

Fax Cover Sheet

Department of Administration, Purchasing Division

2019 Washington Street East

Charleston, WV 25305-0130

Fax: 304 – 558 – 3970

10 Pages

VENDOR NAME: PROTEX LLC

BUYER: DUSTY J SMITH

SOLICITATION NO: ARFQ DOT2300000075

BID OPENING DATE: 2023-03-23

BID OPENING TIME: 2:30 pm ET

FAX NUMBER: Call Lisa Smith 304-352-6070

MAR 23 '23 AM 10:43
REC'D BUDGET - PROCURE



Estimate

Date	Estimate #
3/16/2022	11096

WV Dept. of Highways
 PO Box 4220
 Clarksburg, WV 26302

ProTex LLC
 PO Box 609
 Dellslow, WV 26531
 133 Greenbag Rd.
 Morgantown, WV 26501

Phone # 1-888-5-PROTEX
 Fax # 1-888-936-1116
www.ProTexllc.com
 WV044619

Surveillance Camera Installation

Item	Description	Qty
NVR-EL64-2U12MP1-40TB	64 Channel 2U, 4K NVR. Up To 12MP IP Camera Support. 384Mbps Camera Throughput. Dual NiC Ports, Up To 80TB HDD 40TB	1
EN900LCD	UPS, Desktop/Floor/Wall Mount, Standby, 95 to 140 Volt AC Input, 120 Volt AC Output, 60 Hertz, 900 VA	5
IPEL-E80F-IRW2	8MP (4K) IP Indoor/Outdoor Mid Size Eyeball Dome. Fixed 2.8mm Lens (112°). 164 Feet Smart IR. PoE Capable. AI	64
MNT-IPMINIDOME-WA...	Wall Mount Bracket for Mini Eyeball IP Domes (EXCLUDES D2000IR & D4005IR)	32
PWR-EPOE-24	24-Port Managed EPoE Gigabit Switch, 360 Total Watts, 2 HIPOE Ports	5
ICC-ICMP8P8SRD	Rj45 CAT5 Crimp End	128
N6ERWH1BX	23-4P UTP-Riser Solid BC CAT6E, Riser - White 1000'	6.5
New Installation Labor	Approx. Installation, Programming, Testing, Certification, and Demonstration	1

Install Hardware & Misc. Material:	Lot
Subtotal:	\$68,395.64
Sales Tax: (0.0%)	\$0.00
Total Equipment & Installation Price:	\$68,395.64

60% down to start project: \$41037.39

* ProTex requires 60% down and balance 40% due within 30 days upon completion of install.
 * Customer is responsible for providing high speed internet at all times and forwarded router ports from internet provider for remote viewing of camera system. (If applicable)
 * Picture quality may be affected by poor lighting, environmental conditions, and or distance to target.
 * This Estimate is only valid for 30 days due to fluctuations in equipment availability and pricing.
 * Thank you for your time and feel free to call if you have any questions about the estimate.
 *****Visit us online at protexllc.com or Like us on Facebook*****

CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board



NUMBER: WV044619

CLASSIFICATION:

LOW VOLTAGE SYSTEMS
COMMUNICATION & SOUND

PROTEX LLC
DBA PROTEX LLC
PO BOX 609
DELLSLOW, WV 26531

DATE ISSUED

NOVEMBER 22, 2022

EXPIRATION DATE

NOVEMBER 22, 2023

Authorized Signature

Chair, West Virginia Contractor
Licensing Board

**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.

**WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE**

**ISSUED TO:
PROTEX LLC
PO BOX 609
DELLSLOW, WV 26531-0609**

BUSINESS REGISTRATION ACCOUNT NUMBER: 2212-0977

This certificate is issued on: **07/16/2010**

*This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code*

*The person or organization identified on this certificate is registered
to conduct business in the State of West Virginia at the location above.*

This certificate is not transferrable and must be displayed at the location for which issued.

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

**TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of
this certificate displayed at every job site within West Virginia.**

REQUEST FOR QUOTATION
Security Camera System with Installation

EXHIBIT A – Pricing Page

INSTALL NEW SECURITY CAMERA SYSTEM AT:
WVDOH – District 4 HQ
2460 Murphy's Run Rd.
Bridgeport, WV 26330

DATE: 03/23/2023

VENDOR NAME: ProTex LLC

AUTHORIZED SIGNATURE: *Richard A. Hill*

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, materials, 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: \$ 68,395.64
(show amount in numbers)

Sixty Eight Thousand Three Hundred Ninety Five Dollars and Sixty Four Cents
(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.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: ARFQ DOT2300000075

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

ProTex LLC
Company

Richard A Hill
Authorized Signature

03/23/2023
Date

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

REQUEST FOR QUOTATION
Security Camera System with Installation

Final acceptance does not waive or release Vendor from its obligation to ensure that work complies with the Contract requirements. Vendor shall submit any warranty documents to the Agency project manager at final inspection.

11. 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:

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 Manager: Richard A. Hill

Telephone Number: 888-577-6839

Fax Number: 888-936-1116

Email Address: rick@protexllc.com

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: ProTex LLC

Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project.

Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.

Attach additional pages if necessary

Revised 09/12/2022

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.

(Printed Name and Title) Richard A. Hill, Director of Operations

(Address) 133 Greenbag Rd Morgantown, WV 26501

(Phone Number) / (Fax Number) 888-577-6839 / 888-936-1116

(email address) rick@protexllc.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through WAOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

ProTex LLC

(Company)

Richard A. Hill

(Signature of Authorized Representative)

Richard A. Hill, Director of Operations 03/23/2023

(Printed Name and Title of Authorized Representative) (Date)

888-577-6839 / 888-936-1116

(Phone Number) (Fax Number)

rick@protexllc.com

(Email Address)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alarm Insurance N. Charleston PO Box 61886 North Charleston SC 29419	CONTACT NAME: PHONE (A/C No. Ext): 800-474-0933		FAX (A/C No.): 800-240-0631
	E-MAIL ADDRESS: info@alarmins.com		
INSURED Protex LLC PO Box 609 Dellslow WV 26531	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: Peleus Insurance Company		34118
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER: 1162966988** **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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Errors & Omissions GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	GLV3000004	9/22/2022	9/22/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Per occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 100,000 \$ 5,000 \$ 1,000,000 \$ 3,000,000 \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Per accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS 10,000	Y	Y	UMV0000004	9/22/2022	9/22/2023	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$

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

CERTIFICATE HOLDER _____	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE