



Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

**State of West Virginia
 Solicitation Response**

Proc Folder: 1890138
Solicitation Description: Addendum 01: Heating for Disforce Building
Proc Type: Agency Purchase Order

Solicitation Closes	Solicitation Response	Version
2026-03-03 10:30	SR 0803 ESR03022600000005434	1

VENDOR
 VS0000044575
 HAMPSHIRE HEATING & COOLING

Solicitation Number: ARFQ 0803 DOT2600000061
Total Bid: 58876
Response Date: 2026-03-02
Response Time: 18:27:15
Comments:

FOR INFORMATION CONTACT THE BUYER

James F Moffatt
 304-414-0815
 james.f.moffatt@wv.gov

Vendor Signature X **FEIN#** **DATE**

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Heating for Disforce Building				58876.00

Comm Code	Manufacturer	Specification	Model #
40101806			

Commodity Line Comments:

Extended Description:

Heating for Disforce Building



NOTICE OF REDUCTION IN COVERAGE NEW COMMUNICABLE DISEASE AND ABUSE OR MOLESTATION EXCLUSIONS ADDED

The enclosed material contains important information about your Business Automobile Insurance Policy. Please review the changes and contact your agent with any questions you may have.

REDUCTIONS IN COVERAGE:

The Communicable Disease Exclusion For Covered Autos Liability Exposure, CA 04 55 12 23 endorsement is added to your policy. This new endorsement generally excludes bodily injury and property damage arising out of the actual or alleged transmission of a communicable disease.

In addition, the Abuse Or Molestation Exclusion For Covered Autos Liability Exposure, CA 28 03 12 23 is also added to your policy. This new endorsement excludes damages arising out of the actual, alleged or threatened abuse or molestation, including, but not limited to, sexual abuse or sexual molestation, of any person committed by anyone.

Thank you for choosing us as your insurance company. We appreciate the trust you place in us to protect what you value most.

This notice contains only a general description of the changes in coverage and is not a statement of contract. All coverages are subject to the insuring agreements, exclusions and conditions of the policy, and applicable endorsements.

T-5682



**Farm Family Casualty
Insurance Company**
An American National Company

BUSINESS AUTO DECLARATIONS
Farm Family Casualty Ins. Co.

Transaction: Renew	Transaction Effective Date: 01/19/2026
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ITEM ONE

Named Insured and Address	Agent Name and Address
MATHEW BRINKER HAMPSHIRE HEATING AND COOLING 550 WASHINGTON BOTTOM ROAD SPRINGFIELD, WV 26763-0188	JUSTIN R CAMPBELL PO BOX 621 FORT ASHBY, WV 26719-0621

Policy Number: 4701C1031	Form of Business: Individual/Sole Proprietor				
Policy Period: Policy covers	FROM	01-19-2026	TO	01-19-2027	At 12:01 A.M. Standard Time at your mailing address

Forms and Endorsements Attached To This Policy: See Forms and Endorsement Schedule

ITEM TWO - Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit	Premium
LIABILITY INSURANCE			
Combined Single Limit Liability	7	\$1,000,000 each accident	\$ 698
Personal Injury Protection (or equivalent No-Fault Coverage)		Separately stated in each applicable endorsement	\$
Medical Payments	7	\$ ** each person	\$ 12
Uninsured Motorists	7	\$ ** each accident	\$ 18
Uninsured Motorists Property Damage (when not included in Uninsured Motorists Coverage)		\$ each accident	\$
Underinsured Motorists (when not included in Uninsured Motorists Coverage)	7	\$ ** each accident	\$ 102
PHYSICAL DAMAGE INSURANCE			
Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus the Deductible For Each Covered Auto			
Comprehensive	7	\$ ** Deductible	\$ 205
Specified Causes Of Loss		**	\$
Collision	7	\$ ** Deductible	\$ 400
Account Credit			Yes
Premium For Endorsements			\$

Estimated Total Premium *	\$ 1,435
WV Surcharge	\$ 8

*This Policy May Be Subject To Final Audit.

