



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

**State of West Virginia
Solicitation Response**

Proc Folder: 1415901
Solicitation Description: 10-24-B711 Installation of Salt Shed Roof
Proc Type: Agency Purchase Order

Solicitation Closes	Solicitation Response	Version
2024-05-21 14:30	SR 0803 ESR05212400000007221	1

VENDOR
VS0000014170 MEADOWS ENTERPRISES LLC

Solicitation Number: ARFQ 0803 DOT2400000080
Total Bid: 77000
Response Date: 2024-05-21
Response Time: 09:08:50
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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Installation of Fabric Cover Roof System	1.00000	EA	77000.000000	77000.00

Comm Code	Manufacturer	Specification	Model #
72120000			

Commodity Line Comments: SEALED BID: Installation of Salt Shed Roof
BUYER: Dusty Smith
SOLICITATION NO.: ARFQ DOT 2400000080
BID OPENING DATE: 05/16/2024
BID OPENING TIME: 2:30pm
FAX NUMBER: 304-558-0047

Extended Description:
New Salt Shed Structure



State of West Virginia
Agency Request for Quote
Highways

Proc Folder: 1415901			Reason for Modification: Addendum 1
Doc Description: 10-24-B711 Installation of Salt Shed Roof			
Proc Type: Agency Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-05-16	2024-05-21 14:30	ARFQ 0803 DOT2400000080	2

BID RECEIVING LOCATION

PROCUREMENT DIVISION
DIVISION OF HIGHWAYS
BLDG 6 RM 340A
1900 KANAWHA BLVD E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code: *V50000014170*

Vendor Name: *Meadows Enterprises, LLC*

Address: *PO Box 905*

Street: *599 Breeden Road*

City: *Cool Ridge*

State: *WV* Country: *USA* Zip: *25825*

Principal Contact: *Manoah Meadows*

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

FOR INFORMATION CONTACT THE BUYER

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

Vendor Signature X *[Signature]* FEIN# *46-0807273* DATE *5/20/24*

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

ADDITIONAL INFORMATION

ADDENDUM 1 IS ISSUED FOR THE FOLLOWING REASONS:

- 1. Adding Pre-bid sign in sheet
- 2. Moving the Bid opening to May 21, 2024, at 2:30pm.

NO OTHER CHANGES

INVOICE TO		SHIP TO	
DIVISION OF HIGHWAYS		DIVISION OF HIGHWAYS	
DISTRICT TEN		DISTRICT TEN	
270 HARDWOOD LN		270 HARDWOOD LN	
PRINCETON	WV	PRINCETON	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Installation of Fabric Cover Roof System	1.00000	EA	\$ 77,000.00	

Comm Code	Manufacturer	Specification	Model #
72120000			

Extended Description:
New Salt Shed Structure

SCHEDULE OF EVENTS		
<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Mandatory Pre-Bid 10:00AM	2024-05-07
2	Technical Questions Due at 10:30am	2024-05-10

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
(Printed Name and Title)
PO Box 905 Cool Ridge WV 25825
(Address)
(304) 890-6064
(Phone Number) / (Fax Number)
mmeadows2110@gmail.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.

Meadows Enterprises, LLC
(Company)

[Signature]
(Signature of Authorized Representative)

Manoah Meadows
(Printed Name and Title of Authorized Representative)

5/15/24
(Date)

(304) 890-6064
(Phone Number) (Fax Number)

REQUEST FOR QUOTATION
Installation of Fabric Covered Roof System

- 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: Manoah Meadows

Telephone Number: (304)890-6064

Fax Number: _____

Email Address: mmeadows2110@gmail.com

REQUEST FOR QUOTATION
Installation of Fabric Covered Roof System

EXHIBIT A – Pricing Page

INSTALL A FABRIC COVERED ROOF SYSTEM AT:
WVDOH – Coalfields Expressway
1790 Robert C Byrd Drive
Beckley WV 25891

DATE: 5-15-24

VENDOR NAME: Meadows Enterprises, LLC

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: \$ 77 000.00
(show amount in numbers)

Seventy-seven thousand and 00/100
(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)
05/13/2024

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).

PRODUCER The Hilb Group of West Virginia LLC 3601 MacCorkle Ave, Ste 50 Charleston WV 25304		CONTACT NAME: Rhonda Hughes PHONE (A/C, No, Ext): (304) 926-7400 E-MAIL ADDRESS: rhonda.hughes@hilbgroup.com		FAX (A/C, No): (304) 926-7433	
INSURED MEADOWS ENTERPRISES LLC PO BOX 905 COOL RIDGE WV 25825		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: State Auto Property & Casualty Insurance Co		25127	
		INSURER B: State Automobile Mutual Insurance Co		25135	
		INSURER C: BrickStreet Mutual Insurance Co		12372	
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 24-25 Master**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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PBP2889273	01/05/2024	01/05/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			10124791CA	03/30/2024	03/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 DED RETENTION \$			PBP2889273	01/05/2024	01/05/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y		N/A	WCB1019998	08/16/2023	08/16/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: Bid on Job: 10-24-B711 Installation of Salt Shed roof

CERTIFICATE HOLDER

Division of Highways
Bldg 6, Rm 340A
1900 Kahawha Bld E
Charleston WV 25305

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

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CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: 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



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.



