

#### State of West Virginia **Agency Request for Quote** Construction

Proc Folder:

1609436

Doc Description: WVSU-Boiler Demo and Asbestos Remediation Project

Reason for Modification:

Proc Type:

Agency Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2025-03-03	2025-03-27 14:30	ARFQ 0490 WSC2500000009	1

#### **BID RECEIVING LOCATION**

WEST VIRGINIA STATE UNIVERSITY 5000 FAIRLAWN AVENUE

FERRELL HALL RM 301

INSTITUTE WV 25112

#### VENDOR

Vendor Customer Code: 000000162472 Vendor Name: Reclaim Company LLC

Address: 200

Street: 8th Street

City: Fairmont

State: WV

Country: US

Zip: 26554

Principal Contact: Robert J Williams III

Vendor Contact Phone: 304-366-7070

Extension: 209

#### FOR INFORMATION CONTACT THE BUYER

Jerry D Rush 304-766-3009

jerry.rush@wvstateu.edu

Signature X



FEIN# 26-0627949

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

Date Printed:

Mar 3, 2025

Page 1

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

#### ADDITIONAL INFORMATION

West Virginia State University is soliciting bids to establish a contract for -Boiler Demolition and Asbestos Remediation Project located in Ferrell Hall on the campus of West Virginia State University, Institute, WV per the attached specifications and terms and conditions.

INVOICE TO		SHIP TO	
WEST VIRGINIA STATI	Ξ	WEST VIRGINIA STATE UNIVERSITY	
PO BOX 368		INVENTORY CONTROL PHYSICAL FACILITIES BUILDING	
INSTITUTE			
US	WV	INSTITUTE WV	
		IIS	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Asbestos removal or encapsulation	1	LS	\$30,000.00	\$30,000.00

Comm Code	Manufacturer	Specification	Model #	
76101602				

#### **Extended Description:**

Asbestos removal or encapsulation

INVOICE TO		SHIP TO	
WEST VIRGINIA STAT UNIVERSITY	E	WEST VIRGINIA STATE UNIVERSITY	
PO BOX 368		INVENTORY CONTROL PHYSICAL FACILITIES BUILDING	
INSTITUTE			
US	WV	INSTITUTE WV	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Boiler and furnace construction and maintenance services	N/A			

Comm Code	Manufacturer	Specification	Model #	
72151000				

#### **Extended Description:**

Boiler and furnace construction and maintenance services

SCHEDUL	FOF	FVF	NTS

Line	Event	Event Date
1	MANDATORY PRE-BID MEETING 10:00 A.M.	2025-03-14
2	TECHNICAL QUESTION DEADLINE 10:00 A.M.	2025-03-19

Date Printed: Mar 3, 2025

Page 2

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



# State of West Virginia Agency Request for Quote

Proc Folder:

Doc Description: Addendum 1 WWSU-Boiler Demo and Asbestos Remediation Project

Reason for Modification:

Proc Type:

Version

2025-03-27

ARFQ 0490 WSC2500000009

2

WEST VIRGINIA STATE UNIVERSITY

#### VENDOR

Vendor Customer Code: 000000162472 Vendor Name: Reclaim Company LLC

Address: 200

Street: 8th Street

City: Fairmont

State: WV

Country: US

Zip: 26554

Principal Contact: Robert J Williams III

Vendor Contact Phone: 304-366-7070

Extension: 209

FOR INFORMATION CONTACT THE BUYER

Jerry D Rush 304-766-3009

jerry.rush@wvstateu.edu

Vendor

DATE 3/24/25

All offers subject the literus and conditions contained in this solicitation

Date Printed: Mar 3, 2025

Page 1

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

#### **ADDITIONAL INFORMATION**

#### Addendum No. 01

1. To correct mandatory pre-bid meeting time to 1:00 P.M.

INVOIC	CE TO	SH	IP TO		
WEST VIRGINIA STATE UNIVERSITY			ST VIRGINIA STATE		
PO BO	X 368	PH	YENTORY CONTROL YSICAL FACILITIES ILDING		
INSTIT	TUTE				
US	w	INS US	STITUTE	w	
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Asbestos removal or encapsulation	1	LS	\$30,000.00	\$30,000.00

Comm Code	Manufacturer	Specification	Model #	
76101602				

#### **Extended Description:**

Asbestos removal or encapsulation

INVOICE TO		SHIP TO		
WEST VIRGINIA STATE UNIVERSITY	E	WEST VIRGINIA STATE UNIVERSITY	1	
PO BOX 368		INVENTORY CONTROL PHYSICAL FACILITIES BUILDING		
INSTITUTE				
US	W	INSTITUTE US	W	

