## West Virginia State University

# EXHIBIT A-PRICING PAGE Classroom Painting Services

| Item | Project                           | Description                       | Unit of Measure | Extended Price |
|------|-----------------------------------|-----------------------------------|-----------------|----------------|
| н    | Painting Services -Cole Complex   | Labor Cost for Painting           | Lump Sum        | \$ 7000.00     |
| 2    | Painting Services-Wallace Hall    | Labor Cost for Painting           | Lump Sum        | \$10,000       |
| m    | Painting Services-Ferrell Hall    | Labor Cost for Painting           | Lump Sum        | \$ 4000.00     |
| 4    | Painting Services-Davis Fine Arts | Labor Cost for Painting           | Lump Sum        | \$3400.00      |
| 2    | Wall Repair-RM201 Ferrell Hall    | Cost for Wall Repair              | Lump Sum        | \$500.00       |
| 9    | Moving Services                   | Furniture Moving Fee for Painting | Per Hour        | \$55hr         |
|      |                                   |                                   |                 | )<br>)<br>(-   |

COMPLETE LIST OF LOCATIONS AND ROOMS CONTAINED WITHIN ATTACHMENT A

TOTAL:

### CONTRACTOR LICENSE

AUTHORIZED BY THE

West Virginia Contractor Licensing Board



NUMBER:

WV059798

#### CLASSIFICATION:

SPECIALTY
DRYWALL
PAINTING
DEMOLITION

KENNETH VICKERS
DBA VICKERS PAINTING
132 KEITH ST
SAINT ALBANS, WV 25177

DATE ISSUED

**EXPIRATION DATE** 

JUNE 15, 2024

JUNE 15, 2025

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.

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.

MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS VAIVED, 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 ertificate holder in lieu of such endorsement(s).

| ODUCER     | Simply Business 1 Beacon Street 15th Floor Boston, MA 02108 | CONTACT<br>NAME:                     | Simply Business                       | The state of the s |        |  |
|------------|---|--------------------------------------|---------------------------------------|--|--------|--|
| SDOUER     |   | PHONE (AC, No. Ext): E-MAIL ADDRESS: | (866) 538-7491<br>contactus@simplybus | FAX<br>(A/C, No).  |        |  |
| Boston, MA |   | 38.                                  | INSURER(S) AFFORDING COV              | ERAGE  | NAIC # |  |
|            |   | INSURER A:                           | Spinnaker Insurance                   | Company  | 24376  |  |
| URED       | Vickers Painting  | INSURER B :                          |                                       |  |        |  |
|            | 132 Keith St<br>Saint Albans, West Virginia 25177           | INSURER C                            |                                       |  |        |  |
|            |   | INSURER D .                          |                                       |  |        |  |
|            |   | INSURER E                            |                                       | and the state of t |        |  |
|            |   | INSURER F :                          |                                       | -  | i      |  |
| WEDAG      | CERTIFICATE NUMBER:   |                                      | REVISIO                               | ON NUMBER:   | -      |  |

#### **VERAGES** CERTIFICATE NUMBER.

THIS IS TO CERT BY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTIFICATED AND PARTY OF THE POLICE OF INSURANCE LISTED BELOW PARE BEEN SOURCE IN THE NOTIFICATED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTIFICATION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE SOURCE OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLIC ES DESCRIBED HERE N IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

| TYPE OF INSURANCE IN   | DDL SUBR   | POLICY NUMBER | POLICY EFF   | POLICY EXP   | LWTS                                     |             |
|--|--|---------------|--|--|--|-------------|
| COMMERCIAL GENERAL LIABILITY   |  | HBW4143382XB1 | 08/29/2023   | 08/29/2024   | EACH OCCURRENCE                          | \$1,000,000 |
|  |  |               |  |  | DAMAGE TO RENIED<br>BRIDGES Eactor enter | \$100,000   |
| CLAMS-MADE X CCCUR   |  |               |  |  | *1FD EXP (A* ) one person)               | \$5.000     |
|  |  |               |  |  | PERSONAL&ADVINJURY                       | \$1,000,000 |
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| PROFESS CHALLIABILITY  |  | 8             |  |  | EACH CLA VI                              |             |
|  |  |               |  |  | AGGREGATE                                | 1           |

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

| PUFICATE HOLDER  | CANCELLATION   |
|--|--|
| A /  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |
| 19.1   | AUTHORIZED REPRESENTATIVE  |
|  |  |
| The state of the s | 1988-2015 ACORD CORPORATION All rights reserved.   |

## REQUEST FOR QUOTATION West Virginia State University Painting Services for Instructional Classrooms

- 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: | Kenneth Vickers     |  |
|-------------------|---------------------|--|
| Telephone Number: | (304) 421-8394      |  |
| Fax Number:       |                     |  |
| Email Address:    | 5.9K8394 @gmail.com |  |

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.

| Kenneth Vickers Owner   |
|---|
| (D. A. I. Name and Title)   |
| 132 Keith ST ST. AIBANS WU 25177  |
| (Address)   |
| (304) 421-8394  |
| (Phone Number) / (Fax Number)   |
| bigk 8394 egmail. 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.  |
| (Company)  (Signature of Authorized Representative)   |
| * *   |
| (Printed Name and Title of Authorized Representative)   |
| (Printed Name and Title of Authorized Representative)   |
| $\frac{07/21/24}{\text{(Date)}}$  |
| (304) 421-8394  |
| (Phone Number) (Fax Number)   |

Revised 8/24/2023

#### ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: ARFQ WSC2400000005

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum

| Acknowledgment: I hereby acknowledge receipt of the following addendencessary revisions to my proposal, plans and/or specification, etc. | 현실 |
|--|----|
| Addendum Numbers Received:   |    |
| (Check the box next to each addendum received)   |    |

| ✓ Addendum No. 1 | 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.

Authorized Signature

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



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

| I, <u>لاستحال المتلاسخ</u> , after being first duly sworn, depose and state as follows:  |
|--|
| 1. I am an employee of <u>Jickers Painting</u> ; and,  |
| 2. I do hereby attest that(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.  |
| Signature: Kenneth Vickers   |
| Signature:   |
| Title: Owner   |
| Company Name: Vickers Printing   |
| Date: 07/21/24   |
| STATE OF WEST VIRGINIA,  |
| COUNTY OF, TO-WIT:   |
| Taken, subscribed and sworn to before me thisday of,   |
| By Commission expires  |
| (Seal)   |
| (Notary Public)  |

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.

| Kenneth Vickers (owner)             |  |
|-------------------------------------|--|
| (Printed Name and Title)            |  |
| 132 Keith ST                        |  |
| (Address)<br>3 (364) 421-8394       |  |
| (Phone Number) / (Fax Number)   COM |  |
| (E-mail address)                    |  |
| (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.

| Vickers Painting                                      |
|---|
| (Company)   |
| (Signature of Authorized Representative)              |
| (Printed Name and Title of Authorized Representative) |
| 07/21/24  |
| (Date)  |
| (304) 421-8394<br>(Phone Number) (Fax Number)         |