** See ITEM THREE – Schedule of Covered Autos You Own



00056 3469951 000979 001957 0011/0016

ITEM THREE - Schedule Of Covered Autos You Own

Cov. Auto #	DESCRIPTION	Original Cost New or Stated Amount	TERRITORY	
	Year, Make, Model, Body Type, Vehicle Identification Number (VIN)		Town, State and Zip Code where Covered Auto Will Be Principally Garaged	Rating Territory
1	2011 GMC SAVANA Van Cargo 1GTZ7TBG9B1147168	\$29,425	SPRINGFIELD WV 26763	
2	2017 CHEV EXPRESS G3 Van Cargo 1GCZGGFG1H1234623	\$34,065	SPRINGFIELD WV 26763	

Cov. Auto #	CLASSIFICATION				RATING DISCOUNTS			
	Radius of Operation	Business Use S=Service R=Retail C=Commercial	Size, GVW, GCW or Vehicle Seating Capacity	Rating Class Code	Seasonal Lay-Up (# months in use)	Anti-Lock Brakes	Anti-Theft	Passive Restraint
1	Local (Up to 50 miles)	Service	Light (0 - 10,000)	01183				
2	Local (Up to 50 miles)	Service	Light (0 - 10,000)	01183				

Coverages – Premiums, Limits and Deductibles					
<small>(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)</small>					
VEHICLE	#1	#2	#	#	
COMBINED SINGLE LIMIT LIABILITY	\$320	\$378			
Limit per Occurrence	\$1,000,000	\$1,000,000			
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)					
Limit					
MEDICAL PAYMENTS	\$6	\$6			
Limit per Person	\$5,000	\$5,000			
UNINSURED MOTORISTS	\$9	\$9			
Single Limit	\$75,000	\$75,000			
UNINSURED MOTORISTS PROPERTY DAMAGE (when not included in Uninsured Motorist Coverage)					
Each Accident					
UNDERINSURED MOTORISTS	\$52	\$50			
(when not included in Uninsured Motorist Coverage)					
Single Limit	\$75,000	\$75,000			
COMPREHENSIVE	\$76	\$129			
Deductible per Occurrence	\$1,000	\$1,000			
FULL GLASS COVERAGE					
SPECIFIED CAUSES OF LOSS					
Coverage Option					
COLLISION	\$135	\$265			
Deductible per Occurrence	\$1,000	\$1,000			
TOTAL	\$598	\$837			

* Personal Injury Protection (or equivalent No-Fault Coverage) Limit is separately stated in each applicable endorsement.

** Medical Expense and Income Loss Benefits Limit is separately stated in the applicable endorsement.

*** If there is Uninsured Motorists and/or Underinsured Motorists Coverage on any covered auto, any trailer attached to it has the same coverage without charge.

Except for Towing all physical damage loss is payable to you and the loss payee named in the Schedule of Loss Payee – Covered Autos You Own as interests may appear at the time of the loss.

****If there are multiple vehicles in Item Three charged for Uninsured and/or Underinsured Motorists Coverage, a multi-car discount applies to the coverage premium.



00056 3469951 000980 001959 00120016

ITEM FOUR - Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Liability Coverage – Rating Basis, Cost Of Hire					
State	Rate Class	Estimated Cost Of Hire For Each State	Rate Per Each \$100 Cost Of Hire	Factor (If Liability Coverage Is Primary)	Premium
WV		\$	\$		\$
Total Premium					\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

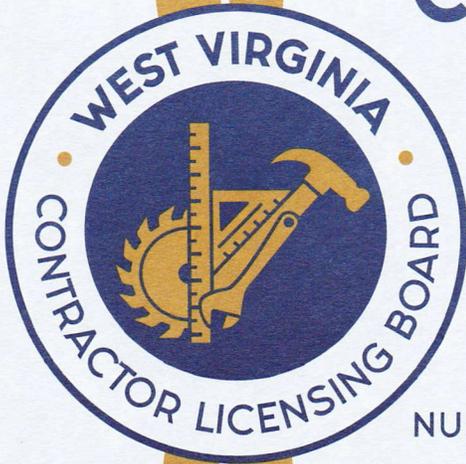
Physical Damage Coverage			
Coverages	Limit Of Insurance		
Comprehensive	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Specified Causes of Loss	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$

ITEM FIVE - Schedule For Non-Ownership Liability

Rating Basis	Number	Premium
Number Of Employees		\$
Number Of Partners		\$
Number Of Volunteers		\$
Total Premiums		\$

CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board



NUMBER: WV049377

CLASSIFICATION:

HVAC
SPECIALTY

MATTHEW BRINKER
DBA HAMPSHIRE HEATING & COOLING
PO BOX 188
SPRINGFIELD, WV 26763

DATE ISSUED

EXPIRATION DATE

MARCH 23, 2026

MARCH 23, 2027

A handwritten signature in black ink, appearing to read "Matthew Brinker", written over a horizontal line.

