

State of West Virginia Solicitation Response

Proc Folder: 1410951

Solicitation Description: Addendum 1:Heat Pump System & Hanging Heaters at Knobley Sub

Proc Type: Agency Purchase Order

 Solicitation Closes
 Solicitation Response
 Version

 2024-05-21 14:30
 SR 0803 ESR05212400000007217
 1

 VENDOR

 000000201569

 POWELL INC

Solicitation Number: ARFQ 0803 DOT2400000079

Total Bid: 62246.8899999999941792339086 **Response Date:** 2024-05-21 **Response Time:** 07:42:20

Comments:

FOR INFORMATION CONTACT THE BUYER

Dusty J Smith 304-414-6859 dusty.j.smith@wv.gov

Vendor
Signature X FEIN# DATE

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

 Date Printed:
 May 21, 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 | 05240249-heat pump systems & hanging | 1.00000 | LS | 62246.890000 | 62246.89 |
| | heaters for Knobley Sub | | | | |

| Comm Code | Manufacturer | Specification | Model # | |
|-----------|--------------|---------------|---------|--|
| 40100000 | | | | |
| | | | | |

Commodity Line Comments:

Extended Description:

05240249-heat pump systems & hanging heaters for Knobley Sub

 Date Printed:
 May 21, 2024
 Page: 2
 FORM ID: WV-PRC-SR-001 2020/05



State of West Virginia Agency Request for Quote

Proc Folder: 1410951

Doc Description: 05240249-heat pump systems & hanging heaters for Knobley Sub

Reason for Modification:

Proc Type:

Agency Purchase Order

Date Issued Solicitation Closes Solicitation No Version

BID RECEIVING LOCATION

PROCUREMENT DIVISION

DIVISION OF HIGHWAYS

BLDG 6 RM 340A

1900 KANAWHA BLVD E

CHARLESTON WV 25305

US

VENDOR

Vendor Customer Code: 000000 201569

Vendor Name : Powal Inc

Address: 1705tringtown Rd

Street:

City: Belington

State: WY Country: USA Zip: 26250

Principal Contact: Cort Allen

Vendor Contact Phone: 304-621-7494 Extension:

FOR INFORMATION CONTACT THE BUYER

Dusty J Smith 304-414-6859

dusty.j.smith@wv.gov

Vendor Signature X

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

FEIN# 55-0490737 DATE 5/21/24



State of West Virginia Agency Request for Quote Construction

Proc Folder: 14

1410951

Doc Description: Addendum 1:Heat Pump System & Hanging Heaters at Knobley Sub

Reason for Modification:

Addendum 1

Proc Type:

Agency Purchase Order

Date Issued 2024-05-16

Solicitation Closes

2024-05-21 14:30

Solicitation No ARFQ 0803

DOT2400000079

Version

2

BID RECEIVING LOCATION

PROCUREMENT DIVISION DIVISION OF HIGHWAYS

BLDG 6 RM 340A

4000 (444) 414 (445)

1900 KANAWHA BLVD E

CHARLESTON

WV 25305

US

VENDOR

Vendor Customer Code: 000000301569

Vendor Name: Powell Inc

Address: 170 Strington Rd

Street:

City: Belington

State: W Country: VSA Zip: 210250

Principal Contact: Carl Allen

Vendor Contact Phone: 304-621-7494 Extension:

FOR INFORMATION CONTACT THE BUYER

Dusty J Smith 304-414-6859

dusty.j.smith@wv.gov

Vendor

Signature X

FEIN# 55 0490737

DATE 5 21 24

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

Date Printed: May 16, 2024

Page 1

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

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: ARFQ DOT2400000079

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.

| proposal, plans and | a or specification, etc. |
|---|--|
| Addendum Numbers Received: (Check the box next to each addendum received) | ved) |
| Addendum No. 1 Addendum No. 2 Addendum No. 3 Addendum No. 4 Addendum No. 5 | ☐ Addendum No. 6 ☐ Addendum No. 7 ☐ Addendum No. 8 ☐ Addendum No. 9 ☐ Addendum No. 10 |
| I further understand that any verbal represent discussion held between Vendor's representa | t of addenda may be cause for rejection of this bid ation made or assumed to be made during any oral tives and any state personnel is not binding. Only the specifications by an official addendum is |
| Powell Inc | |
| Company | |
| Authorized Signature | , |
| 5 2 124 | |
| Date | |
| NOTE: This addendum acknowledgement sho | ould be submitted with the bid to expedite |

Revised 11/1/2022

document processing.

