

Attn:

SEALED BID: Septic Systems for Baker, Knobley, Largent substations

BUYER: Amber Heath

SOLICITATION NO.: ARFQ DOT2400000070

BID OPENING DATE: Thursday, April 18, 2024

BID OPENING TIME: 2:30pm ET

FAX NUMBER: 304-558-0047

S+S Enterprise
Eddie Shoemaker
304-822-3504

REC'D BUDGET - PROCURE
APR 16 '24 PM2:31



310 North Main Street Moorefield, WV 26836
Phone number: (877) 776-9722

L/C Number: 8153447

RE: IRREVOCABLE STANDBY LETTER OF CREDIT

PROCUREMENT DIVISION- DIVISION OF HIGHWAYS
BLDG 6 RM 340 A
1800 KANAWHA BLVD E
CHARLESTON, WV 25305
Attention: PROCUREMENT DIVISION- DIVISION OF HIGHWAYS

Dear PROCUREMENT DIVISION- DIVISION OF HIGHWAYS:

On behalf of EDWARD W SHOEMAKER Jr., SUMMIT COMMUNITY BANK, INC ("Issuer") has established this Irrevocable Standby Letter of Credit ("Credit") in favor of PROCUREMENT DIVISION- DIVISION OF HIGHWAYS ("Beneficiary"), up to the maximum stated amount of Fifty-two Thousand Five Hundred and 00/100 Dollars (\$52,500.00). This Credit shall expire on August 30, 2024 ("Expiration Date").

Payment to the Beneficiary will be made upon presentation of a sight draft drawn on us. Payment will be made in the following manner: 1.

This Credit must be presented with the Beneficiary's drawing and the Conditions for Draws set forth below must be satisfied. A draft must bear upon its face the statement "Drawn under Letter of Credit No. 8153447" and be accompanied by the following documents:

- DRAW REQUEST VERIFICATION FROM DIVISION OF HIGHWAYS

The Conditions for Draws are as follows: UPON DRAW REQUEST PER THAT CERTAIN IRREVOCABLE LETTER OF CREDIT TO DIVISION OF HIGHWAYS

This Credit is not transferable. Any successor or assignee of the Beneficiary will not constitute a transferee of Credit.

The Issuer will honor a draft drawn and presented under and in compliance with the terms this Credit contemplates if presented to Issuer at Issuer's address set forth above on or before the Expiration Date.

This Agreement shall be governed by and construed in accordance with the laws of the state of West Virginia.

The Uniform Customs and Practice for Documentary Credits ("UCP") as most recently published by the International Chamber of Commerce ("ICC") is incorporated herein by reference and shall apply to the Credit. The UCP shall prevail in the case of a conflict between the UCP and the laws of the state of West Virginia.

SUMMIT COMMUNITY BANK, INC

By: Mark H. Wright Date: 4/16/24
Its: Executive Vice President Commercial Lending

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: ARFQ DOT240000070

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.

SJS Enterprise
Company

[Signature]
Authorized Signature

4-13-2024
Date

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

S & S Enterprises
P.O. Box 199
Romney, W.V. 20757

Edward Shoemaker Jr.

304-822-3504

4/13/2024
PROCUREMENT DIVISION
DIVISION OF HIGHWAYS
BLDG 6 RM 340A
1800 KANAWHA BLVD E
CHARLESTON WV 25305
Re; septic system for Baker, Knobley, and Largent.

We propose to install septic systems complete in accordance with Grant, Hardy, and Morgan county and State of West Virginia regulations

Edward Shoemaker

J. Furrow

REQUEST FOR QUOTATION
One Time Purchase for the Purchase and Installation of Three (3) Septic Systems

EXHIBIT A - Pricing Page

The purchase and installation of three (3) on-site septic systems.
One each for the Baker Substation, Largent Substation, and the Corr. H- Knobley location.

DATE: 4-13-24

VENDOR NAME: S&S Enterprise

AUTHORIZED SIGNATURE: [Signature]

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: \$ 52,500.00

(show amount in numbers)

Fifty Two Thousand Five Hundred

(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




State of West Virginia

Department of Health and Human Resources

THIS IS TO CERTIFY

THAT: **EDWARD WAYNE SHOEMAKER, JR.**
IS A CLASS II INDIVIDUAL SEWER SYSTEM INSTALLER
ISSUED: 9/12/2020 EXPIRES: 9/12/2025
CERTIFICATE NUMBER 54-91-A-0224


DIRECTOR, OFFICE OF ENVIRONMENTAL HEALTH SERVICES

Sign + Complete

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.

Edward Shoemaker - Owner

(Printed Name and Title)

P.O. Box 199 Romney WV 26757

(Address)

304 822 3504

(Phone Number) / (Fax Number)

eastlana@eastlana.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.