Line	Comm Ln Desc	Qty	Unit Issue	<b>Unit Price</b>	<b>Total Price</b>
2	Boiler and furnace construction and maintenance services	N/A			

Comm Code	Manufacturer	Specification	Model #	
72151000				

#### **Extended Description:**

Boiler and furnace construction and maintenance services

#### SCHEDULE OF EVENTS

Line	Event	<b>Event Date</b>
1	MANDATORY PRE-BID MEETING 1:00 P.M.	2025-03-14
2	TECHNICAL QUESTION DEADLINE 10:00 A M	2025-03-19

	Document Phase	Document Description	Page 3
WSC2500000009		WVSU-Boiler Demo and Asbestos Remediation Project	

SOLICITATION NAME: WVSU-Boiler Demo and Asbestos Remediation

Project

SOLICITATION NO: ARFQ WSC2500000009

**ADDENDUM No: 1** 

The purpose of this addendum is to modify the solicitation identified above to reflect the change(s) identified and described below.

Applicable Addendum C	ategory
-----------------------	---------

	1	Modify bid Closing date and time
	1	Modify specifications of product or service being sought
	١	Attachment of vendor questions and responses
	1	Attachment of pre-bid sign-in sheet
	X ]	Correction of error
ſ	10	ther:

### Description of Modification to Solicitation

Addendum issued to publish and distribute the attached documentation to the Vendor community.

1. To correct mandatory pre-bid meeting time to 1:00 PM

NO OTHER CHANGES.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

#### Terms and Conditions:

- All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
- 2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.



#### State of West Virginia Agency Request for Quote Construction

Proc Folder.

1609436

Reason for Modification:

Doc Description: Addendum 2 WVSU-Boiler Demo and Asbestos Remediation Project

Addendum No 02

Proc Type:

Agency Purchase Order

Date Issued

Solicitation Closes

Version

2025-03-14

2025-03-27 14 30

Solicitation No.

ARFQ 0490 WSC2500000009

3

**BID RECEIVING LOCATION** 

WEST VIRGINIA STATE UNIVERSITY

5000 FAIRLAWN AVENUE FERRELL HALL RM 301

INSTITUTE WV 25112

VENDOR

Vendor Customer Code: 000000162472

Vendor Name: Reclaim Company LLC

Address: 200

Street: 8th Street

City: Fairmont

State: WV

Country: US

Zip: 26554

Principal Contact: Robert J Williams III

Vendor Contact Phone: 304-366-7070

Extension: 209

FOR INFORMATION CONTACT THE BUYER

Jerry D Rush

304-766-3009

jerry rush@wvstateu edu

Vendor

Signature X

FEIN# 26-0627949

DATE 3/26/25

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

Page

Date Printed Mai 14 2015

#### ADDITIONAL INFORMATION

#### Addendum No 02

1 To attach pre-bid sign in sheet 2 To attach project demolition drawings 3 To attach asbestos report for Ferrell Hall

INVOICE TO		SHIP TO	
WEST VIRGINIA S UNIVERSITY	TATE	WEST VIRGINIA STATE UNIVERSITY	
PO BOX 368		INVENTORY CONTROL PHYSICAL FACILITIES BUILDING	
INSTITUTE			
US	wv	INSTITUTE WV	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	<b>Total Price</b>
1	Asbestos removal or encapsulation	1	LS	\$30,000.00	\$30,000.00

US

Comm Code	Manufacturer	Specification	Model #	
76101602				

#### Extended Description:

Asbestos removal or encapsulation

INVOICE TO		SHI	P TO		
WEST VIRGINIA STATE UNIVERSITY	*	WEST VIRGINIA STATE UNIVERSITY			
PO BOX 368		PHY	ENTORY CONTROL SICAL FACILITIES LDING		
110 COLE COMPLEX					
INSTITUTE	W	INS	TITUTE	WV	
US		US			
Line Comm Ln Desc		Otv	Unit Issue	Unit Price	Total Price

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Boiler Demolition	1	LS	\$118,000.00	\$118,000.00

Comm Code	Manufacturer	Specification	Model #	
72151000				

#### **Extended Description:**

Boiler and furnace construction and maintenance services

	Document Phase	Document Description	Page 3
WSC2500000009	Final	Addendum 1 WVSU-Boiler Demo and Asbestos Remediation Project	

# ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: ARFQ WSC2500000009

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)

✓ Addendum No. I	Addendum No. 6
✓ Addendum No. 2	Addendum No. 7
Addendum No. 3	Addendum No. 8
Addendum No. 4	Addendum No. 9
Addendum No. 5	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.