Authorized Signature

A handwritten signature in black ink, written over a horizontal line.

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.



Farm Family Casualty Insurance Company

An American National Company

344 ROUTE 9W | GLENMONT, NEW YORK 12207-2910

SELECT BUSINESS PACKAGE DECLARATION PAGE

Policy Number: 4701X2900

Portfolio Number:

Account Number:

Name and Mailing Address of First Named Insured:

MATHEW BRINKER
HAMPSHIRE HEATING AND COOLING
P.O. Box 188
SPRINGFIELD, WV, 26763-0188

Agent:

4497 JUSTIN R CAMPBELL
PO BOX 621
FORT ASHBY WV, 26719-0621

Agent Phone: 304-851-0669

Business Description: HEATING AND COOLING

Form of Business: Individual/Sole Proprietor

Transaction Type: Renew

Policy Period: From 12-28-2025 To 12-28-2026

12:01 A.M. Standard Time at your mailing address shown above

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THE POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY

PROPERTY COVERAGE

TOTAL LIMITS OF INSURANCE

Buildings	\$0
Business Personal Property	\$10,000
Business Income & Extra Expense	Actual Loss Sustained Not Exceeding 12 Months
Other Endorsements	See Schedules

LIABILITY COVERAGE

General Aggregate Limit (Other than Products-Completed Ops.)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury	\$1,000,000 EACH PERSON/ORGANIZATION
Each Occurrence Limit	\$1,000,000
Medical Expenses	\$ 5,000 EACH PERSON
Other Endorsements	See Schedules

PREMIUM

WV Surcharge	\$9.92
Premium shown is payable at inception	Total Premium \$1,812.92

POLICY SUBJECT TO ANNUAL AUDIT: Yes

The Declarations, Schedules and Forms and Endorsements Make Up Your Complete Policy. Refer to Schedule Of Forms and Endorsements.

Process Date: 11-24-2025

CLARIFICATIONS IN COVERAGE

Your policy currently contains one of the following endorsements. These endorsements have been revised as described below. Please replace the previous edition with the enclosed revised edition.

BP 15 04 12 23 – Exclusion – Access Or Disclosure Of Confidential Or Personal Material Or Information

This endorsement is revised to delete the provisions addressing the Electronic Data Exclusion, replace "damages" with "bodily injury" and "property damage" and add biometric information to the types of material or information addressed in the endorsement. The separate exclusions applicable to "bodily injury" or "property damage" under Paragraph **A.** and "personal and advertising injury" under Paragraph **B.** are combined into a single exclusion and, as a result, Paragraph **B.** is deleted. Additionally, the types of expenses addressed in the last paragraph of the exclusion are expressly extended to identity monitoring expenses, data restoration expenses and extortion expenses.

The various changes in this revised endorsement are a reinforcement of coverage intent.

If your current policy includes BP 15 04, it will continue to be a part of your policy.

BP 15 06 12 23 Exclusion – Access Or Disclosure Of Confidential Or Personal Material Or Information (Personal And Advertising Injury Only)

This endorsement is revised, in part, to add biometric information to the types of material or information addressed in the endorsement. Additionally, the types of expenses addressed in the last paragraph of the exclusion are expressly extended to identity monitoring expenses, data restoration expenses and extortion expenses.

The changes in this revised endorsement are a reinforcement of coverage intent.

If your current policy includes BP 15 06, it will continue to be a part of your policy.

SELECT BUSINESS PACKAGE DECLARATION PAGE

Policy Number: 4701X2900
Named Insured: MATHEW BRINKER
 HAMPSHIRE HEATING AND COOLING

CLASSIFICATION SCHEDULE

<u>Classification</u>	<u>Code</u>	<u>Premium Basis</u>	<u>Exposure</u>	<u>Premium</u>
Heating or combined Heating and Air Conditioning Systems or Equipment - Dealers or Distributors and Installation, Servicing or Repair - No Liquefied Petroleum Gas (LPG) Equipment Sales or Work - Shop	74781	Payroll	48,500	\$1,261

<u>Building No</u>	<u>Description</u>	<u>Class Code</u>	<u>Deductible</u>	<u>Limit of Insurance</u>	<u>Premium</u>
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LOCATION OF DESCRIBED PREMISES #: 1 550 WASHINGTON BOTTOM ROAD , SPRINGFIELD,WV 26763