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.

| Carl Allen | President | |
|---|--------------|----------|
| (Printed Name and T | | |
| 170 Stringtown | Rd Belington | WV 26250 |
| (Address) 304-1221-71 | 3 | |
| (Phone Number) / (Fa | | |
| <u>Powellinco Oce</u> (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.

| Powell Inc |
|---|
| (Company) |
| la Sille |
| (Signature of Authorized Representative) |
| Court Allen President (Printed Name and Title of Authorized Representative) 5121124 |
| (Date) |
| 304-621-7494 |
| (Phone Number) (Fax Number) |

Revised 8/24/2023

REQUEST FOR QUOTATION 05240249- Heat Pump 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 Manager: Carl Allen | |
|--|--|
| Telephone Number: 304-621-7494 | |
| Fax Number: NA | |
| Email Address: powell inco Cyahoo, com | |

EXHIBIT A - Pricing Page

THE PURCHASE AND INSTALLATION OF ONE (1) 3.5 TON HEAT PUMP SYSTEM WITH 15KW HEAT PACK, AND ONE (1) 5 TON HEAT PUMP SYSTEM WITH 20KW HEAT PACK, MINIMUM SEER RATING OF 14 FOR BOTH, AND TWO (2) ELECTRIC HANGING UNITS, 10KW EACH FOR GARAGE AREA.

| DATE: 5/21/24 |
|--|
| VENDOR NAME: Powell Inc |
| AUTHORIZED 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: \$ 62, 246. 89 |
| (show amount in numbers) |
| |

Sixty-two thousand two hundred forty-six dollars and eighty nine conts

(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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/17/2024

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 liquid found to the policy.

| tı | nis c | ertificate does not confer rights t | o the | cert | terms and conditions of the control | such end | orsement(s) | • | require an endo | orsemen | t. As | tatement on |
|--|----------------|--|-------------|--|---|--|-------------------|---|--------------------------------------|--------------|-----------|--------------|
| PRODUCER | | | | | CONTACT justin zwick | | | | | | | |
| Arthur Krenzel Lett Insurance Group 3327 Winfield Rd. | | | | PHONE (A/C, No, Ext): (800) 381-0109 FAX (A/C, No): (304) 586-2568 | | | | | 586-2568 | | | |
| Win | field | i, WV 25213 | | | | E-MAIL ADDRESS: info@aklinsurancegroup.com | | | | | | |
| | | | | | | | INS | SURER(S) AFFOR | RDING COVERAGE | | | NAIC# |
| | | | | | | INSURE | RA: Erie Ins | urance P& | C (WV) | | | 26830 |
| INSL | JRED | | | | | INSURE | Rв:NorthS | tone Insura | nce Company | | | 13045 |
| | | Powell, Inc. | | | | INSURER C: | | | | | | |
| | | 170 Stringtown Road Belington, WV 26250 | | | | INSURER D: | | | | | | |
| | | Beiligion, WV 26250 | | | | INSURE | RE: | | | | | |
| | | | | | | INSURE | RF: | | | | | |
| | | | | | E NUMBER: | | | | REVISION NUM | IBER: | | |
| CE | ERTI XCLI | IS TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | PER POLI | TAIN CIES. | ENT, TERM OR CONDITI , THE INSURANCE AFFO . LIMITS SHOWN MAY HAV | ON OF A | NY CONTRAC | CT OR OTHER | R DOCUMENT WIT | U DECDE | CT TO | WILLICH THIC |
| INSR LTR | | TYPE OF INSURANCE | ADDL | SUBF | POLICY NUMBER | | | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | |
| Α | Х | COMMERCIAL GENERAL LIABILITY | | T., | | | , <u>99/1111</u> | Annie De (T T T) | EACH OCCURRENC | | \$ | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | Q43-5150108 | | 7/1/2023 | 7/1/2024 | DAMAGE TO RENTE PREMISES (Ea occu | D rrence) | \$ | 1,000,000 |
| | | | i, | | | | | | MED EXP (Any one person) | | \$ | 5,000 |
| | | | | | | | | | PERSONAL & ADV I | | \$ | 1,000,000 |
| | GEI | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREG | | | 2,000,000 |
| | X | POLICY PRO- LOC | | | | | | PRODUCTS - COMP | | \$ | 2,000,000 | |
| | | OTHER: | | _ | | | | | COMBINED SINGLE | | \$ | |
| | AU | TOMOBILE LIABILITY | | | | | | | (Ea accident) | LIMIT | \$ | |
| | | ANY AUTO OWNED SCHEDULED | | | | | | | BODILY INJURY (Pe | r person) | \$ | |
| | - | OWNED AUTOS ONLY SCHEDULED AUTOS | | | | | | | BODILY INJURY (Pe | r accident) | \$ | |
| | | HIRED AUTOS ONLY | | | | ļ | | į. | PROPERTY DAMAG (Per accident) | E | \$ | |
| Α. | | | - | | | | | | | | \$ | |
| Α | Х | UMBRELLA LIAB X OCCUR | | | Q31-5170019 | | 7/1/2023 | 7/4/0004 | EACH OCCURRENC | E | \$ | 4,000,000 |
| | - | EXCESS LIAB CLAIMS-MADE | | | Q31-3170019 | | 111/2023 | 7/1/2024 | AGGREGATE | | \$ | 4,000,000 |
| В | | DED RETENTION \$ | | - | | | | | NA DED | T OTU | \$ | |
| ь | AND | RKERS COMPENSATION DEMPLOYERS' LIABILITY Y / N | | | WCN6007904 | | 40/0/0000 | 40/0/0004 | X PER STATUTE | OTH- ER | | 4 000 000 |
| | ANY OFF | PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? | N/A | | WCN0007904 | | 12/3/2023 | 12/3/2024 | E.L. EACH ACCIDEN | JT | \$ | 1,000,000 |
| | | | | | | | | | E.L. DISEASE - EA E | MPLOYEE | \$ | 1,000,000 |
| | DÉS | s, describe under CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | | | | |
| | į | | | | | | | | | | | |
| | L | | L | <u> </u> | | | | | | | | |
| Proc | CRIPT of of | TION OF OPERATIONS / LOCATIONS / VEHIC Coverage | LES (| ACORI | D 101, Additional Remarks Sche | dule, may b | e attached if mor | e space is requir | red) | | | |
| | | • | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | - 17 | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | | CANC | ELLATION | | | | · | |
| Division of Highways-District Five Corridor H Knobley Substation 157 Knobley Access Rd | | | | | THE | EXPIRATION | N DATE TH | ESCRIBED POLICI EREOF, NOTICE Y PROVISIONS. | | | | |
| | | Maysville, WV 26833 | | | | AUTHOR | RIZED REPRESE | NTATIVE | | | | |
| | | | | | | | Jon Lie | | | | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/17/2024