State of West Virginia
DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT
West Virginia Code §21-1D-5

I, Manoah Meadows, after being first duly sworn, depose and state as follows:

1. I am an employee of _____; and,
(Company Name)
2. I do hereby attest that Meadows Enterprises
(Company Name)

maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code** §21-1D.

The above statements are sworn to under the penalty of perjury.

Printed Name: Manoah Meadows
 Signature: [Handwritten Signature]
 Title: Owner
 Company Name: Meadows Enterprises
 Date: 5/9/2024

STATE OF WEST VIRGINIA,

COUNTY OF Raleigh, TO-WIT:

Taken, subscribed and sworn to before me this 9th day of May, 2024.

By Commission expires 1/24/2024

(Seal)



[Handwritten Signature: Hazel R. Burroughs]
 (Notary Public)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: DOT240000080

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 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.

Meadows Enterprises, LLC
Company

[Signature]
Authorized Signature

5/20/24
Date

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Meadows Enterprises, LLC
of Cool Ridge, West Virginia, as Principal, and United States Fire Insurance Company
of Morristown, New Jersey, a corporation organized and existing under the laws of the State of DE
with its principal office in the City of Morristown, NJ, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligee, in the penal sum of Five Percent (5%) of Total Bid (\$) for the payment of which,
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for
10-24-B711 Instalation of Salt Shed Roof ARFQ 0803 DOT240000080

NOW THEREFORE,

- (a) If said bid shall be rejected, or
- (b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal
attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform
the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in
full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no
event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no
way impaired or affected by any extension of the time within which the Obligee may accept such bid, and said Surety does hereby
waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and
Surety, or by Principal individually if Principal is an individual, this 16th day of May, 2024.

Principal Seal

Meadows Enterprises, LLC
(Name of Principal)

By [Signature]
(Must be President, Vice President, or
Duly Authorized Agent)

owner
(Title)

Surety Seal

United States Fire Insurance Company
(Name of Surety)

[Signature]
Anthony M. Spina 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.

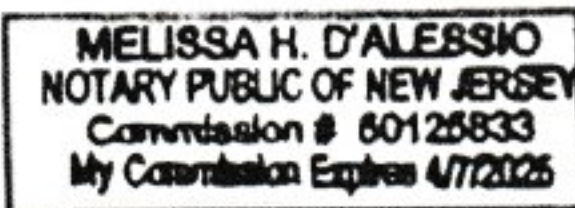
UNITED STATES FIRE INSURANCE COMPANY



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'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

16th day of May 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, 2023

ASSETS	
Bonds (Amortized Value).....	1,726,028,698
Preferred Stocks (Market Value).....	144,307,613
Common Stocks (Market Value).....	2,369,575,849
Mortgage Loans (Market Value).....	1,043,090,964
Cash, Cash Equivalents, and Short Term Investments.....	173,632,698
Derivatives.....	14,049,444
Other Invested Assets.....	508,546,227
Investment Income Due and Accrued.....	31,165,524
Premiums and Considerations.....	531,854,761
Amounts Recoverable from Reinsurers.....	137,741,085
Funds Held by or Deposited with Reinsured Companies.....	153,726,393
Net Deferred Tax Asset.....	192,552,999
Electronic Data Processing Equipment.....	1,126,732
Receivables from Parent, Subsidiaries and Affiliates.....	59,012,393
Other Assets.....	132,253,074
TOTAL ASSETS.....	\$ 7,218,664,454

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses).....	2,664,609,947
Reinsurance Payable on Paid Losses and Loss Adjustment Expenses.....	75,510,927
Loss Adjustment Expenses.....	432,456,225
Commissions Payable, Contingent Commissions and Other Similar Charges.....	16,849,866
Other Expenses (Excluding Taxes, Licenses and Fees).....	110,490,333
Taxes, Licenses and Fees (Excluding Federal Income Taxes).....	35,485,242
Current Federal and Foreign Income Taxes.....	11,452,403
Unearned Premiums.....	1,120,526,178
Advance Premium.....	21,919,186
Ceded Reinsurance Premiums Payable.....	153,400,619
Funds Held by Company under Reinsurance Treaties.....	63,328,858
Amounts Withheld by Company for Account of Others.....	146,272,077
Provision for Reinsurance.....	1,706,282
Payable to Parent, Subsidiaries and Affiliates.....	25,899,852
Other Liabilities.....	56,882,388
TOTAL LIABILITIES.....	\$ 4,936,790,383
Common Capital Stock.....	18,780,000
Gross Paid In and Contributed Surplus.....	1,502,074,940
Unassigned Funds (Surplus).....	761,019,131
Surplus as Regards Policyholders.....	2,281,874,071
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS.....	\$ 7,218,664,454

I, Carmine Scaglione, Senior Vice President and Controller of UNITED STATES FIRE INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2023, 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 19th day of March, 2024.
UNITED STATES FIRE INSURANCE COMPANY