1	Business Pers Prop	74781	\$500	\$10,000	\$324
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Protection Class: 6X
 Protective Safeguards: Fire or Smoke Alarm
 Personal Property Rating Basis: Replacement Cost

BUILDING SPECIFIC COVERAGES

Accounts Receivable					
• On Premises Limit			\$15,000		Included
• Off Premises Limit			\$5,000		Included
Business Income from Dependent Property			\$10,000		Included
Damage to Premises Rented to You			\$100,000		Included
Outdoor Property			\$15,000		Included
Valuable Papers & Records					
• On Premises Limit			\$25,000		Included
• Off Premises Limit			\$5,000		Included

LOCATION SPECIFIC COVERAGES

Fire Department Service Charge			\$5,000		Included
Money and Securities					Included
• On Premises			\$10,000		
• Off Premises			\$5,000		
Outdoor Signs			\$5,000		Included
Water Backup & Sump Overflow					
• Water Backup Limit			\$5,000		Included
• Business Income/Extra Expense Limit			\$5,000		Included

OTHER ENDORSEMENTS

Electronic Data			\$15,000		Included
Employee Dishonesty			\$15,000		Included

SELECT BUSINESS PACKAGE DECLARATION PAGE

Policy Number: 4701X2900
Named Insured: MATHEW BRINKER
HAMPSHIRE HEATING AND COOLING

<u>Building No</u>	<u>Description</u>	<u>Class Code</u>	<u>Deductible</u>	<u>Limit of Insurance</u>	<u>Premium</u>
	Forgery or Alteration			\$15,000	\$Included
	Fungi Rot Bacteria Liability			\$25,000	\$50
	Interruption of Computer Operations			\$10,000	Included

ADDITIONAL INSURED SCHEDULE

CHARGES FOR ADDITIONAL INSURED ENDORSEMENTS ARE FULLY EARNED AND NOT REFUNDABLE

WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
1900 KANAWHA BLVD E
CHARLESTON, WV 25305-0009
Included

SELECT BUSINESS PACKAGE DECLARATION PAGE

Policy Number: 4701X2900
Named Insured: MATHEW BRINKER
HAMPSHIRE HEATING AND COOLING

FORMS AND ENDORSEMENTS

Form(s) and Endorsement(s) applying to this policy and made a part of this policy at time of issue:

X51820618	UNIVERSAL POLICY JACKET
NM4610325	POLICYHOLDER NOTICE
NM3721123	BILLING AND PAYMENT INFORMATION
X35610819	WV FLOOD NOTICE
X46321019	FUNGI OR BACTERIA DISCLOSURE NOTICE
X43321019	YOUR INSURANCE PREMIUM AUDIT
T5726	POLICYHOLDER NOTICE
X38420319	SELECT BUSINESS PACKAGE POLICY DECLARATION PAGE SUMMARY
BPIN010713	BUSINESSOWNERS COVERAGE FORM INDEX
BP00030713	BUSINESSOWNERS COVERAGE FORM
BP01370315	WEST VIRGINIA CHANGES
SB00281212	ADDITIONAL PROVISIONS AND EXCLUSIONS
BP04170110	EMPLOYMENT-RELATED PRACTICES EXCLUSION
BP04390702	ABUSE OR MOLESTATION EXCLUSION
BP04520713	ADDITIONAL INSURED - STATE OR POLITICAL SUBDIVISIONS - PERMITS
BP04530713	WATER BACK-UP AND SUMP OVERFLOW
BP05010702	CALCULATION OF PREMIUM
BP05170106	EXCLUSION - SILICA OR SILICA-RELATED DUST
BP05780110	LIMITED FUNGI OR BACTERIA COVERAGE (LIABILITY)
BP10050702	EXCLUSION - YEAR 2000 COMPUTER-RELATED AND OTHER ELECTRONIC PROBLEMS
BP14780713	EXCLUSION OF LOSS DUE TO BY - PRODUCTS OF PRODUCTION OR PROCESSING OPERATIONS - (RENTED PROPERTIES)
BP14860713	COMMUNICABLE DISEASE EXCLUSION
BP14880713	PRIMARY AND NON-CONTRIBUTORY - OTHER INSURANCE CONDITION
BP15041223	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
BP15310919	CANNABIS PROPERTY EXCLUSION WITH HEMP EXCEPTION
BP15330919	CANNABIS LIABILITY EXCLUSION WITH HEMP EXCEPTION
BP15600221	CYBER INCIDENT EXCLUSION
BP15911223	EXCLUSION - PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)
BP18031223	CYBER INCIDENT LIABILITY EXCLUSION
BP18041223	EXCLUSION - VIOLATION OF LAW ADDRESSING DATA PRIVACY
FI99020121	TERRORISM RISK INSURANCE ACT DISCLOSURE NOTICE

