



State of West Virginia
Agency Request for Quote

Proc Folder: 1441116			Reason for Modification:
Doc Description: ADDENDUM-5:WVSU-CARPET TILE & COVE BASE INSTALLATION PROJECT			Addendum No. 05
Proc Type: Agency Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-07-17	2024-07-23 14:30	ARFQ 0490 WSC2400000004	6

BID RECEIVING LOCATION

WEST VIRGINIA STATE UNIVERSITY
5000 FAIRLAWN AVENUE
FERRELL HALL RM 301
INSTITUTE WV 25112

VENDOR

Vendor Customer Code: *VS* 43396*

Vendor Name: *Lawson's Floor Covering and Decorative Touches, Inc.*

Address: *1822 Kanawha Terr*

Street:

City: *St Albans, W*

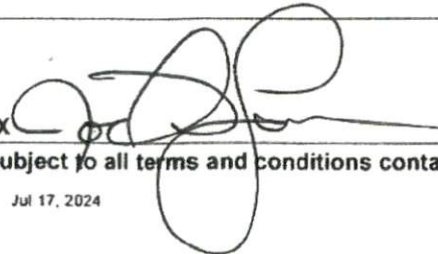
State: *WV* Country: *US* Zip: *25177*

Principal Contact: *Joel Lawson*

Vendor Contact Phone: *304 9937463* Extension:

FOR INFORMATION CONTACT THE BUYER

Jerry D Rush
304-766-3009
jerry.rush@wvstateu.edu

Vendor Signature X  FEIN# *550674826* DATE *7/22/24*

ADDITIONAL INFORMATION

Addendum No. 5 is issued for the following reasons

1. To Attach Revised Specification

No other changes

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Carpet & Cove Base Molding Installation-Cole Complex	654	yds		22900 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
72152503	Mohank Roppe 700	GT419 700Series	961 East side 193 Black brown

Extended Description:
Carpet & Cove Base Molding Installation-Cole Complex

INVOICE TO		SHIP TO	
WEST VIRGINIA STATE UNIVERSITY PO BOX 368		WEST VIRGINIA STATE UNIVERSITY INVENTORY CONTROL PHYSICAL FACILITIES BUILDING	
110 COLE COMPLEX INSTITUTE US	WV	INSTITUTE US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Carpet & Cove Base Molding Installation-Wallace Hall	1008	yd		32900 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
72152503	mohank Roppe	GT419 700Series	961 East side 193 Black brown

Extended Description:
Carpet & Cove Base Molding Installation-Wallace Hall

INVOICE TO		SHIP TO	
WEST VIRGINIA STATE UNIVERSITY PO BOX 368		WEST VIRGINIA STATE UNIVERSITY INVENTORY CONTROL PHYSICAL FACILITIES BUILDING	
110 COLE COMPLEX INSTITUTE US	WV	INSTITUTE US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Carpet Installation-Ferrell Hall	245	yd		9900 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
72152503	Mohawk Spire	GT419 2008-163	261 East side 193 Black

Extended Description:
Carpet Installation-Ferrell Hall

INVOICE TO		SHIP TO	
WEST VIRGINIA STATE UNIVERSITY PO BOX 368		WEST VIRGINIA STATE UNIVERSITY INVENTORY CONTROL PHYSICAL FACILITIES BUILDING	
110 COLE COMPLEX INSTITUTE US	WV	INSTITUTE US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Moving Services	1,000.00 100	HOUR	\$20. ⁰⁰	\$2,000. ⁰⁰

Comm Code	Manufacturer	Specification	Model #
76122405	NA	NA	NA

Extended Description:
Furniture Moving Services for Carpet Installation.

SCHEDULE OF EVENTS

Line	Event	Event Date
1	MANDATORY PRE-BID MEETING 10: 00 A.M.	2024-07-08
2	TECHNICAL QUESTION DEADLINE 10:00A.M.	2024-07-16

West Virginia State University

EXHIBIT A-PRICING PAGE

WVSU Carpet Purchase and Installation

Item	Project	Carpet Description	Cove Base Description	Unit of Measure	Extended Price
1	Carpet Tile and Cove Base Installation- Materials and Labor-Cole Complex	Mohawk-Side Stripe- GT419- 961 Eastside, or Equal	Roppe 700 Series, or equal,6"X1/8" thick, 193 Black Brown	Lump Sum	22,900 ⁻
2	Carpet Tile and Cove Base Installation- Materials and Labor-Wallace Hall	Mohawk-Side Stripe- GT419- 961 Eastside, or Equal	Roppe 700 Series, or equal,6"X1/8" thick, 193 Black Brown	Lump Sum	32,900 ⁻
2	Carpet Tile Installation-Materials and Labor-Ferrell Hall	Mohawk-Side Stripe- GT419- 961 Eastside, or Equal	N/A	Lump Sum	9,900 ⁻
3	Moving Services	Furniture Moving Fee for Carpet Installation	N/A	\$20 Per Hour	2,000. ⁻
TOTAL:					67,700 ⁻

