LIA		+	-					FACIL OCCUPPENCE	2.00	0,000
A EXCESS LIAB	OCCOR			PBP2889273		01/05/2024	01/05/2025	EACH OCCURRENCE	\$ 2,00	
A EXCESS LIAB	CLAIMS-MADE	1		1 DI 2000270		01100/2021	01/00/2020	AGGREGATE	\$	
DED RE	TENTION \$	+						➤ PER OTH-	5	
AND EMPLOYERS' LI								STATUTE ER	. 1.00	0,000
C ANY PROPRIETOR/PA		N/A		WCB1019998		08/16/2023	08/16/2024	E.E. EAGT MODISENT	\$ 1,00	
(Mandatory in NH) If yes, describe under									\$ 1,00	
DESCRIPTION OF OP	RATIONS below	\vdash						E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
	ONS / LOCATIONS / VEHICL	ES (ACC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)			
Evidence of Coverage										
CERTIFICATE HOLD	R				CANC	ELLATION				
					THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CANC F, NOTICE WILL BE DELIVERE Y PROVISIONS.		BEFORE
5-0-0-0-0-0	of Highways				1	ORDANCE WII	III III POLIC	, , no no no no no		
	Rm 340A				AUTHO	RIZED REPRESEN	NTATIVE			
1900 Ka	hawha Bld E							/		
Charles	ton			WV 25305			Lileania	- g. Brusse	_	

CONTRACTOR LICENSE

West Virginia Contractor
Licensing Board

CONTRACTOR LICENSING NUMBER:

JEST VIRGINIA

WV043311

CLASSIFICATION:
GENERAL BUILDING

MEADOWS ENTERPRISES LLC DBA MEADOWS ENTERPRISES LLC PO BOX 905 COOL RIDGE, WV 25825

DATE ISSUED

EXPIRATION DATE

DECEMBER 15, 2023

DECEMBER 15, 2024

Authorized Signature

Chair, West Virginia Contractor Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting 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 is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.

Agency Division of Highways
REQ.P.O# ARFQ DOT 2400000061

BID BOND

KN	IOW ALL MEN BY T	HESE PRESENTS, That	we, the undersigned, _	Meadows Enterp	rises, LLC
	of Cool Ridge	, West Virg	ginia	_, as Principal, and	United States Fire Insurance Company
c	of Morristown	,New Jersey	, a corporation or	ganized and existing	g under the laws of the State of
Delaware	with its princi	pal office in the City of M	orristown, NJ	_, as Surety, are he	eld and firmly bound unto the State
) for the payment of which,
					s, successors and assigns.
				,	•
Th	e Condition of the	above obligation is such	that whereas the Prin	cipal has submitted	to the Purchasing Section of the
				in the second se	nter into a contract in writing for
		em on Salt Shed ARFQ DOT		•	3
			+		
				-8	
NC	W THEREFORE,				
(a)	If said bid sha	ll be rejected, or			
(b)	If said bid sh	all be accepted and the			cordance with the bid or proposal
					d shall in all other respects perform
					erwise this obligation shall remain in nd all claims hereunder shall, in no
		of this obligation as herei		rie ourety for any ar	ic an classis nerecincer strain, in no
					d Surety and its bond shall be in no
	e of any such extens		ithin which the Oblige	e may accept such	bid, and said Surety does hereby
	333				
AA AA	TNESS, the following	g signatures and seals of	Principal and Surety, e	executed and sealed	by a proper officer of Principal and
Surety, or b	y Principal individual	ly if Principal is an individu	ual, this <u>28th</u> day of _	March	, 20_24,
Principal Se	al			Meadows Enterp	
					Name of Principal)
				By 21	n
11/2	- Continue				resident, Vice President, or y Authorized Agent)
	S. L. Commerce				
				Owne	
19/1/15					(Title)
Surety Seal				United States Fire	Insurance Company
Juilory Ocal					Name of Surety)
				///	
				THE STATES	MIL Anthony M. Colors
	12:				Anthony M. Spina
	5		-		Attorney-in-Fact

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.

POWER OF ATTORNEY UNITED STATES FIRE INSURANCE COMPANY PRINCIPAL OFFICE-MORRISTOWN, NEW JERSEY

06385

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

Robert G. Lull, Aaron V. Nowland, Anthony M. Spina, Arpi Mekhjian

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties: Unlimited

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;

(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 28th day of September, 2021.

UNITED STATES FIRE INSURANCE COMPANY



Matthew E. Lubin, President

State of New Jersey}
County of Morris

On this 28th day of September, 2021, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.

MELISSA H. D'ALEBSIO NOTARY PUBLIC OF NEW JERGEY Commission # 50125833 My Commission Expires 4/72025