X-3842 0214

SELECT BUSINESS PACKAGE DECLARATION PAGE

Policy Number: 4701X2900
Named Insured: MATHEW BRINKER
HAMPSHIRE HEATING AND COOLING

FORMS AND ENDORSEMENTS

Form(s) and Endorsement(s) applying to this policy and made a part of this policy at time of issue:

FI99071215	PUNITIVE OR EXEMPLARY DAMAGES EXCLUSION
SM30330325	MERGER ENDORSEMENT
SB00041116	INSTALLATION, TOOLS AND EQUIPMENT COVERAGE
SB00170321	WAIVER OF SUBROGATION
SB00200608	EXCLUSION ASBESTOS
SB00290316	EXTRA EXTENSION
SB00340211	LEAD LIABILITY EXCLUSION
SB00540211	EXCLUSION RAW MILK
SB00551111	EXCLUSION - SNOW OR ICE MAINTENANCE OPERATIONS
SB00641011	EXCLUSION - DESIGNATED OPERATIONS COVERED BY A CONSOLIDATED (WRAP-UP) INSURANCE PROGRAM
SB00891212	IDENTITY RECOVERY COVERAGE

United Farm Family Insurance Company
P.O. Box 656
Albany, NY 12201-0656



4701W03910140000010K



MATHEW BRINKER
PO Box 188
SPRINGFIELD WV 26763-0188

The Premium Audit Process What to Expect and How to Prepare

WHAT IS A PREMIUM AUDIT AND WHY IS IT NECESSARY?

Certain insurance premiums are estimated based on expected payroll or sales at the beginning of the policy period. A premium audit is then performed at the conclusion of the policy period to determine the actual payroll or sales. This process is called a premium audit and it involves a review of a policyholder's books and records.

WHEN IS A PREMIUM AUDIT PERFORMED?

Premium audits may occur on an annual basis or they can be completed less frequently such as every three to five years. The frequency of the audit process depends on the type of policy, annual premium, a business's operations and various state regulations. The premium audit is typically performed within 90 days after a policy renews or upon cancellation of the policy.

HOW IS A PREMIUM AUDIT PERFORMED?

The type of premium audit performed depends on various factors including the type of policy, annual premium, a business's operations and various state regulations. Three different types of premium audits are performed.

- **Physical Audit.** A premium auditor visits the business location to discuss operations and conduct a review of payroll and sales records.
- **Telephone Audit.** A premium auditor will make contact by telephone to discuss operations and conduct a review of payroll and sales records. There may also be a request to send copies of certain state and federal tax records.
- **AuditStream.** A letter will be mailed to the policyholder to advise an AuditStream audit is pending. The policyholder is given a special pass code in the mailing and will be prompted to go to a secure website to enter in business operations and payroll information. If the policyholder does not have the ability to complete this electronic audit, instructions are provided on the mailing to assist with this situation.

If accurate and detailed records are not maintained for the time employees spend working on various tasks, then all payroll and sales will be assigned to the highest rated class (i.e. split time must be accounted for at the employee level). This will result in a premium that may be higher than what it would be if accurate and detailed records are maintained.

WILL I RECEIVE THE RESULTS OF MY PREMIUM AUDIT?

Yes. A billing statement will be sent shortly after the premium audit is completed. If you have questions regarding the premium audit, contact your agent directly.

HOW DO I PREPARE FOR A PREMIUM AUDIT?