Reclaim Company LLC

Company

Robert I Williams, III

Authorized Signature

3/26/2025

Date

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

# Subcontractor List Submission (Construction Contracts Only)

Bidder's	Name:	Reclaim Company LLC	non-different disease
	heck this	box if no subcontractors will perfor	m more than \$25,000.00 of work to complete the
Subcontra			License Number if Required by W. Va. Code § 21-11-1 et. seq.

Attach additional pages if necessary

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.

Sandeep Eshwarmurthy, Estimator/Engineer	
(Printed Name and Title)	
200 8th Street, Fairmont, WV 26554	
(Address)	
304-366-7070 ex 209	
(Phone Number) / (Fax Number)	
sandeep@reclaimco.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.

Reclaim Company LLC	
(Company)	
(Signature of Authorized Representative)	
Robert J Williams, III, President	
(Printed Name and Title of Authorized Representative)	
3/26/25	
(Date)	
304-366-7070 304-876-0194	
(Phone Number) (Fax Number)	

# EXHIBIT A - PRICING PAGE

# West Virginia State University (WVSU) Ferrell Hall-Boiler Demolition and Asbestos Remediation

Name of Vendor:	Reclaim Company LLC							
Address of Vendor:	200 8th Street, Fairmont, WV 26554							
Phone Number of Vendor:	304-366-7070							
WV Contractors License No.	<b>WV</b> - 042918							
Total Bid for Asbestos Remediation:  Total Bid for Boiler Demolition:  We, the undersigned, having examined the site and being familiar with the local conditions affecting the cost of the work and also being familiar with the general conditions to bidders, and specifications, hereby proposes to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding documents.								
Total Bid: Lump sum for all labor, materials, and equipment necessary for a complete project.	\$148,000.00							
Written in numbers.	One hundred forty-eight thousand dollars							

Wes	st Virginia State University
Agency	ARPO-0490-
REQ.P.O#	WSC2500000009-3

#### **BID BOND**

KNO	WALL MEN BY THESE PRE	ESENTS, That we, the unde	rsigned, Reclaim Company, LLC
of	Fairmont	WV	, as Principal, and FCCI Insurance Company
of _	Sarasota,	FLa	corporation organized and existing under the laws of the State of
FL	with its principal office in	the City of Saraso	ta, as Surety, are held and firmly bound unto the State
of West Virgin	ia, as Obligee, in the penal s	um of Five Percent of Am	ount Bid (\$ 5% ) for the payment of which,
			heirs, administrators, executors, successors and assigns.
•	•		
The	Condition of the above obli	gation is such that wherea	s the Principal has submitted to the Purchasing Section of the
			o and made a part hereof, to enter into a contract in writing for
			, ARFQ-0490-WSC2500000009-3, Institute, WV
			- Land
NOV	THEREFORE,		
(a)	If said bid shall be reject	ted, or	
(b)	If said bid shall be acc	epted and the Principal sh	all enter into a contract in accordance with the bid or proposal aired by the bid or proposal, and shall in all other respects perform
the sercemen	t created by the accentance	of eaid hid then this ohling	tion shall be null and vold, otherwise this obligation shall remain in
full force and	effect. It is expressly under	rstood and agreed that the	liability of the Surety for any and all claims hereunder shall, in no
event, exceed	the penal amount of this ob	ligation as herein stated.	
The	Surely for the value receive	ed hereby stipulates and ag	rees that the obligations of said Surety and its bond shall be in no
way impaired	or affected by any extension	on of the time within which	the Obligee may accept such bid, and said Surety does hereby
waive notice	of any such extension.		
WIT	NESS, the following signatur	res and seals of Principal ar	d Surety, executed and sealed by a proper officer of Principal and
	Principal individually if Princi		
Principal Sea	1		Reclaim Company, LLC
and the first the second of th			(Name of Principal)
			By State
			(Must be President, Vice President, or Duly Authorized Agent)
			Don't Administration
			(Titla)
		""OANCE"	(Title)
		CORPORA	FCCI Insurance Company
Surety Seal		SEAL	(Name of Surety)
		3EAL 1994	
		CORIOR	By: Domilaym anduin
		***************	Pamela M. Anderson 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.