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).

| PRO | DUCER | | | CONTAC | T Michael | Cvechko | | | | | |
|--|--|-------------|--|-------------------------|--|----------------------------|--|------------|-------|--|--|
| Cvechko Insurance Services | | | | | PHONE (A/C, No, Ext): (304) 457-5433 FAX (A/C, No): (304) 457-9868 | | | | | | |
| 16356 Barbour County Highway Philippi, WV 26416 | | | E-MAIL ADDRESS: cvechkoinsurance@outlook.com | | | | | | | | |
| | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC# | |
| | | | | INSURE | | | perty & Casualty | Compa | anv | 26830 | |
| INSL | IRED | | | INSURE | | | | , оор. | , | 20000 | |
| | Powell Properties Powell Inc. | 8. T/A | | | | | | | | | |
| | Po Box 306 | u. I/A | | | INSURER C: INSURER D: INSURER E: INSURER F: | | | | | | |
| | Barboursville, WV 25504-0306 | 3 | | | | | | | | | |
| | | | | | | | | | | | |
| CO | VERAGES CERT | IFICAT | E NUMBER: | INCOME | | | REVISION NUM | RED: | | | |
| C | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REG ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH PO | OF INQUIREM | SURANCE LISTED BELO IENT, TERM OR CONDI I, THE INSURANCE AFF | ITION OF A FORDED BY | NY CONTRA ' THE POLIC | CT OR OTHER IES DESCRIB | RED NAMED ABOV R DOCUMENT WITH ED HEREIN IS SU | E FOR THE | CT TC | WHICH THIS | |
| INSR LTR | | DDL SUBI | | | POLICY EFF (MM/DD/YYYY) | | | LIMITS | 3 | | |
| | COMMERCIAL GENERAL LIABILITY | NOD WYL | | | (11111/100/11/11) | (MINIODI) (1 1) | EACH OCCURRENC | | \$ | | |
| | CLAIMS-MADE OCCUR | | | | | | DAMAGE TO RENTE PREMISES (Ea occur | D | \$ | · · | |
| | | | | | | | MED EXP (Any one p | | \$ | | |
| | | | | | | | PERSONAL & ADV II | | \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREG | | \$ | | |
| | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP | | \$ | | |
| | OTHER: | | | | | | TRODUCTO - COMI | OI AGG | \$ | | |
| Α | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE (Ea accident) | LIMIT | s | 1,000,000 | |
| | X ANY AUTO | | Q07-5140025 | | 7/1/2023 | 7/1/2024 | BODILY INJURY (Per | r person) | \$ | | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | | BODILY INJURY (Per | | \$ | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAG (Per accident) | | \$ | | |
| | AUTOS CINET | | | | | | (i or acolderty | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENC | F | \$ | ······································ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | - | \$ | | |
| | DED RETENTION\$ | | | | | | | | s | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE | OTH- ER | | | |
| | | | | | | | E.L. EACH ACCIDEN | | \$ | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | E.L. DISEASE - EA E | MPLOYEE | \$ | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE | ES (ACOF | RD 101, Additional Remarks Se | chedule, may b | e attached if mo | re space is requi | red) | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | CANO | CELLATION | William Pr | | | | | |
| | | | | | | WILLIA & E | ECODIDED DOLLER | | | | |
| | 21.0 2 | | | | | | ESCRIBED POLICI HEREOF, NOTICE | | | | |
| | Division of Highways | | 2.00 | ACC | ORDANCE W | ITH THE POLI | CY PROVISIONS. | | | | |