Having the appropriate records available for the premium audit will allow the auditor to complete the process timely and efficiently. You will be contacted by mail to schedule the audit and this request will also outline the records that you will need to have available. The owner of the business should be available to work closely with the premium auditor to ensure an accurate premium audit. If this is not possible, it is important that someone who has a thorough knowledge of the business operations be available. The following checklist will provide you with the most common records needed for a premium audit:

- Payroll journals/registers
- Employer's Quarterly Federal Tax Return Form 941 or 943 reports
- State Employer's Quarterly Unemployment Insurance tax reports
- Federal 1099, W2, and W3 transmittals
- General ledger/trial balance
- Financial statements
- Check register/canceled checks/bank statements
- Contractors/subcontractors records
- Job cost records/contracts/work invoices showing type of work
- Certificate of workers compensation and/or general liability insurance for all subcontractors
- Benefit plan information such as cafeteria or 401(k) plan wages
- Overtime wages summarized by classification
- List of clerical employees and duties

HOW SHOULD I ORGANIZE MY PAYROLL RECORDS?

Payroll records used for a premium audit should be organized to clearly show gross payroll as follows:

- By the policy period
- By the type of work performed (i.e. clerical, sales, etc.)
- Separated by regular pay vs. overtime

Gross payroll is the amount of payroll prior to any deductions. Payroll for premium audit purposes may not be the same as the payroll reported for tax purposes. Examples of items commonly included in payroll for the premium audit are:

- Wages and salaries
- Bonuses and stock bonus plans
- Vacation, holiday and sick pay
- Commissions
- Profit sharing
- Payment for piece work
- Salary reduction plans, savings plans, retirement or cafeteria plans
- Substitutes for money which may include goods, board and lodging, meals, and the reasonable cash value of any non-cash item used as payment of wages

Casual labor payments to temporary or seasonal workers

WHAT SUBCONTRACTOR INFORMATION WILL I NEED TO HAVE AVAILABLE?

If you use subcontractors, you should always ask them to provide a current certificate of insurance. In addition, you should have records of the amount of money paid to subcontractors who have a certificate of insurance and those who do not have a certificate. This information is critical and needs to be provided to the premium auditor. If current certificates of insurance are not maintained for all subcontractors, then this could result in a higher premium charge.

WHAT HAPPENS IF I DO NOT COMPLY WITH THE AUDIT REQUEST?

Failure to comply with an audit may result in cancellation of your policy or the application of an audit noncompliance charge. This charge can equal up to two times the amount of your estimated premium.

NOTICE OF WORKERS' COMPENSATION

In accordance with West Virginia Code, Chapter 23 Workers' Compensation, the undersigned employer hereby gives notice that the payment of compensation benefits to employees and their dependents has been secured with:

United Farm Family Insurance Company
P.O. Box 656 Albany NY, 12201-0656
800-333-2860

An employee who is injured while at work should report the injury immediately.

For questions about a claim, contact:

Employer representative: _____
Business Address: _____
Phone: _____

MATHEW BRINKER

Employer

This notice is to be conspicuously posted in the workplace and maintained with appropriate contact information.



**United Farm Family
Insurance Company**
An American National Company

Policyholder Notice

HOW TO REPORT A NEW WORKERS' COMPENSATION CLAIM

To report any new Workers' Compensation claim(s) with an injury location in the **States of Connecticut, Maryland, Massachusetts, New Hampshire, New York, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Virginia and West Virginia**, please call **Helmsman Management Services** at **1-833-358-6460** or email HelmsmanFNOL@HelmsmanTPA.com

INFORMATION NEEDED WHEN REPORTING WORKERS' COMPENSATION CLAIMS

When reporting a Workers' Compensation claim, please provide the Customer Service Representative information regarding the work-related injury as well as the information outlined below, which will assist in the claim reporting and handling process:

Employer

- Policy number
- Employer/Business legal name
- Employer address, phone number and email address
- Name and phone number of Injured Worker's supervisor

Injured Worker

- Name, address, and phone number
- Social Security number, age, sex, and marital status
- Date of hire and years in current position
- Wage information

Injury

- When/where/how injury occurred
- Location of the injury and whether on employer's premises
- Type of injury (cut, burn, sprain, etc.) and body part injured
- Name and contact information of witnesses, if any
- Name and address of physician or hospital treating injured worker
- Last day worked and anticipated return to work date
- Any known prior claim history of injured worker

The Company strives to provide the best possible claim service to our insureds and their employees. We appreciate the opportunity to serve you.

PAY AS YOU GO BILLING

A REAL-TIME PAYROLL REPORTING & BILLING OPTION FOR WORKERS COMPENSATION!

WHAT IS IT?

- Pay As You Go billing is a method of paying for your workers' compensation premiums by reporting your actual payroll, instead of paying a premium based on estimated payroll throughout your term.

HOW DOES IT WORK?