#### GENERAL POWER OF ATTORNEY

Know all men by these presents: That the FCCI Insurance Company, a Corporation organized and existing under the laws of the State of Florida (the "Corporation") does make, constitute and appoint:

#### Pamela M. Anderson

Each, its true and lawful Attorney-In-Fact,	to make, ex	kecute, sea	al and deliver	, for and on its	behalf as sure	ety, and
as its act and deed in all bonds and undertakings	provided tha	at no bond	or undertakin	ng or contract of	of suretyship e	xecuted
under this authority shall exceed the sum of (not to	exceed \$20	0,000,000.	00):	\$20,000,000.0	0	

Surety Bond No.:

Bid Bond

Principal: Reclaim Company, LLC Obligee: State of West Virginia

This Power of Attorney is made and executed by authority of a Resolution adopted by the Board of Directors. That resolution also authorized any further action by the officers of the Company necessary to effect such transaction.

The signatures below and the seal of the Corporation may be affixed by facsimile, and any such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached.

In witness whereof, the FCCI Insu		EDG DU STORY		
officers and its corporate Seal to be here:	unto affixed, this	23rd day of	July	
Attest: Christina D. Welch, Preside FCCI Insurance Compani State of Florida County of Sarasota	ent 2	PORIOP	EVP, CFO, Trea	er Shoucair, asurer, Secretary nce Company
Before me this day personally at the foregoing document for the purposes		. Welch, who is pe	rsonally known to	me and who executed
My commission expires: 2/27/2027	PEGGY SNOW Commission of HH 3265 Expires February 27, 20		Reggn S Notary P	
State of Florida County of Sarasota				
Before me this day personally ap the foregoing document for the purposes		Shoucair, who is pe	ersonally known to	me and who executed
My commission expires: 2/27/2027	PEGGY SNOW  Commission # HH 32651  Expires Fobruary 27, 203	The state of the s	Rotary F	

#### CERTIFICATE

I, the undersigned Secretary of FCCI Insurance Company, a Florida Corporation, DO HEREBY CERTIFY that the foregoing Power of Attorney remains in full force and has not been revoked; and furthermore that the February 27, 2020 Resolution of the Board of Directors, referenced in said Power of Attorney, is now in force.

Dated this	27th	day of	March	, 2025
		85)		
		(1)		