ACORD 25 (2016/03)

157 Knobley Access Rd Maysville, WV 26833

District Five Corridor H Knobley Substation

© 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE

THE AMERICAN INSTITUTE OF ARCHITECTS



Bid Bond

| KNOW ALL MEN BY THESE PRESENTS, t | that we | Powell Inc. |
|--|--|--|
| 170_Stringtown R | Road, Belington, WV 26250 | |
| | and address or legal title of Contractor) | |
| as Principal, hereinafter called the Principal, and | | address or legal title of Surety) |
| P.U. B0X 396 | ergn Dr. Peoria, IL 61615 7 Peoria. IL 61612-3967 | address or legal title of Surety) |
| a corporation duly organized under the laws of the St | tate of | Illinois |
| as Surety, hereinafter called the Surety, are held and | firmly bound unto | |
| (Here insert full name | ys, Building 6, Room 340A, | |
| | ast, Charleston, WV 25305 | |
| as Obligee, hereinafter called the Obligee, in the sum | of | |
| Sixty Two Thousand Tw | vo Hundred Forty Six and 89 | /100 |
| Dollars (<u>62,246.89</u>), for the payment of wl | hich sum well and truly to be | made, the said Principal and the |
| said Surety, bind ourselves, our heirs, executors, a firmly by these presents. | dministrators, successors ar | nd assigns, jointly and severally, |
| WHEREAS, the Principal has submitted a bid for | | |
| Division of Highway Birth Fig. 6 | | dress and description of project) |
| Division of Highways, District Five, Corridor H Knoble | ey Substation, 157 Knobley A | ccess Road, |
| Maysville, WV 26833. Project is to install heat pump duct work. | systems and hanging heate | rs for a new building including |
| duct work. | | |
| NOW, THEREFORE, if the Obligee shall accept the Contract with the Obligee in accordance with the test specified in the bidding or Contract Documents with a Contract and for the prompt payment of labor and must the failure of the Principal to enter such Contract are Obligee the difference not to exceed the penalty here amount for which the Obligee may in good faith contract then this obligation shall be null and void; otherwise | erms of such bid, and give a good and sufficient surety for aterial furnished in the prose and give such bond or bonds and between the amount spe tact with another party to pe | such bond or bonds as may be the faithful performance of such cution thereof, or in the event of if the Principal shall pay to the cified in said bid and such larger erform the Work covered by said |
| Signed and sealed this <u>20</u> day of <u>May</u> | ,2024 | |
| | | |
| | | vell Inc, Principal) (Seal) |
| | prom | Principal) (Seal) |
| | (d) XIII | |
| | Carl Allen | Its President |
| إ | RLI Insurance Compan | γ |
| | well a Con | Surety) (Seal) |
| | Michael Cvechko | Attorney in Fact |
| AIA DOCUMENT A310 • BID BOND • AIA® • FEBRUARY 1970 ED | • THE AMERICAN | 33 1 |

POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615 Phone: 800-645-2402

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

| That RLI Insurance Company and/or Contractors Bonding and together, the "Company") do hereby make, constitute and appoint: Michael A. Cvechko, Deborah K. Keene, jointly or severally | Insurance Company, each an Illinois corporation, (separately and |
|---|---|
| | |
| in the City of, State of West Virguill power and authority hereby conferred, to sign, execute, acknowled bonds and undertakings in an amount not to exceed (_\$25,000,000.00) for any single obligation. | lge and deliver for and on its behalf as Surety, in general, any and all |
| The acknowledgment and execution of such bond by the said Attorney i executed and acknowledged by the regularly elected officers of the Com | in Fact shall be as binding upon the Company as if such bond had been apany. |
| RLI Insurance Company and/or Contractors Bonding and Insur following is a true and exact copy of a Resolution adopted by the Board | ance Company, as applicable, have each further certified that the of Directors of each such corporation, and is now in force, to-wit: |
| "All bonds, policies, undertakings, Powers of Attorney or other obligation the Company by the President, Secretary, any Assistant Secretary, Tre of Directors may authorize. The President, any Vice President, S Attorneys in Fact or Agents who shall have authority to issue bonds, p seal is not necessary for the validity of any bonds, policies, undertakin signature of any such officer and the corporate seal may be printed by | Secretary, or any Vice President, or by such other officers as the Board Secretary, any Assistant Secretary, or the Treasurer may appoint policies or undertakings in the name of the Company. The corporate ags, Powers of Attorney or other obligations of the corporation. The |
| IN WITNESS WHEREOF, the RLI Insurance Company and/or Cocaused these presents to be executed by its respective | ontractors Bonding and Insurance Company, as applicable, have esident with its corporate seal affixed this 24th day of |
| SEAL SEAL | RLI Insurance Company Contractors Bonding and Insurance Company By: Barton W. Davis Vice President |
| State of Illinois SS | |
| County of Peoria | CERTIFICATE |
| On this <u>24th</u> day of <u>August</u> , <u>2021</u> , before me, a Notary Public, personally appeared <u>Barton W. Davis</u> , who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the RLI Insurance Company and/or Contractors Bonding and Insurance Company and acknowledged said instrument to be the voluntary act and deed of said corporation. | I, the undersigned officer of RLI Insurance Company and/or Contractors Bonding and Insurance Company, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the RLI |
| By: Catherine D. Glover Notary Public | Insurance Company and/or Contractors Bonding and Insurance Company this 20 day of MG4 . RLI Insurance Company Contractors Bonding and Insurance Company |
| CATHERINE D. GLOVER OFFICIAL SEAL BORNET F. Notary Public - State of Illinois March 24, 2024 March 24, 2024 | By: Jeffrey D. Fick Corporate Secretary |

West Virginia Offices of the Insurance Commissioner



Certificate of Authority

Whereas, **RLI INSURANCE COMPANY**, domiciled in the State of **Illinois**, has complied with all the requirements of the laws of this State so as to entitle it to transact its appropriate business in the State of West Virginia.

Therefore, I the undersigned, Insurance Commissioner of the State of West Virginia, pursuant to the authority vested in me by the laws of this State, do hereby authorize it to transact the business of insurance as defined in Chapter 33

Marine - Article 1, Section 10(d)
Surety - Article 1, Section 10(f)(1)
Accident & Sickness - Article 1, Section 10(b)
Fire - Article 1, Section 10(c)
Casualty - Article 1, Section 10(e)
Surety - Article 1, Section 10(f)(2)
Surety - Article 1, Section 10(f)(3)
Casualty - Article 1, Section 10(e)(14)

of the 1931 Code of West Virginia as amended, in the State of West Virginia in accordance with the laws thereof until midnight on the 31st day of May, 2022, unless this license be sooner revoked. Pursuant to W. Va. Code §33-3-2(c), the above authorization does not allow the insurer to transact a kind of insurance in this State unless duly authorized or qualified to transact such insurance in the state or country of its domicile.

In Testimony Whereof, I have hereunto set my hand and affixed my seal of office at the City of Charleston this 1st day of June, 2021.

James A. Dodrill Insurance Commissioner

NAIC # 13056 SBS Company # 109404216

CONTRACTOR LICENSE

AUTHORIZED BY THE

West Virginia Contractor Licensing Board



NUMBER:

WV003726

CLASSIFICATION:

ELECTRICAL
HEATING, VENTILATING & COOLING
PLUMBING
SPECIALTY

POWELL INC DBA POWELL INC 170 STRINGTOWN RD BELINGTON, WV 26250

DATE ISSUED

EXPIRATION DATE

OCTOBER 18, 2023

OCTOBER 18, 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.