- Each reporting period, you or your payroll company* will provide total payroll for each of your employees.
- Within a week of reporting payroll, you will receive an electronic invoice.
- Within a few days of your invoice, premium will be withdrawn from your bank account.

*Not all payroll companies are able to directly provide payroll data.

WHY CHOOSE PAY AS YOU GO BILLING?

- Improve cash flow.
- Your premium will be spread out over the policy term based on your actual payroll vs. paying premium on estimated payroll.
- More accurate billing.
- Your premium is based on your actual payroll instead of an estimated figure. Therefore, if you have low or no payroll for a portion of the term, the premium you are billed will reflect this.
- Reduce audit adjustments.

Plus, most reporting options ARE FREE!

HOW DO YOU SIGN UP FOR PAY AS YOU GO BILLING?

Enrollment is fast and easy:

- First step, ask your American National agent to enroll you in Pay As You Go billing.
- Once you are signed up, a registration email will be sent to you with directions on how to create an account on the Pay As You Go portal.
- Select your payroll reporting frequency. (Options are weekly, biweekly, bimonthly, and monthly.)
- Choose if you will self-report payroll, if your payroll company will report it on your behalf or if you will opt in for automated payroll reporting with the Pay as you go Premier Payroll companies.

HAVE A QUESTION?

Once your American National agent has enrolled you in Pay As You Go, our dedicated Pay As You Go administration team will be happy to assist you with registration, payroll reporting and any other questions you may have.

To enroll in Pay As You Go billing, discuss other billing options, or make changes to your policy, please reach out to your agent.



344 ROUTE 9W | GLENMONT, NY 12077-2910

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

NCCI COMPANY NO. 36838

POLICY NO. 4701W0391
EFFECTIVE 04/29/2025
TRANSACTION TYPE Renew
FEIN #

JUSTIN R CAMPBELL
PO BOX 621
FORT ASHBY WV, 26719-0621

304-851-0669

ITEM 1. INSURED INSURED AND MAILING ADDRESS:

MATHEW BRINKER
PO Box 188
SPRINGFIELD, WV 26763-0188

THE INSURED IS INDIVIDUAL

Workplaces covered by this policy:

ST	WP NO.	ADDRESS OF WORKPLACE	RTG.BUR NO.	INTRASTATE NO.
WV	1	550 WASHINGTON BOTTOM ROAD SPRINGFIELD WV 26763		

ITEM 2. POLICY PERIOD

The policy period is from 04-29-2025 to 04-29-2026 12:01 A.M. Standard Time at the insured's mailing address.

ITEM 3. COVERAGE

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the state listed here:
WV

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury By Accident	Bodily Injury By Disease	Bodily Injury By Disease
\$ 1,000,000 each accident	\$1,000,000 policy limit	\$1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except the states designated in item 3.A. of the information page and ND, OH, WA, and WY

D. This policy includes these endorsements and schedules:

WC000001A0319	WC000000C0115	WC0003080484	WC0003150484	WC000414A0119	WC000419A0822
WC000421F0822	WC000422C0121	WC0004240117	WC470301A0708	WC4703020706	WC4706010708
WC4706020708					

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

POLICY NO. 4701W0391
 EFFECTIVE 04/29/2025
 ISSUED TO: MATHEW BRINKER

ITEM 4. PREMIUM

The premium for this policy is determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. Audit of premium shall be made upon policy expiration.

State and Workplace Number Classification Description	Code No.	Annual Estimated Total Remuneration	Rate Per \$100 Remuneration/ Per Capita	Annual Estimated Premiums
WV 1 HEATING, VENTILATION, AIR- CONDITIONING AND REFRIGERATION SYSTEMS- INSTALLATION, SERVICE AND REPAIR AND DRIVERS	5537	75,000	1.51	1,133
PREMIUM FOR INCREASED LIMITS PART TWO	9812			16
MINIMUM PREMIUM EMPLOYERS LIABILITY ADJUSTMENT	9848			134
DEDUCTIBLE CREDIT	9664			-20
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION				1,263
TOTAL ESTIMATED STANDARD PREMIUM				1,263
EXPENSE CONSTANT CHARGE	0900			160
TERRORISM	0.01 9740			8
CATASTROPHE	0.01 9741			8
WV REGULATORY SURCHARGE	9999			65.00