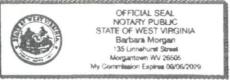
# ACKNOWLEDGEMENTS

has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.  15. Given under my hand this	Ackn	owledgemen	nt by Principal if in	dividual or §	ertneremp	LL			
3. I. C.	1.	STATE OF	Nest Virgin	ia					
4. county and state aforeseld, do hereby certify that whose agent automatic state of the state o	2. 1	County of	10,000						to-wit:
Acknowledgement by State of the said county, before me, acknowledged the said writing to be the act and deed of the said corporation.  15. Given under my hand this	3.	· Eliza	Cercye-1	Van Cuid	er		***	e Notary f	Public In and for the
Acknowledgement by State of the self county, before me, acknowledged the said writing to be the act and deed of the self corporation.  15. Given under my hand this	4.	county and sta	ite aforesald, do hereb	y certify that _	Reclair	n Com	pany,	LIC	
State of West Westerness State of Westerness	inn	aposa asma k	s algored to the foregois	writing, has	this day edu	nowledged the a	dme batore	me in my sald	county.
The Control Variable of Person Variable of Person Acknowledgement by Principal If Composition  The County of STATE OF State Software Notes of Pennsylvania Acknowledgement by Principal If Composition  The County of State of Pennsylvania Acknowledged the said writing to be the act and deed of the said corporation.  The County of State of Pennsylvania Acknowledged the said writing to be the act and deed of the said corporation.  The County of Allegheny County State of Pennsylvania Acknowledged the said writing to be the act and deed of the said corporation.  The County of Allegheny County State of Pennsylvania State of State St	STULST OF	aven under m	DEFICIAL SEAL UTARY PAGLIC	\$2.7th	day of	Mour	· kı		7075.
8. My commission supress on the day of Mo.4  Acknowledgement by Principal if Geographias  9. STATE OF	100	Eliza	Cercone-VanGilder	§ 7	Eli'	(			
Acknowledgement by Principal if Geographies  9. STATE OF		My Commi	ssion Expires May 28, 2029	}	V		(Notary Pu	blic)	
9. STATE OF	men	viy commission	n expires on the	256	tay of	40.4			2075
10. Countly of	Ack	nowledgem	ent by Principal if (	Corporation		J			
11. I	9.	STATE OF _							
12. country and state aforesald, do hereby certify that  13. who as,	10.	County of							to-wit:
Signed the foregoing writing for a corporation, has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.    15. Given under my hand this	11.	1						a Notary	Public in and for the
14	12	county and a	tate eforesald, do here	by certify that					
14	13.	who as,						_ signed the	foregoing writing for
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.  15. Given under my hand this									
18. Notary Seal  17. (Notary Public)  18. My commission expires on the day of Acknowledgement by Surety  19. STATE OF Pennsylvania  20. County of Allegheny County to-will  21. I, Barbara A, Leeper , a Notary Public in and for the pand state aforesaid, do hereby certify that Pamela M. Anderson  23. who as, Attorney-in-Fact signed the foregoing writing for the production of the state day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation. Allegheny County My commission expires May 17, 2025  26. My commission expires May 17, 2025  27. Allegheny County My commission expires May 17, 2025  28. My commission expires May 17, 2025  29. My commission expires May 17, 2025  20. May, 2025  20. May, 2025  21. May of May, 2025  22. Attorney Pennsylvania Association of Notaries  Sufficiency in Form and Manner Of Execution Approved  29. Attorney General  20. Execution Approved  20. Attorney General		has this day,	in my said county, bef	ore me, action	wledged the	said writing to b	e the act and	deed of the	sald corporation.
18. Notary Seal  17. (Notary Public)  18. My commission expires on the day of Acknowledgement by Surety  19. STATE OF Pennsylvania  20. County of Allegheny County to-will  21. I, Barbara A, Leeper , a Notary Public in and for the pand state aforesaid, do hereby certify that Pamela M. Anderson  23. who as, Attorney-in-Fact signed the foregoing writing for the production of the seld comparation, has this day, in my said county, before me, acknowledged line said writing to be the act and deed of the seld corporation, has this day, in my said county, before me, acknowledged line said writing to be the act and deed of the seld corporation.  25. Given under my hand this 27th day if March. 2025  26. My commission expires May 17, 2025  27. Allegheny County My commission expires May 17, 2025 My commission expires May 17, 2025 My commission expires May 17, 2025  28. My commission expires May 17, 2025 Sufficiency in Form and Manner Of Execution Approved  Attorney General  By	15.	Given under	my hand this		_ day of				
Acknowledgement by Surety  19. STATE OF Pennsylvania  20. County of Allegheny County to-will  21. I, Barbara A. Leeper , a Notary Public in and for the panels of the state aforesaid, do hereby cartify that Pamela M. Anderson  23. who as, Attorney-in-Fact signed the foregoing writing for the past this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.  25. Given under my hand this 27th day if March, 2025  Commonwealth of Pennsylvania - Notary Seat totary Seat and Leeper Notary Public 27 Allegheny County My commission expires May 17, 2025  28. My commission expires May 17, 2025  Attorney General  By				17.					
Acknowledgement by Surety  19. STATE OF Pennsylvania  20. County of Allegheny County to-will  21. I, Barbara A. Leeper , a Notary Public in and for the  22. county and state aforesaid, do hereby carlify that Pamela M. Anderson  23. who ss, Attorney-in-Fact signed the foregoing writing for his tirk day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.  25. Given under my hand this 27th day if March. 2025  Commonwealth of Pennsylvania - Notary Seal totary Estatara A. Leeper Notary Public 27 Allegheny County My commission expires May 17, 2025  Notary Public 18 arbara A. Leeper Notary Public 27 Allegheny County My commission expires May 17, 2025  Notary Pennsylvania Association of Notaries  Sufficiency in Form and Monner Of Execution Approved  Attorney General  By		•							