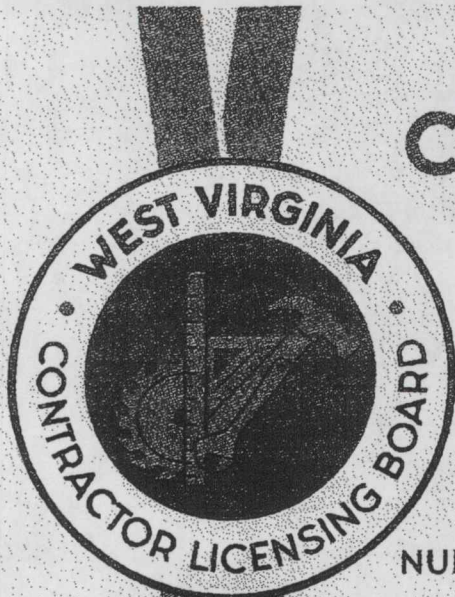
S+S Enterprise
(Company)

[Signature]
(Signature of Authorized Representative)

Edward Shoemaker - Owner
(Printed Name and Title of Authorized Representative)

4-13-2024
(Date)

304 822 3504 - Cell
(Phone Number) (Fax Number)



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: **WV041595**

CLASSIFICATION:
GENERAL BUILDING

EDWARD SHOEMAKER
DBA S & S ENTERPRISE
PO BOX 199
ROMNEY, WV 26757

DATE ISSUED

EXPIRATION DATE

DECEMBER 27, 2023

DECEMBER 27, 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.

*Workers
Comp*

TERMINATION OF
Office of the Insurance Commissioner
Revenue Recovery
1124 Smith Street Room 103
Charleston, WV 25301
Telephone No. (304) 558-1200
Fax No. (304) 558-0871

The undersigned hereby states that as of the date indicated below, the business as stated below was discontinued or discontinued to have any employees required to be covered with mandatory workers' compensation coverage pursuant to Chapter 23 of the West Virginia Code.

Employer Name and Address (as listed on account) Account # 20900991-901
S & S Enterprise (Name of Business)
PO Box 199 Romney WV 26757
(Street or PO Box) (City) (State) (Zip)

(Permanent Mailing Address, if different from above)

1. The business was Discontinued Closed Sold on the _____ day of _____, 20____.
2. Last date for employees _____ is _____ was the _____ day of _____, 20____ OR _____
3. Employees were terminated due to lack of work (laid off) as of _____ day of _____, 20____, and plan to, _____
4. Rehire on the _____ day of _____, 20____.

AFFIRMATION: I hereby swear or affirm that to the best of my knowledge and belief these statements and representations are true and accurate. I accept the provisions of the WV Workers' Compensation Act and the Rules promulgated there under, as amended. I further realize that all businesses are subject to inspection and audit. I further understand that in accordance with W.Va. Code §21-3-24e(5), it is a felony to knowingly and willingly make false statements respecting any information required to be provided under the WV Workers' Compensation Code Chapter 23. Upon conviction the individual shall be confined in a penitentiary for up to three years, fined up to \$10,000, or both.

Signature and Title: S & S Enterprise
(Printed Employer Name)

Edward Shoemaker (Signature of Owner) Edward Shoemaker (Printed Name of Owner) (Title if Not Owner) (Date)



INSURED COPY

BUSINESS AUTO POLICY
BAP 2332249 12

Item Two: Schedule of Coverages and Covered Autos.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Auto Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT - THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Liability Insurance	07 08 09 19	\$1,000,000 Each Accident	
Auto Medical Payments	07	\$5,000 Each Person	
Uninsured Motorist Coverage See state specific coverage form for details	07	\$1,000,000 Each Accident	
Underinsured Motorist Coverage See state specific coverage form for details	07	\$1,000,000 Each Accident	
West Virginia Surcharges Business Auto Policy PLUS Endorsement Terrorism Risk Insurance Coverage			
		Estimated Total Premium	



INSURED COPY

BOP 2633007 12

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

COMMERCIAL GENERAL LIABILITY COVERAGE LIMITS OF INSURANCE:

Each Occurrence Limit	\$1,000,000	
Damage To Premises Rented To You Limit	\$300,000	Any One Premises
Medical Expense Limit	\$5,000	Any One Person
Personal And Advertising Injury Limit	\$1,000,000	Any One Person or Organization
General Aggregate Limit	\$2,000,000	
Products - Completed Operations Aggregate Limit	\$2,000,000	

AUDIT PERIOD

Annual

BK 8481012 8 AMSCAPE TAGS

27 * 00000001925BOP26330071210*





INSURED COPY

BOP 2633007 12

COMMERCIAL INLAND MARINE POLICY DECLARATIONS

NAMED INSURED AND MAILING ADDRESS: First Named Insured Is Specified To Be: ED SHOEMAKER DBA S & S ENTERPRISE P.O. BOX 199 ROMNEY, WV 26757		AGENT NAME AND ADDRESS: ARNDT-MCBEE INS. AGENCY INC. 253 AIKENS CENTER STE 2 MARTINSBURG, WV 25404	
POLICY PERIOD: From: 08/25/2023 To: 08/25/2024		AGENT TELEPHONE NUMBER: (304) 263-6906	AGT. NO. 0001925
COVERAGE PROVIDED BY: State Auto Property and Casualty Insurance Co.		A STATE AUTO INSURED SINCE: 2011	
AUDITABLE POLICY: No	POLICY STATUS: Renewal	AFTER-HOURS CLAIMS SERVICE: 1-877-SA-CLAIM or www.stateauto.com	

The coverage and these declarations are effective 12:01 AM Standard Time on **08/25/2023** at the above mailing address.

BUSINESS ENTITY TYPE: Individual	BILLING ACCOUNT NUMBER: CB90062459 Direct Bill Insured 4-Pay	BILLING QUESTIONS? Call 833-724-3577
BUSINESS DESCRIPTION: Septic Tank Systems Install.		

Upon valid payment of premium when due, these renewal declarations continue your policy for the period indicated. In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.