COMPLETE LIST OF LOCATIONS AND ROOMS CONTAINED WITHIN ATTACHMENT A

ATTACHMENT A
PROJECT LOCATIONS

LOCATION	ROOM	REQUIREMENT DETAILS	ESTIMATED SF
Cole Complex	B210	Cost must include carpet removal. New Carpet Tile Installation with complete base cover replacement.	1200
Cole Complex	B216	Cost must include new Carpet Tile Installation with complete base cover replacement.	1,100
Cole Complex	B306	Cost must include new Carpet Tile Installation and complete base cover replacement.	884
Cole Complex	B308	Cost must include new Carpet Tile Installation with complete base cover replacement.	900
Cole Complex	B311	Cost must include new Carpet Tile Installation with complete base cover replacement.	952
Wallace Hall	W124	Cost must include new Carpet Tile Installation with complete base cover replacement.	1,258
Wallace Hall	W125	Cost must include new Carpet Tile Installation with complete base cover replacement.	1,184
Wallace Hall	W220	Cost must include new Carpet Tile Installation with complete base cover replacement.	1,369
Wallace Hall	W224	Cost must include new Carpet Tile Installation with complete base cover replacement.	1,369
Wallace Hall	W733	Cost must include new Carpet Tile Installation with complete base cover replacement.	858
Wallace Hall	W731	Cost must include new Carpet Tile Installation with complete base cover replacement.	1,000
Wallace Hall	W935	Cost must include new Carpet Tile Installation with complete base cover replacement.	850
Ferrell Hall	A210	Cost must include new Carpet Tile Installation only.	960
Ferrell Hall	A201	Cost must include new Carpet Tile Installation only.	960

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: ARFQ WSC2400000004

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification. Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input checked="" type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input checked="" 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.

Lawson's Floor Covering and Decorative Touches, Inc.

Company

Authorized Signature

Date

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

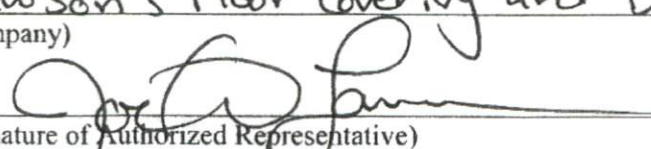
DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Joel Lawson
(Printed Name and Title)
1822 Kanawha Terr St Albans WV 25177
(Address)
304 993 7463
(Phone Number) / (Fax Number)
LawsonsFloorCovering@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.

Lawson's Floor Covering and Decorative Touches, Inc.
(Company)


(Signature of Authorized Representative)

Joel Lawson
(Printed Name and Title of Authorized Representative)

7/22/24
(Date)

304 993 7463
(Phone Number) (Fax Number)

REQUEST FOR QUOTATION
West Virginia State University
WVSU Carpet and Cove Base Molding Installation Project

- 12.3. Vendor shall notify University immediately of any lost, stolen, or missing card or key.
- 12.4. Anyone performing under this Contract will be subject to the University security protocol and procedures.
- 12.5. Vendor shall inform all staff of the University security protocol and procedures.

13. MISCELLANEOUS:

- 13.1. 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: Joel Lawson

Telephone Number: 304 993 7463

Fax Number: _____

Email Address: Lawsonsfloorcovering@gmail.com

ACKNOWLEDGMENTS

Acknowledgment by Principal if individual or Partnership

1 STATE OF _____
2 County of _____ to-wit
3 _____, a Notary Public in and for the
4 county and state aforesaid do hereby certify that
whose name is signed to the foregoing writing, has this day acknowledged the same before me in my said county
5 Given under my hand this _____ day of _____ 20____
6 Notary Seal _____
(Notary Public)
7 _____
8 My commission expires on the _____ day of _____ 20____

Acknowledgment by Principal if Corporation

9 STATE OF West Virginia
10 County of Kanawha to-wit
11 I Jenna N Ulbrich, a Notary Public in and for the
12 county and state aforesaid do hereby certify that Nobel Lawson
13 who as Agent - Lawson's Floor Covering and Decor Tapes, Inc. signed the foregoing writing for
14 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



Given under my hand this 21st day of July 2024
17. Jenna N Ulbrich
(Notary Public)
24 day of Feb 2025

Acknowledgment by Surety

19 STATE OF ~~West Virginia~~
20 County of ~~Kanawha~~ to-wit
21 I ~~Jenna N Ulbrich~~, a Notary Public in and for the
22 county and state aforesaid do hereby certify that _____
23 who as _____ signed the foregoing writing for
24 _____ 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.



