

CONTRACTORS FOR:

ROOFING
INDUSTRIAL SHEETING
SHEET METAL FABRICATION AND ERECTION
HEATING & AIR CONDITIONING SYSTEMS
& SERVICE

ROOFING & SHEET METAL COMPANY

PO BOX 1949 PARKERSBURG, WV 26102 - SHIPPING: 101 SOUTH MEADVILLE ROAD, DAVISVILLE, WV 26142
PHONE (304) 485-6593 • FAX (304) 485-2841 • CONTRACTOR LICENSE #WV004542
E-Mail: parkersburg@tri-stateservice.com Website: www.tri-stateservicegroup.com

To: Wood County Commission
1 Court Square
Parkersburg, WV 26101

Date: September 11th, 2023

Re: 211 6th Street Roof Replacement

NOTE: Roof will need to be tested for asbestos prior to removal. Quote assumes no asbestos is present in existing roof system. If test results are positive, then additional state notification and disposal fees will apply. Deck replacement is not included. Any deteriorated or rotten wood deck will be replaced on a time and material basis upon notification and approval from owners. Quote includes replacement of elevator penthouse roof. It appears parapet walls may have some masonry issues. No masonry work is included in this quote.

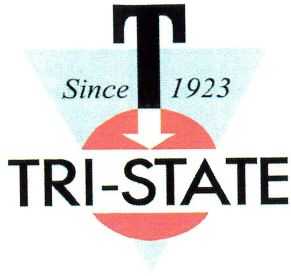
DESCRIPTION OF WORK TO BE PERFORMED:

- Remove existing built-up roof system to expose wood deck.
- Mechanically fasten base layer of 2" and top layer of 1.5" polyiso insulation to wood deck. This meets current WV code R20.
- Adhere .060 EPDM membrane to insulation.
- Flash EPDM membrane up and over parapet walls.
- Properly flash and seal all penetrations to manufacture's specifications.
- Fabricate and install .040 Kynar aluminum coping over parapet walls.
- Fabricate and install 10 aluminum wall vent covers.
- Furnish and install new Kynar aluminum apron gutter.
- Replace existing downspouts with 4" x 5" corrugated aluminum.
- Furnish and install equipment rails for two condensing units.
- Remove and dispose of all debris generated by our work.
- Quote includes building permit and B&O taxes.
- Furnish a 20 manufacturer's warranty.

TOTAL PRICE:

ONE HUNDRED FORTY ONE THOUSAND SIX HUNDRED TEN DOLLARS\$141,610.00

*In the event the price of any materials, products, labor, or freight to be used in this work should increase 5% or greater, the contractor shall be responsible for the increase, which shall be payable to the contractor at the time of submission of



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- Flash EPDM membrane up and over parapet walls.
- Properly flash and seal all penetrations to manufacturer's specifications.
- Fabricate and install .040 Kynar aluminum coping over parapet walls.
- Fabricate and install 10 aluminum wall vent covers.
- Furnish and install new Kynar aluminum apron gutter.
- Replace existing downspouts with 4" x 5" corrugated aluminum.
- Furnish and install equipment rails for two condensing units.
- Remove and dispose of all debris generated by our work.
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Client#: 645481

LAUREMANAG2

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/27/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Marsh & McLennan Agency LLC, PO Box 2030, 360 East Vine Street, Ste 200, Lexington, KY 40588. CONTACT NAME: Roxanne Cameron CPCU AU, PHONE: 800-796-3567, FAX: 859-254-8020, E-MAIL ADDRESS: Roxanne.Cameron@MarshMMA.com. INSURER(S) AFFORDING COVERAGE: Westfield Insurance Company, NAIC #: 24112.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL/SUBR INSR/WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

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

CERTIFICATE HOLDER CANCELLATION

Certificate holder: Proof of Coverage, Tri-State R 101 South Meadville Road, Davisville, WV 26142-0000. Cancellation notice: 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: Chris P. Bennett.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/11/2023

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.

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PRODUCER		CONTACT NAME: Jennifer Drake	
Mountain State Insurance Agency		PHONE (A/C, No, Ext): (304) 720-2000	FAX (A/C, No): (304) 720-2002
1206 Kanawha Blvd. E.		E-MAIL ADDRESS: jdrake@mountainstateinsurance.com	
Suite 100		INSURER(S) AFFORDING COVERAGE	
Charleston WV 25301-2949		INSURER A: Brickstreet Mutual Insurance Co	NAIC # 12372
INSURED		INSURER B:	
Tri-State Roofing & Sheet Metal Co of OH		INSURER C:	
PO Box 1949		INSURER D:	
Parkersburg WV 26102		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 23 24 TSR OH Parkersburg**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$
	OTHER:						PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED						RETENTION \$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER WV Code 23-4-2
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCB1037746	06/01/2023	06/01/2024	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Verification of Insurance	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

NUMBER: WV004542

CLASSIFICATION:

HEATING, VENTILATING & COOLING
SPECIALTY
ROOFING
SHEET METAL
SIDING

TRI STATE ROOFING & SHEET METAL CO OF OHIO
DBA TRI STATE ROOFING & SHEET METAL CO OF OHIO
PO BOX 1949
PARKERSBURG, WV 26102

DATE ISSUED

EXPIRATION DATE

SEPTEMBER 17, 2023

SEPTEMBER 17, 2024

Authorized Signature

Chair, West Virginia Contractor
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.



CONTRACTOR LICENSE

AUTHORIZED BY THE
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NUMBER: WV004542

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SIDING
ROOFING
SHEET METAL

TRI STATE ROOFING & SHEET METAL CO
DBA TRI STATE ROOFING & SHEET METAL CO
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