

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	HVAC Purchase & Installation				12768.00

Comm Code	Manufacturer	Specification	Model #
72151206			

Commodity Line Comments:

Extended Description:

HVAC Purchase & Installation



State of West Virginia
Agency Request for Quote
Construction

Proc Folder: 1385231		Reason for Modification:	
Doc Description: 10-24-B572 Installation of an HVAC system at D10 Wyoming Co			
Proc Type: Agency Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-03-08	2024-03-28 14:30	ARFQ 0803 DOT2400000067	1

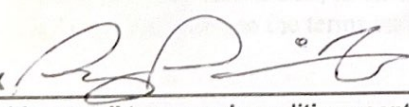
BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code:
Vendor Name: Pennington Equipment Sales
Address: 208 N. 1st Street
Street:
City: Princeton
State: WV Country: US Zip: 24740
Principal Contact: Roby Pennington
Vendor Contact Phone: 304-425-0031 Extension:

FOR INFORMATION CONTACT THE BUYER
Amber J Heath
304-414-7105
amber.j.heath@wv.gov

Vendor Signature X  FEIN# 550708101 DATE 3/27/24

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

ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

1. CONTRACTOR'S LICENSE: West Virginia Code § 30-42-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Contractor Licensing Board. The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a contract award document

2. BONDS: The following bonds must be submitted if the Contract exceeds \$25,000:

BID BOND: Pursuant to the requirements contained in W. Va. Code § 5-22-1(c), All Vendors submitting a bid on a construction project shall furnish a valid bid bond in the amount of five percent (5%) of the total amount of the bid protecting the State of West Virginia. **THE BID BOND MUST BE SUBMITTED WITH THE BID OR VENDOR'S BID WILL BE DISQUALIFIED.**

PERFORMANCE BOND: The apparent successful Vendor shall provide a performance bond in the amount of 100% of the contract. The performance bond must be received by the Agency prior to Contract award.

LABOR/MATERIAL PAYMENT BOND: The apparent successful Vendor shall provide a labor/material payment bond in the amount of 100% of the Contract value. The labor/material payment bond must be delivered to the Agency prior to Contract award.

MAINTENANCE BOND: The apparent successful Vendor shall provide a two (2) year maintenance bond covering the roofing system if the work impacts an existing roof. The amount of the bond must be equal to the price associated with the percentage of the project impacting the roof. The maintenance bond must be issued and delivered to the Purchasing Division prior to Contract award.

At a minimum, all construction projects require a bid bond, performance bond, and labor/material payment bond. Failure on the part of the state of West Virginia to checkmark the required bonds above does not relieve the vendor from the legal requirement of providing these bonds.

In lieu of the Bid Bond, the Vendor may provide certified checks, cashier's checks, or irrevocable letters of credit. Any certified check, cashier's check, or irrevocable letter of credit provided in lieu of the bid bond must be of the same amount required of the Bid Bond and delivered with the bid.

3. AIA DOCUMENTS: All construction contracts that will be completed in conjunction with architectural services procured under Chapter 5G of the West Virginia Code will be governed by the attached AIA documents, as amended by the Supplementary Conditions for the State of West Virginia, in addition to the terms and conditions contained herein.

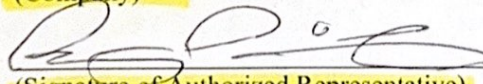
DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Roby Pennington - President
(Printed Name and Title)
208 N. 1st Street, Princeton WV 24740
(Address)
304-425-0031
(Phone Number) / (Fax Number)
pennington.equipment@aol.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.

Pennington Equipment Sales
(Company)


(Signature of Authorized Representative)

Roby Pennington - President
(Printed Name and Title of Authorized Representative)

3-27-24
(Date)

304-425-0031
(Phone Number) (Fax Number)

REQUEST FOR QUOTATION
HVAC Heating, Ventilation, Air Conditioning System

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 the 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: Roby Pennington
Telephone Number: 304-425-0031 / 304-952-9035
Fax Number: N/A
Email Address: penningtonequipment@aol.com

REQUEST FOR QUOTATION
HVAC Heating, Ventilation, Air Conditioning System

EXHIBIT A - PRICING PAGE

Install A HVAC System at:
9390 River Road Still Run, WV 25882

DATE: 3/27/24

VENDOR NAME: Pennington Equipment Sales

AUTHORIZED SIGNATURE:  Ruby Pennington

The aforementioned, hereinafter referred to 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, and 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: \$ 12,768
(show amount in numbers)

Twelve Thousand + Seven Hundred + Sixty Eight
(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
Agency Request for Quote
Construction

Proc Folder: 1385231			Reason for Modification:
Doc Description: Addendum 1: Installation of an HVAC system at D10 Wyoming Co			Addendum 1
Proc Type: Agency Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-03-15	2024-03-28 14:30	ARFQ 0803 DOT2400000067	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:

Vendor Name : Pennington Equipment Sales

Address : 208 N 1st Street

Street :

City : Princeton

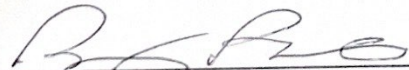
State : WV Country : US Zip : 24740

Principal Contact : Roby Pennington

Vendor Contact Phone: 304-425-0031 Extension:

FOR INFORMATION CONTACT THE BUYER

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

Vendor Signature X  FEIN# 550708101 DATE 3/27/24



State of West Virginia
Agency Request for Quote
Construction

Proc Folder: 1385231		Reason for Modification: Addendum 1	
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2024-03-15	2024-03-28 14:30	ARFQ 0803 DOT2400000067	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:
Vendor Name :
Address :
Street :
City :
State : Country : Zip :
Principal Contact :
Vendor Contact Phone: Extension:

FOR INFORMATION CONTACT THE BUYER
Amber J Heath
304-414-7105
amber.j.heath@wv.gov

Vendor Signature X  FEIN# 550708101 DATE 3/27/24



State of West Virginia
Agency Request for Quote
Construction

Proc Folder: 1385231		Reason for Modification: Addendum 2	
Doc Description: Addendum 2: Installation of an HVAC system at D10 Wyoming Co			
Proc Type: Agency Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-03-20	2024-03-28 14:30	ARFQ 0803 DOT2400000067	3

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: *Pennington Equipment Sales*
Address: *208 N 1st Street*
Street:
City: *Princeton*
State: *WV* Country: *US* Zip: *24740*
Principal Contact: *Roby Pennington*
Vendor Contact Phone: *304-425-0031* Extension:

FOR INFORMATION CONTACT THE BUYER
Amber J Heath
304-414-7105
amber.j.heath@wv.gov

Vendor Signature X *[Signature]* FEIN# *550708101* DATE *3/27/24*

State of West Virginia
Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with **West Virginia Code § 21-1D-7b**, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

Instructions: Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than \$25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of \$25,000 or less, the vendor should mail the report to the public authority issuing the contract.

Contract Identification:

Contract Number: ARFQ 0803 DOT 2400000067

Contract Purpose: HVAC

Agency Requesting Work: WV DOT

Required Report Content: The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report.

- Information indicating the education and training service to the requirements of **West Virginia Code § 21-1D-5** was provided;
- Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests;
- Average number of employees in connection with the construction on the public improvement;
- Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.

Vendor Contact Information:

Vendor Name: Pennington Equipment Sales

Vendor Telephone: 304-4250031

Vendor Address: 208 N 1st Street

Vendor Fax: N/A

Princeton WV 24740

Vendor E-Mail: pennington.equipment@aol.com



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

I, Roby Pennington, after being first duly sworn, depose and state as follows:

1. I am an employee of Pennington Equipment Sales; and,
(Company Name)
2. I do hereby attest that Pennington Equipment Sales
(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: Roby Pennington
 Signature: [Handwritten Signature]
 Title: President
 Company Name: Pennington Equipment Sales
 Date: 3/27/24

STATE OF WEST VIRGINIA,

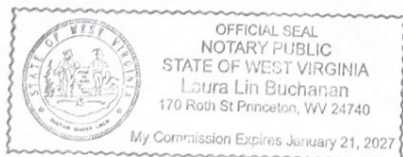
COUNTY OF Mercer, TO-WIT:

Taken, subscribed and sworn to before me this 27 day of March, 2024.

By Commission expires January 21, 2027

(Seal)

[Handwritten Signature]
(Notary Public)



PENNINGTON EQUIPMENT SALES, INC.
208 NORTH 1ST STREET
PRINCETON WV 24740
(304) 425-0031

MARCH 26, 2024

RE: D10 WYOMING COUNTY
EXTENDED DESCRIPTION:
HVAC PURCHASE & INSTALLATION

1—YORK MODEL YH2F30TB21S 2.5-TON HEAT PUMP 15.2 SEER2 (16 SEER)
1—YORK MODEL JHETB30DBAS2N1 2.5-TON AIR HANDLER UNIT
1—YORK MODEL 8HK16501006 10KW HEATER W/BREAKER
10 YEAR PARTS AND LABOR WARRANTY

A handwritten signature in black ink, appearing to be 'R. P. S.', is located below the text. The signature is stylized and cursive.



VALUE
ADDED
DISTRIBUTORS

To whom this may concern,

The new 15.2 SEER2 equipment is equivalent to the old 16 SEER rating. Even though the SEER number is going down, the new equipment is increasing efficiency significantly.

For more information, please visit AHRInet.org

Thanks,

Chase Gibson

Territory Manager



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV005150

CLASSIFICATION:

ELECTRICAL
GENERAL BUILDING
HEATING, VENTILATING & COOLING
MULTIFAMILY
PIPING
PLUMBING
RESIDENTIAL
SPECIALTY

PENNINGTON EQUIPMENT SALES INC
DBA PENNINGTON EQUIPMENT SALES INC
208 N 1ST ST
PRINCETON, WV 24740-3354

DATE ISSUED

SEPTEMBER 28, 2023

EXPIRATION DATE

SEPTEMBER 28, 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/08/2024

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 Paula J Sively 2001 S Walker St Princeton WV 24740		CONTACT NAME: Paula Sively PHONE (A/C, Ho, Ext): 304-487-6373 FAX (A/C, No): EMAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Farm Family Casualty Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 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	PROD/ISSUER (INSR 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 AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		4701X2853	08/23/2023	08/23/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		4701C0912	08/23/2023	08/23/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION:					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/EMBER EXCLUDED? <input type="checkbox"/> Y/N (If sendatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	4701W0275	03/03/2024	03/03/2025	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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 

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