20. County of Allegheny County to-will 21. I, Barbara A, Leeper , a Notary Public in and for the 22. county and state aforesaid, do hereby certify that Pamela M. Anderson  23. who as, Attorney-in-Fact signed the foregoing writing for hea this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.  25. Given under my hand this 27th day if March. 2025  Commonwealth of Pennsylvania - Notary Seal totary Public 27 Allegheny County My commission expires May 17, 2025  Allegheny County My commission expires May 17, 2025  Wy commission expires May 17, 2025  My commission expires May 17, 2025  May of May, 2025  Sufficiency in Form and Manner Of Execution Approved  Attorney General  By	18.	My commissi	on expires on the		day of				
20. County of Allegheny County  21. I, Barbara A, Leeper , a Notary Public in and for the 22. county and state aforesaid, do hereby cartify that Pamela M. Anderson  23. who as, Attorney-in-Fact signed the foregoing writing for 24. FCCI Insurance Company a corporation, has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.  25. Given wider my hand this 27th day if March, 2025  26. Commonwealth of Pennsylvania - Notary Seal Volary Public 27 Allegheny County My commission expires May 17, 2025  27. Member, Pennsylvania Association of Notaries  Sufficiency in Form and Manner  Of Execution Approved  Attorney General  By	Ack	nowledgem	ent by Surety						
21. I, Barbara A. Leeper , a Notary Public in and for the  22. county and state aforesaid, do hereby carlify that Pamela M. Anderson  23. who as, Attorney-in-Fact signed the foregoing writing for his this day, in my said county, before me, acknowledged line said writing to be the act and deed of the said corporation.  25. Given under my hand this 27th day if March. 2025  Commonwealth of Pennsylvania - Notary Seal lotary Pablic Public 27 Allogheny County My commission expires May 17, 2025  28. My contribution of Notaries Sunficiency in Form and Manner Of Execution Approved  Attorney General  By	19.	STATE OF	Pennsylvania						
22. county and state aforesaid, do hereby carilly that  23. who as, Attorney-in-Fact signed the foregoing writing for FCCI Insurance Company  has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.  25. Given unider my hand this 27th day if March, 2025  Commonwealth of Pennsylvania - Notary Seal Interpretation of Notary Public 27 Allegheny County  My commission expires May 17, 2025  28. My commission expires May 17, 2025  All opensylvania Association of Notaries  Sufficiency in Form and Manner  Of Execution Approved  Pamela M. Anderson  Pamela M. Anderson  Attorney General	20.	County of	Allegheny Coun	ty					to-wi
22. county and state aforesaid, do hereby carlify that  23. who as, Attorney-in-Fact signed the foregoing writing for FCCI Insurance Company has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.  25. Given unider my hand this 27th day if March. 2025  Commonwealth of Pennsylvania - Notary Seal 101 March. 2025  Allogheny County My commission expires May 17, 2025  All your mission expires May 17, 2025  All your mission expires with 13968 to the May, 2025  Sufficiency in Form and Element Of Execution Approved  Attorney General  By	21	L	Barbara A. Leer	ег				, a Notari	Public in end for the
23. who as, Attorney-in-Fact signed the foregoing writing for the site of the seld county, before me, acknowledged line said writing to be the act and deed of the seld corporation.  25. Given under my hand this 27th day March, 2025  26. Moreover my hand this 27th day March, 2025  27. Allogheny County My commission expires May 17, 2025  28. My commission expires May 17, 2025  29. My commission expires May 17, 2025  20. May, 2025		,			Pam	ela M. Ande	rson		
FCCI Insurance Company has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.  25. Given under my hand this 27th day i March. 2025  Commonwealth of Pennsylvania - Notary Seal 28. Hotary Said are A. Leeper Notary Public 27 Altegrany County My commission expires May 17, 2025  78. Wy commission expires May 17, 2025 May of May, 2025  Sufficiency in Form and Monner Of Execution Approved  Attorney General  By								staned th	e foreacing writing fo
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.  25. Given winder my hand this 27th day if March. 2025  Commonwealth of Pennsylvania - Notary Seal Hotary Bathara A. Leeper Notary Public 27 Allegheny County My commission expires May 17, 2025  My commission expires May 17, 2025  May, 2025  May, 2025  Attorney General  Discussion of Notaries  Attorney General		WUO 88'							
25. Given brider my hand unia  Commonwealth of Pennsylvania - Notary Seal  28. Hotary Seath and A. Leeper Notary Public 27 Altegheny County My commission expires May 17, 2025  28. Hy commission expires May 17, 2025 Member, Pennsylvania Association of Notaries  Sufficiency in Form and Manner Of Execution Approved  Attorney General  By	24	has this day,	in my said county, bei	fore me, ackno	wladged line	sald writing to t	e the act an	d deed of the	seld corporation.
28. Hotary Battara A. Leeper Notary Public 27 Altegheny County My commission expires May 17, 2025  28. My commission expires May 17, 2025 Member, Pennsylvania Association of Notaries  Sufficiency in Form and Manner Of Execution Approved  Attorney General  By	25.	Given under	my hand this27	'tlı	dayei	March,	- / A		2025
Allegheny County My commission expires May 17, 2025  28. My commission expires May 18, 2025  May,  Member, Pennsylvania Association of Notaries  Sufficiency in Form and Manner Of Execution Approved  Attorney General  By		Canimoniu	ealth of Pennsylvania -	Notary Seal Public 27	Dr.	lindal	de do	Cepe	
78. Wy commission eights on the 139685911 day of Member, Pennsylvania Association of Notaries Sufficiency in Form and Manner Of Execution Approved  Attorney General  Discounting day of By	20		Allegheny County		Total		(Notary	Public Bart	para A. Leeper
Sufficiency in Form and Monner Of Execution Approved  Attorney General  By	28	My morrante	stowering on the 139	96859tn	day of	May,			2025
Of Execution Approved  Attorney General	Su	Member, P	ennsylvania Associatio  Form and Manner	n of Notaries					
This day of By						Attorney (	Beneral		
	Th	is	day of		B	/	Accidion! Att	nmay Ganam	1



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

I, Robert J Williams, III, after being first duly sworn, depose and state as follows:									
I am an employee of Reclaim Company LLC ; and, (Company Name)									
2. I do hereby attest that Reclaim Company LLC (Company Name)									
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with <b>West Virginia Code</b> §21-1D.									
The above statements are sworn to under the penalty of perjury.									
Printed Name: Robert   Williams III  Signature:  Title: President  Company Name: Reclaim Company LLC  Date: 3 26 25									
STATE OF WEST VIRGINIA,									
COUNTY OF Marion , TO-WIT:									
Taken, subscribed and sworn to before me this $26^{th}$ day of $Morch$ , $2025$ .									
By Commission expires $9/6/2029$									
(Seal)  Rayaa Marga  (Notary Public)									



# **CONTRACTOR LICENSE**

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER:

WV042918

#### CLASSIFICATION:

GENERAL ENGINEERING SPECIALTY DEMOLITION

> RECLAIM COMPANY LLC DBA RECLAMATION COMPANY PO BOX 2162 FAIRMONT, WV 26555

DATE ISSUED

AUGUST 21, 2024

**EXPIRATION DATE** 

AUGUST 21, 2025

Authorized Signature

BU M

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.

# State of West Virginia

Bureau for Public Health Office of Environmental Health Services Radiation, Toxics and Indoor Air Division

This is to certify that

RECLAIM COMPANY, LLC 200 8TH STREET FAIRMONT, WV 26554

Has complied with Chapter 16, Article 32, of the Asbestos Abatement Licensing Rules and Regulations and is hereby licensed as an Asbestos Contractor.

Asbestos Contractor Number:

AC002704

Issued: 01/03/2025

Expires: 01/31/2026

Jason Frame, Director

Office of Environmental Health Services



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/7/2024

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.

If	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to	the	terms and conditions of	the pol	icy, certain p	olicies may			
	DUCER				CONTAC	T Rebecca	R. Garza			
Blue	Ridge Risk Partners, LLC				NAME: PHONE (AJC, No, Ext): (304) 848-6767  FAX (AJC, No, Ext): (301) 791-1478					
	C Professional Court erstown, MD 21740				E-MAIL ADDRE	Rebecca	.Garza@Bl	ueRidgeRiskPartners.com		
3					7100116			RDING COVERAGE	NAIC#	
					INSURE	13604				
INSU	RED					RB: Motoris			14621	
1	Reclaim Company, LLC				INSURE					
	PO Box 2162				INSURE					
	Fairmont, WV 26555				INSURE					
					INSURE	V				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
TH IN C	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	S OF EQUI PER POLIC	REMI	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR THE POR R DOCUMENT WITH RESPECT TO SED HEREIN IS SUBJECT TO ALL	WHICH THIS	
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			1000067879241		11/7/2024	11/7/2025	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000 50,000	
								MED EXP (Any one person) \$	5,000	
								PERSONAL & ADV INJURY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE \$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG \$	2,000,000	
	OTHER							EMPLOYEE BENEFI s	1,000,000	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000	
	X ANY AUTO			5002335177		11/7/2024	11/7/2025	BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	HIRED ONLY NON-OWNED		1					PROPERTY DAMAGE (Per accident) \$		
								s		
A	UMBRELLA LIAB X OCCUR						44/3/2005	EACH OCCURRENCE \$	10,000,000	
	X EXCESS LIAB CLAIMS-MADE			1000338006241		11/7/2024	11/7/2025	AGGREGATE \$		
<u>_</u>	DED RETENTION\$		_					Aggregate	10,000,00	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA		1000067879241		11/7/2024	11/7/2025	E L EACH ACCIDENT \$	1,000,00	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E L DISEASE - EA EMPLOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	_						E L DISEASE - POLICY LIMIT \$	1,000,00	
A	GL, Prof, & Poll Lia			1000067879241		11/7/2024	11/7/2025	Each Incident	1,000,00	
***L ***L ***B ***S ***S	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC  rofessional Liability: \$2,000,000 Aggrege  eased and Rented Equipment Limit: \$1  eased and Rented Vehicle - Hired Phys  lotor Truck Cargo Coverage \$500,000 w  lanket 60 Day NOC applies  top Gap Liability for Ohio only: \$1,000,  10mit Excess Liability Umbrella "LEAD  ATTACHED ACORD 101  RTIFICATE HOLDER	pate a 000,0 ical D /\$2,5	ipplie 000 0ama 00 De	ge Limit \$100,000 eductible accident/each employee/p	CAN	nit Illows the follo CELLATION OULD ANY OF E EXPIRATIO	owing forms:		LLED BEFORE	

ACORD 25 (2016/03)

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LOC #: 0



# ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED				
Blue Ridge Risk Partners, LLC		Reclaim Company, LLC PO Box 2162				
POLICY NUMBER		Fairmont, WV 26555				
SEE PAGE 1						
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance	

Description of Operations/Locations/Vehicles: Pollution Liability, Automobile Liability, & Stop Gap Liability for Ohio.

\*\*\*Proof of Liability Coverage\*\*\*



PRODUCER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/20/2024

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(les) 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).

CONTACT NAME: Barbara Eikleberry

Wes	Banc	o Insurance Servi	ces					NAME: PHONE (304) 234-6100 (AJC, No. Ext): (304) 234-6102 (AJC, No. Ext):						
2100 National Road								(A/C, No, Ext): (304) 234-3102 (A/C, No): (304) 234-3102 (E-MAIL Barbara.Eikleberry@wesbanco.com						
									INSURER(S) AFFORDING COVERAGE					
Wheeling WV 26003								INSURE	15137					
INSURED								INSURER B:						
Reclaim Company LLC; Weswater Capital, LLC								INSURER C:						
PO Box 2162									RD:					
								INSURE	RE:					
		Fairmont					WV 26555	INSURE	RF:					
_	_	AGES			_	_	NUMBER: 24/25 WC				REVISION NUMBER:			
IN	DICA	TED. NOTWITHST	SUE	DING ANY REQUIR	REME	NT, TE	LISTED BELOW HAVE BEEN RM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBE	R DOCUMENT V D HEREIN IS SU	WITH RESPECT TO WHICH TO	HIS		
INSR	CLU	SIONS AND COND	ITIC		ADDL		ITS SHOWN MAY HAVE BEEN	REDUC						
LTR	-	TYPE OF IN		ANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
	-	COMMERCIAL GEN		_							DAMAGE TO RENTED	\$		
		CLAIMS-MADE	L	OCCUR							PREMISES (Ea occurrence)	\$		
	$\vdash$										MED EXP (Any one person)	\$		
	Ш										PERSONAL & ADV INJURY	\$		
	GEN	LAGGREGATE LIMIT									GENERAL AGGREGATE	\$		
	$\vdash$	POLICY JEC	T	roc							PRODUCTS - COMP/OP AGG	\$		
	AUT	OTHER OMOBILE LIABILITY			_						COMBINED SINGLE LIMIT	s		
	AUI	ANY AUTO									(Ea accident) BODILY INJURY (Per person)	\$		
	Н	OWNED [	$\neg$	SCHEDULED							BODILY INJURY (Per accident)	s		
	$\vdash$	AUTOS ONLY HIRED	$\dashv$	AUTOS NON-OWNED							PROPERTY DAMAGE	s		
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١.		AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N				1	14105700711		08/20/2024	00/00/0005	E.L. EACH ACCIDENT	<b>\$</b> 1,000,000		
A	A OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCP7008711				08/20/2024	08/20/2025	E.L. DISEASE - EA EMPLOYEE	s 1,000,000			
										E.L. DISEASE - POLICY LIMIT	s 1,000,000			
DES	CRIPT	TION OF OPERATION	S/L	OCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule	, may be	attached if more s	space is required)				
l														
1														
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l														
CERTIFICATE HOLDER CANCELLATION														
									OUI DANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELLE	D REFORE	
											F, NOTICE WILL BE DELIVE		DEFORE	
1		' BID PU	RPC	SE ONLY				AC	CORDANCE W	TH THE POLIC	Y PROVISIONS.			
									ODIZED DEDDE	ENTATO/F				
									AUTHORIZED REPRESENTATIVE					
									Bailon Eikeberg					
		1								<b>L</b>	. /			