Melissa H. D'Alessio (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the

28th day of MARCH 2024

UNITED STATES FIRE INSURANCE COMPANY



Michael C. Fay, Senior Vice President

UNITED STATES FIRE INSURANCE COMPANY 1209 ORANGE STREET, WILMINGTON, DELAWARE 19801

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS

AT DECEMBER 31, 2022

ASSETS		
Bonds (Amortized Value)	4 9 70 9	1,905,252,232
Preferred Stocks (Market Value)	****	114,529,067
Common Stocks (Macket Value)		1,762,084,603
Mortgage Loans (Market Value)		796,032,009
Cash, Cash Equivalents, and Short Term Investments		626,020,353
Derivatives		10,695,142
Other Invested Assets	****	337.125.033
Investment Income Duc and Accrued		19.572.352
Premiums and Considerations		340,327,513
Amounts Recoverable from Reinsurers		61,688,599
Funds Held by or Deposited with Reinsured Companies		70,688,033
Net Deferred Tax Asset	***	140,619,760
Electronic Data Processing Figuipment		1,507,891
Receivables from Parent, Subsidiaries and Affiliates		158,857,542
Other Assets		145,928,507
TOTAL ASSETS		6,490,928,636
LIABILITIES, SURPLUS & OTHER FUNDS Losses (Reported Losses Net of Reinsurance Ceded and Incurred		
Losses (Reported Lusses Net of Reinsurance Ceded and Incurred		2 240 007 000
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses)		
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses)		68,359,436
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses) Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses	****	2,212,036,852 68,359,436 374,380,070
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses. Commissions Payable, Contingent Commissions and Other Similar Charges.	*****	68,359,436 374,380,070 10,899,929
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses. Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees).	****	68,359,436 374,380,070 10,899,929 95,863,911
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes)	+201 +201 +x1+	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses) Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes) Current Federal and Foreign Income Taxes.	***** ****	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses) Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes). Current Federal and Foreign Income Taxes. Unearned Premiums.	****	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses. Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes). Current Federal and Foreign Income Taxes. Unearned Premiums. Advance Premium.	***** ****	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses. Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes). Current Federal and Foreign Income Taxes. Unearned Premiums. Advance Premium. Ceded Reinsurance Premiums Payable.	***** **** ****	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716 99,545,135
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes) Current Federal and Foreign Income Taxes. Unearned Premiums Advance Premium. Ceded Reinsurance Premiums Payable Funds Held by Company under Reinsurance Treaties.	***** **** ****	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716 99,545,135 42,360,469
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes). Current Federal and Foreign Income Taxes. Unearned Premiums Advance Premium. Ceded Reinsurance Premiums Payable. Funds Held by Company under Reinsurance Treaties. Amounts Withheld by Company for Account of Others.	***** **** **** **** **** ****	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716 99,545,135 42,360,469 133,940,889
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses. Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes). Current Federal and Foreign Income Taxes. Unearned Premiums. Advance Premium. Ceded Reinsurance Premiums Payable. Funds Held by Company under Reinsurance Treaties. Amounts Withheld by Company for Aucount of Others. Provision for Reinsurance.	***** **** **** **** **** **** ****	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716 99,545,135 42,360,469 133,940,889 2,638,135
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes) Current Federal and Foreign Income Taxes Unearned Premium. Advance Premium. Ceded Reinsurance Premiums Payable Funds Held by Company under Reinsurance Treaties Amounts Withheld by Company for Account of Others Provision for Reinsurance. Payable to Parent, Subsidiaries and Affiliates	***** **** **** **** **** ****	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716 99,545,135 42,360,469 133,940,889 2,638,135 91,545,650
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses. Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes). Current Federal and Foreign Income Taxes. Unearned Premiums. Advance Premium. Ceded Reinsurance Premiums Payable. Funds Held by Company under Reinsurance Treaties. Amounts Withheld by Company for Account of Others. Provision for Reinsurance. Payable to Parens, Subsidiaries and Affiliates. Other Liabilities.	***** **** **** **** **** **** ****	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716 99,545,135 42,360,469 133,940,889 2,638,135 91,545,650 73,407,186
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses. Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes). Current Federal and Foreign Income Taxes. Unearned Premiums. Advance Premium. Ceded Reinsurance Premiums Payable. Funds Held by Company under Reinsurance Treaties. Amounts Withheld by Company for Aucount of Others. Provision for Reinsurance.	***** **** **** **** **** **** ****	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716 99,545,135 42,360,469 133,940,889 2,638,135 91,545,650 73,407,186
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes). Current Federal and Foreign Income Taxes. Unearned Premiums. Advance Premium. Ceded Reinsurance Premiums Payable. Funds Held by Company under Reinsurance Treaties. Amounts Withheld by Company for Account of Others, Provision for Reinsurance. Payable to Parens, Subsidiaries and Affiliates. Other Liabilities.	3	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716 99,545,135 42,360,469 133,940,889 2,638,135 91,545,650 73,407,186
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses. Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes). Current Federal and Foreign Income Taxes. Unearned Premium. Advance Premium. Ceded Reinsurance Premiums Payable. Funds Held by Company under Reinsurance Treaties. Amounts Withheld by Company for Account of Others. Provision for Reinsurance. Payable to Parent, Subsidiaries and Affiliates. Other Liabilities. TOTAL LIABILITIES.	****	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716 99,545,135 42,360,469 133,940,889 2,638,135 91,545,650 73,407,186 4,445,110,813
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses. Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes). Current Federal and Foreign Income Taxes. Unearned Premium. Advance Premium. Ceded Reinsurance Premiums Payable. Funds Held by Company under Reinsurance Treaties. Amounts Withheld by Company for Account of Others. Provision for Reinsurance. Payable to Parent, Subsidiaries and Affiliates. Other Liabilities. TOTAL LIABILITIES.	5	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716 99,545,135 42,360,469 133,940,889 2,638,135 91,545,650 73,407,186 4,445,110,813
Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses). Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses. Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes). Current Federal and Foreign Income Taxes. Unearned Premium. Advance Premium. Ceded Reinsurance Premiums Payable. Funds Held by Company under Reinsurance Treaties. Amounts Withheld by Company for Account of Others. Provision for Reinsurance. Payable to Parent, Subsidiaries and Affiliates. Other Liabilities. TOTAL LIABILITIES.	***** **** **** **** **** **** **** ****	68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716 99,545,135 42,360,469 133,940,889 2,638,135 91,545,650 73,407,186 4,445,110,813 18,780,000 1.502,074,940 524,962,883

I, Carmine Scaglione, Senior Vice President and Controller of UNITED STATES FIRE INSURANCE COMPANY, pertify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of husiness, December 31, 2022, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Delaware.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 23rd day of Match, 2023. UNITED STATES FIRE INSURANCE COMPANY