Given under my hand this _____ day of _____ 20____
27. ~~Jenna N Ulbrich~~
(Notary Public)
~~24~~ day of ~~Feb~~ 2025

Sufficiency in Form and Manner of Execution Approved

This _____ day of _____ 20____

Attorney General

By _____
(Deputy Attorney General)



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

I Joel Lawson, after being first duly sworn, depose and state as follows:

- I am an employee of Lawson's Floor Covering and Decorative Touches, Inc; and,
(Company Name)
- I do hereby attest that Lawson's Floor Covering and Decorative Touches, Inc
(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: Joel Lawson
 Signature: [Handwritten Signature]
 Title: AGENT
 Company Name: Lawson's Floor Covering and Dec Touches
 Date: 7/21/24

STATE OF WEST VIRGINIA,

COUNTY OF Kanawha, TO-WIT:

Taken, subscribed and sworn to before me this 21st day of July, 2024.

By Commission expires Feb 24 2025

(Seal)

[Handwritten Signature]
 (Notary Public)



LAWSON'S FLOOR COVERING & DECORATIVE TOUCHES

Employee Drug-free Workplace Policy

(Revised 08/01/2023)

Lawson's Floor Covering & Decorative Touches, in compliance with West Virginia Code: (S)21-1-5, Employee Drug-free Workplace Policy, and the Drug-Free Workplace Act of 1988, has a longstanding commitment to provide a safe, quality-oriented and productive work environment. Alcohol and drug misuse poses a threat to the health and safety of Lawson's employees and to the security of the company's equipment and facilities. For these reasons, Lawsons Floor Coverings is committed to the elimination of drug and alcohol use and misuse in the workplace.

This policy applies to all employees and all applicants for employment of Lawson's Floor Coverings. All applicants must be drug tested prior to employment with Lawson's. The Corporate Administration is responsible for policy administration.

Lawson's Floor Coverings will assist and support employees who voluntarily seek help for drug or alcohol addiction before becoming subject to discipline or termination under this policy. Employees will be allowed accommodations to seek assistance as required by law.

This policy does not prohibit employees from the lawful use and possession of prescribed medications.

The following guidelines, in a limited version, must be followed. Extended explanation may be found in the WV Code (s) 21-1, Employee Drug-free Workplace Policy.

1. All employees must complete a preemployment drug test.
2. Random drug testing will be conducted annually for employees assigned to safety-sensitive duties.
3. Any employee who may have caused or contributed to an accident on the job may be drug tested where reasonable cause exists to suspect that the employee may be intoxicated or under the influence of a controlled substance.
4. Any employee suspected to have reported to work or is working under the influence of any substance will complete a drug test. Written documentation by the supervisor must be completed.
5. All drug tests must be performed by a certified outlet.
6. Provide a copy of all policies to employees.
7. Provide annual training on being a drug-free workplace.

All questions, issues or concerns are to be directed to the company's officers who are the responsible party for all policies.

(Attached: West Virginia Code: s21-1D-5

WEST VIRGINIA CODE: §21-1D-5

§21-1D-5. Employee drug-free workplace policy required to bid for a public improvement contract.

After July 1, 2008, any solicitation for a public improvement contract shall require each contractor that submits a bid for the work to submit an affidavit that the contractor has a written plan for a drug-free workplace policy prior to being awarded a contract. If the affidavit is not submitted with the bid submission, the public authority shall promptly request by telephone and electronic mail that the low bidder and second low bidder provide the affidavit within one business day of the request. Failure to submit the affidavit within one business day of receiving the request shall result in disqualification of the bid. A public improvement contract may not be awarded to a contractor who does not have a written plan for a drug-free workplace policy and who has not submitted that plan to the appropriate contracting authority in timely fashion.

For subcontractors, compliance with this section may take place before their work on the public improvement is begun.

A drug-free workplace policy shall include the following:

- (1) Establish drug testing and alcohol testing protocols that at a minimum require a contractor to:
 - (A) Conduct preemployment drug tests of all employees;
 - (B) Conduct random drug testing that annually tests at least ten percent of the contractor's employees who perform safety-sensitive duties;
 - (C) Conduct a drug test or alcohol test of any employee who may have caused or contributed to an accident while conducting job duties where reasonable cause exists to suspect that the employee may be intoxicated or under the influence of a controlled substance not prescribed by the employee's physician when, but not limited to, the employer has evidence that an employee is or was using alcohol or a controlled substance drawn from specific documented, objective facts and reasonable inferences drawn from these facts in light of experience and training.

The drug or alcohol test shall be conducted as soon as possible after the accident occurred and after any necessary medical attention has been administered to the employee.
 - (D) Conduct a drug test or alcohol test of any employee when a trained supervisor has reasonable cause to believe that the employee has reported to work or is working under the influence of a drug of abuse or alcohol. Written documentation as to the nature of a supervisor's reasonable cause shall be created.

In order to ascertain and justify implementation of a reasonable cause test, all supervisors will be trained to recognize drug- and alcohol-related signs and symptoms.

- (2) Require that all drug tests performed pursuant to this section be conducted by a laboratory certified by the United States Department of Health and Human Services or its successor;
- (3) Establish standards governing the performance of drug tests by such a laboratory that include, but are not limited to, the following:
 - (A) The collection of urine specimens of individuals in a scientifically or medically approved manner and under reasonable and sanitary conditions;
 - (B) The collection and testing of urine specimens with due regard for the privacy of the individual being tested and in a manner reasonably calculated to prevent substitutions or interference with the collection and testing of specimens;
 - (C) The documentation of urine specimens through procedures that reasonably preclude the possibility of erroneous identification of test results and that provide the individual being tested a reasonable opportunity to furnish information identifying any prescription or nonprescription drugs used by the individual in connection with a medical condition to the medical review officer;
 - (D) The collection, maintenance, storage and transportation of urine specimens in a manner that reasonably precludes the possibility of contamination or adulteration of the specimens;
 - (E) The testing of a urine specimen of an individual to determine if the individual ingested, was injected or otherwise introduced with a drug of abuse in a manner that conforms to scientifically accepted analytical methods and procedures that include verification and confirmation of any positive test result by gas chromatography or mass spectrometry.
- (4) Establish standards and procedures governing the performance of alcohol tests;
- (5) Require that a medical review officer review all drug tests that yield a positive result;
- (6) Establish procedures by which an individual who undergoes a drug test or alcohol test may contest a positive test result;
- (7) Require that when an employee of a contractor tests positive for a drug of abuse or alcohol, or if an employee is caught adulterating a drug or alcohol test, as defined in section four hundred twelve, article four, chapter sixty-a of this code, the employee is subject to appropriate disciplinary measures up to and including termination from employment, in accordance with the contractor's written drug-free workplace policy. If not terminated, the employee is subject to random drug or alcohol tests at any time for one year after the positive test;

- (8) Require that when a supervisor has reasonable cause to believe an employee is under the influence of a drug of abuse or alcohol at work and requires the employee to take a drug or alcohol test, the employee shall immediately be suspended from performing safety-sensitive tasks by the contractor until such time as a drug or alcohol test is performed and results of that test are available;
- (9) Require a contractor to provide to any employee testing positive for a drug of abuse or alcohol the list of community resources where employees may seek assistance for themselves or their families as identified in paragraph (D), subdivision (12) of this section;
- (10) Require that a contractor assist an employee who voluntarily acknowledges that the employee may have a substance abuse problem by providing the list of community resources where employees may seek assistance for themselves or their families as identified in paragraph (D), subdivision (12) of this section;
- (11) Require that a contractor establish a written drug-free workplace policy regarding substance abuse and provide a copy of the written policy to each of its employees and to each applicant for employment. The written policy shall contain, at a minimum, all of the following:
- (A) A summary of all the elements of the drug-free workplace policy established in accordance with this article;
 - (B) A statement that it is the contractor's intention to create a drug-free workplace environment;
 - (C) Identification of an employee who has been designated the contractor's drug-free workplace representative;
 - (D) Shall list the types of tests an employee may be subject to, which may include, but are not limited to, the following:
 - (i) Preemployment;
 - (ii) Post-accident;
 - (iii) Random; and
 - (iv) Reasonable cause.
- (12) Require that a contractor provide within six weeks of new employment at least two hours of drug-free workplace employee education for all employees unless that employee has already received such training anytime within a prior two-year period. The employee shall participate in drug-free workplace employee education at least biannually thereafter. The employee education shall include all of the following:

- (A) Detailed information about the content of the contractor's specific drug-free workplace policy and an opportunity for employees to ask questions regarding the policy;
 - (B) The distribution of a hard copy of the written drug-free workplace policy, including collecting an employee-signed acknowledgment receipt from each employee;
 - (C) Specific explanation of the basics of drugs and alcohol abuse, including, but not limited to, the disease model, signs and symptoms associated with substance abuse, and the effects and dangers of drugs or alcohol in the workplace; and
 - (D) A list of community resources where employees may seek assistance for themselves or their families.
- (13) Require that a contractor provide at least two hours of drug-free workplace supervisor training for all supervisory employees and annually thereafter. The supervisor training shall include all of the following:
- (A) How to recognize a possible drug or alcohol problem;
 - (B) How to document behaviors that demonstrate a drug or alcohol problem;
 - (C) How to confront employees with the problem from observed behaviors;
 - (D) How to initiate reasonable suspicion and post-accident testing;
 - (E) How to handle the procedures associated with random testing;
 - (F) How to make an appropriate referral for assessment and assistance;
 - (G) How to follow up with employees returning to work after a positive test; and
 - (H) How to handle drug-free workplace responsibilities in a manner that is consistent with the applicable sections of any pertinent collective bargaining agreements.



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

20

NUMBER: WV006971

CLASSIFICATION:

RESIDENTIAL
SPECIALTY
FLOOR COVERING

LAWSONS FLOOR COVER & DEC TOUCH INC
DBA LAWSONS FLOOR COVER & DEC TOUCH INC
1822 KANAWHA TERRACE
SAINT ALBANS, WV 25177-3821

DATE ISSUED

FEBRUARY 28, 2024

EXPIRATION DATE

FEBRUARY 28, 2025

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/07/2024

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		CONTACT NAME:	
OSCAR R SANFORD		PHONE:	
500 4TH ST		(A/C, No, Ext):	
SAINT ALBANS WV 25177-2819		E-MAIL:	
		ADDRESS:	
		FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A: Nationwide Assurance Company	
DAVE LAWSON		INSURER B: nationwide	
LAWSONS FLOOR COVERING AND DEC		INSURER C: nationwide	
1822 KANAWHA TER		INSURER D:	
SAINT ALBANS WV 25177-3821		INSURER E:	
		INSURER F:	
		NAIC #	
		10723	
		10723	
		10723	

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	ADDL SUBR INSD 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:	X X	ACP CG01 3049730787	04/02/2024	04/02/2025	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 - COMPIOP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	X X	ACP ba 3049730787	04/02/2024	04/02/2025	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 OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$	X X	ACP um 3049730787	04/02/2024	04/02/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000 \$
	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 N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The above mentioned general liability policy includes computer attack coverage with a limit of \$50,000. The above mentioned general liability policy includes identity recovery coverage with a limit of \$25,000.

CERTIFICATE HOLDER	CANCELLATION
veterans nursing facility 1 freedoms way clarksburg WV 26306	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 oscar r sanford II

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Lawsons Floor Covering & Decorative Touches
of 1822 Kanawha Terrace, St. Albans, WV 25177, as Principal, and Nationwide Mutual Insurance
Company of 1100 Locust St., Dept. 2006, Des Moines, IA, a corporation organized and existing under the laws of the State of _____
Ohio with its principal office in the City of Des Moines, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligee, in the penal sum of Five Percent of Amount Bid (\$ 5% of Amount 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
West Virginia State University Carpet Tile and Cove Base Installation Project

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 22nd day of July, 2024.

Principal Seal

Lawsons Floor Covering & Decorative Touches
(Name of Principal)

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

(Title)

Surety Seal

Nationwide Mutual Insurance Company
(Name of Surety)



[Signature]
Oscar Sanford, 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.**

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

OSCAR SANFORD

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

Sixty-Seven Thousand and no/100 -- Dollars (\$67,000.00)

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 1st day of April, 2024.

[Handwritten Signature]

Antonio C. Albanese, Vice President of Nationwide Mutual Insurance Company

ACKNOWLEDGMENT

STATE OF NEW YORK COUNTY OF KINGS: ss

On this 1st day of April, 2024, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.



Sharon Laburda
Notary Public, State of New York
No. 01LA6427697
Qualified in Kings County
Commission Expires January 3, 2026

[Handwritten Signature]

Notary Public
My Commission Expires
January 3, 2026

CERTIFICATE

I, Lezlie F. Chimienti, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 22nd day of July, 2024.

[Handwritten Signature]

Assistant Secretary