Solicitation Response(SR) Dept: 0310 ID: ESR03282500000005790 Ver.: 1 Function: New Phase: Final

**Total of All Attachments:** 

Modified by batch, 04/01/2025

Regina
Last Name:
Wass
Email:

Phone: 304-485-3255

regina@phoenixwv.biz

Header ∅ 1

**General Information** Clarification Request Contact Default Values Discount Document Information **Procurement Folder:** SO Doc Code: 1607191 **ARFQ Procurement Type:** SO Dept: 0310 Agency Purchase Order Vendor ID: SO Doc ID: 000000205356 DNR2500000007 **Published Date:** Legal Name: PHOENIX ASSOCIATES INC 3/21/25 **Close Date:** Alias/DBA: 4/1/25 **Close Time:** Total Bid: 13:30 \$213,183.00 Status: Response Date: Closed 03/28/2025 Solicitation Description: Response Time: Parks: Blennerhassett Mansion Paint 11:21 Repairs Responded By User ID: **Total of Header Attachments:** phoenixassociate First Name:

## REQUEST FOR QUOTATION Blennerhassett Mansion Painting / Repair

## **EXHIBIT A – Pricing Page**

Name of Bidder:	Phoenix Associates, INC.
Address of Bidder:	W
	501 East Street Parkersburg, WV 26101
Phone Number of Bidder:	
	304-485-3255
WV Contractors License No.	WV 001100

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, drawings, and specifications, hereby propose to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding Documents.

### **Base Bid**

The Base Bid shall consist of all the work described and specified in the Bidding Documents, Construction Plans, and Project Manual/Construction Specifications as Base Bid.

#### **Total Base Bid:**

Lump sum for all labor, materials, and equipment as defined in the Bidding Documents.

Written in numbers.

#### Total Base Bid:

Lump sum for all labor, materials, and equipment as defined in the Bidding Documents.

Written in words.

\$213,183.00

Two Hundred Thirteen Thousand, One Hundred Eighty-Three Dollars, and Zero Cents.

The Bidder understands that the successful Bidder will be determined based upon the lowest Base Bid.

Authorized Vendor Signature: Travia Pecto

## ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: ARFQ DNR25\*07

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 N	lumbers Received:						
(Check the box next to each addendum received)							
[x]	Addendum No. 1	]	1	Addendum No. 6			
[x]	Addendum No. 2	ĺ	1	Addendum No. 7			
[x]	Addendum No. 3	[	1	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.							
Phoenix Associates, INC.							
Company Pector Authorized Signature							
				03/28/2025			
				Date			

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing. Revised 6/8/2012

	BID BOND
Company Westfield Center Ohio  Ohio with its principal office in the City of V  of West Virginia, as Obligee, in the penal sum of 5%	Virginia, as Principal, and Ohio Farmers Insurance, a corporation organized and existing under the laws of the State of  Vestfield Center, as Surety, are held and firmly bound unto the State
Department of Administration a certain bid or proposal,	th that whereas the Principal has submitted to the Purchasing Section of the attached hereto and made a part hereof, to enter into a contract in writing for a Park- Mansion Painting Project- West Virginia Division of
attached hereto and shall furnish any other bonds and it the agreement created by the acceptance of said bid, the full force and effect. It is expressly understood and ag event, exceed the penal amount of this obligation as here.  The Surety, for the value received, hereby stip	e Principal shall enter into a contract in accordance with the bid or proposal insurance required by the bid or proposal, and shall in all other respects performen this obligation shall be null and void, otherwise this obligation shall remain in reed that the liability of the Surety for any and all claims hereunder shall, in no rein stated.  Sulates and agrees that the obligations of said Surety and its bond shall be in no existence within which the Obligee may accept such bid, and said Surety does hereby
WITNESS, the following signatures and seals of Surety, or by Principal individually if Principal is an individually	of Principal and Surety, executed and sealed by a proper officer of Principal and idual, this <u>10th</u> day of <u>March</u> , 20 <u>25</u> .
Principal Seal	Phoenix Associates, Inc  (Mane of Principal)  (Must be President, Vice President, or Duly Authorized Agent)  (Title)
Surety Seal	Ohio Farmers Insurance Company  (Name of Surety)  Kathleen Richardspeyin-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.

Agency\_\_\_\_ REQ.P.O#\_

General Power of Attorney

## CERTIFIED COPY

## Westfield Insurance Co. Westfield National Insurance Co. Ohio Farmers Insurance Co.

Westfield Center, Ohio

Know All Men by These Presents. That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint

JOHN R. PADDEN III, IRLENE N. BARNHOUSE, DAVID C. PADDEN, DEBRA LYNN LUCAS, KATHLEEN RICHARDS, HEATHER

R. FRUM, JOINTLY OR SEVERALLY

of PARKERSBURG and State of WVits true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, undertakings, and recognizances: provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed ONE MILLION FIVE HUNDRED THOUSAND DOLLARS AND NO CENTS (\$1,500,000)----

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver any and all bonds, recognizances contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all bonds, recognizances contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all

deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on Fabruary 8, 2000)

held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto affixed this 01st day of MAY A.D., 2024

Corporate Seals Affixed

State of Ohio County of Medina

The second

WESTFIELD INSURANCE COMPANY WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

Gary W. Stymper, National Surety Leader and Senior Executive

On this 01st day of MAY

A.D., 2024, before me personally came Gary W. Stumper to me known, who, being by me duly sworn, did depose and say, that he resides in Medina, OH; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument, that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order

Notarial Seal Affixed

State of Ohio County of Medina

SS.:



David A. Kotnik, Attorney at Law. Notary Public My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

I, Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

Witness Whereof, I have hereinto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 100 A.D., 2025.





Frank A. Carrino, Secretary

BPOAC1 (combined) (05-24)

# West Virginia Offices of the Insurance Commissioner



## **Certificate of Authority**

Whereas, Ohio Farmers Insurance Company, domiciled in the State of Ohio, has complied with all the requirements of the laws of this State so as to entitle it to transact its appropriate business in the State of West Virginia.

Therefore, I the undersigned, Insurance Commissioner of the State of West Virginia, pursuant to the authority vested in me by the laws of this State, do hereby authorize it to transact the business of insurance as defined in Chapter 33

Marine - Article 1, Section 10(d) Surety - Article 1, Section 10(f)(1) Fire - Article 1, Section 10(c) Casualty - Article 1, Section 10(e) Surety - Article 1, Section 10(f)(2) Surety - Article 1, Section 10(f)(3)

of the 1931 Code of West Virginia as amended, in the State of West Virginia in accordance with the laws thereof until midnight on the 31st day of May, 2025, unless this license be sooner revoked. Pursuant to W. Va. Code §33-3-2(c), the above authorization does not allow the insurer to transact a kind of insurance in this State unless duly authorized or qualified to transact such insurance in the state or country of its domicile.

In Testimony Whereof, I have hereunto set my hand and affixed my seal of office at the City of Charleston this 1st day of June, 2024.

Allan L. McVey

Insurance Commissioner

allen L Mr Vay

NAIC # 24104 SBS Company # 109405321



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/10/2025

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.

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OFFICERMENDER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The West Virigina Division of Natural Resources is Additional Insured as per written contract for Paint and repairs to The Blennerhassett mansion on The Blennerhassett State Park - Contract:  2500000007  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	اا	ANY PROPRIETOR/PARTNER/EXECUTIVE	l				04/01/2025	04/01/2026		4.00	0,000
If yes, describe under	١٩١	(Mandatory in NH)	N/A	WCN6006327						4.00	0,000
Leased and rented equipment  Leased and rented equipment  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The West Virigina Division of Natural Resources is Additional Insured as per written contract for Paint and repairs to The Blennerhassett mansion on The Blennerhassett State Park - Contract: 2500000007  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	.	If yes, describe under DESCRIPTION OF OPERATIONS below								1.00	0.000
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	The West Virigina Division of Natural Resources is Additional Insured as per written contract for Paint and repairs to The Blennerhassett mansion on The Blennerhassett State Park - Contract:										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	CER	TIFICATE HOLDER			· · ·	CANO	FILATION		<u>.                                    </u>		
Korplus Sechards					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						

**CONTRACTOR LICENSE** 

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

CONTRACTOR LICENSING NUMBER:

WEST VIRGINIA

WV001100

## **CLASSIFICATION:**

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

PHOENIX ASSOCIATES INC DBA PHOENIX ASSOCIATES INC 501 EAST STREET PARKERSBURG, WV 26101

**DATE ISSUED** 

**EXPIRATION DATE** 

AUGUST 24, 2024

AUGUST 24, 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.



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

I,	Travis Rector	_, after being first duly sworn, depose and state as follows:
1.	I am an employee of	Phoenix Associates, INC. ; and, (Company Name)
2.	I do hereby attest that	Phoenix Associates, INC. (Company Name)
		for a drug-free workplace policy and that such plan and with <b>West Virginia Code</b> §21-1D.
The a	above statements are swo	orn to under the penalty of perjury.
		Printed Name: Travis Rector Signature: Travis Rector
		Title: Project Manager
		Company Name: Phoenix Associates, INC.
		Date:03/28/2025
STAT	E OF WEST VIRGINIA,	
COUI	NTY OFWood	, TO-WIT:
Take	n, subscribed and sworn t	to before me this <u>28</u> day of <u>March</u> , <u>2025</u> .
Ву С	ommission expires June	= 14, 2026
(Sea	OFFICE STATE OF W NOTARY	AL SEAL EST VIRGINIA (PUBLIC a Ann Joy Gersburg, WV 28101 June 14,2026

## STATE OF WEST VIRGINIA Purchasing Division

## **PURCHASING AFFIDAVIT**

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

#### **DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

### WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Phoenix Associates, INC.	
Authorized Signature: Charing Rectur	Date: 03/28/2025
State ofWest Virginia	
County of Wood to-wit:	
Taken, subscribed, and sworn to before me this 28 day of March	, 20 <u>25</u> .
My Commission expires June 14 , 2026	
AFFIX SEAL HERE  OFFICIAL SEAL STATE OF WEST VIRGINIA NOTARY PUBLIC Samantha Ann Joy	Purchasing Affidavit (Revised 01/19/2018)

1707 Lewrence St Parkersburg, WV 26101

My Commission Expires