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

POLICY NO. 4701W0391
EFFECTIVE 04/29/2025
ISSUED TO: MATHEW BRINKER

ITEM 4. PREMIUM EXTENSION SCHEDULE

TOTAL ESTIMATED STANDARD PREMIUM	WV			1,263
EXPENSE CONSTANT	WV		0900	160
TERRORISM CHARGE	WV		9740	8
CATASTROPHE	WV		9741	8
MINIMUM PREMIUM STATE	WV	462	TOTAL ESTIMATED PREMIUM	1,439
			WV REGULATORY	65
			SURCHARGE	
DEPOSIT PREMIUM		1439		

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

- 1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

- 1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

(Ed. 1-15)

insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. **Payments You Must Make**

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. **Recovery From Others**

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. **Statutory Provisions**

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the

workers compensation law that apply to:

- a. benefits payable by this insurance;
- b. special taxes, payments into security or other special funds, and assessments payable by us under that law.

6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO

EMPLOYERS LIABILITY INSURANCE

A. **How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. **We Will Pay**

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against

such third party as a result of injury to your employee;

2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651–1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901–944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

(Ed. 1-15)

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and

2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE**OTHER STATES INSURANCE****A. How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR**YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

**PART FIVE
PREMIUM**

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

**PART SIX
CONDITIONS**

A. Inspection

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule

Partners

Officers

Others

MATHEW BRINKER

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04-29-2025
Insured
BRINKER, MATHEW
Insurance Company

Policy No.
4701W0391

Endorsement No.
Premium: Included

Countersigned by _____

DOMESTIC AND AGRICULTURAL WORKERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we are required to make because of bodily injury to such persons.

Schedule

Farm or Agricultural Workers:

All

Domestic or Household Workers:

All

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04-29-2025
Insured
BRINKER, MATHEW
Insurance Company

Policy No.
4701W0391

Endorsement No.
Premium Included

Countersigned by _____

90-DAY REPORTING REQUIREMENT—NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04-29-2025
Insured
BRINKER, MATHEW
Insurance Company

Policy No.
4701W0391

Endorsement No.
Premium Included

Countersigned by _____

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(Ed. 1-19)

Part Five—Premium Amendatory Endorsement

This endorsement amends Part Five—Premium of the policy as follows:

Part Five—Premium, Section A. (Our Manuals) is replaced by the following provision:

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates and loss costs (as applicable), rating plans, forms, endorsements, and classifications, and such manuals are expressly incorporated by reference into, and apply to, this policy and any renewals (our manuals). As used in this policy and any renewals, our manuals means manuals that have been:

1. Developed in any format and filed by the state-designated workers compensation rating or advisory organization on our behalf with the appropriate state insurance regulatory authority; or
2. Developed in any format and filed by the respective state rating bureau on our behalf with the appropriate state insurance regulatory authority; or
3. Developed in any format and filed by us with the appropriate state insurance regulatory authority; and
4. For each or any of the three scenarios above, the manuals also must be approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

We may change our manuals and apply the changes to this policy and any renewals if such manual changes are approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

Part Five—Premium, Section D. (Premium Payments) is replaced by the following provision:

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the due date specified in the billing for the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04-29-25
Insured
BRINKER, MATHEW

Policy No.
4701W0391

Endorsement No.
Premium Included

Insurance Company

Countersigned by _____

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

“Act of Terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

“Insured Loss” means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

(Ed. 01-2021)

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
WV	.0100	\$8

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04-29-2025	Policy No.	Endorsement No.
Insured	4701W0391	Premium Included

BRINKER, MATHEW

Insurance Company	Countersigned by _____
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AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Part Five—Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5—Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

Note:

For coverage under state-approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

Schedule

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
WV	Estimated Annual Premium	Two Times

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 2025-04-29
Insured
BRINKER, MATHEW
Insurance Company

Policy No.
4701W0391

Endorsement No.
Premium Included

Countersigned by _____

West Virginia Employers Liability Insurance Intentional Act Exclusion Endorsement

Part Two—Employers Liability Insurance, C.—Exclusions, 5. is replaced by the following:

This insurance does not cover:

- 5. Bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, including by your deliberate intention as that term is defined by W. Va. Code § 23-4-2(d)(2).

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04-29-2025
Insured
BRINKER, MATHEW

Policy No.
4701W0391

Endorsement No.
Premium Included

Insurance Company

Countersigned by _____

West Virginia Workers Compensation Insurance Recovery From Others Endorsement

Part One—Workers Compensation Insurance, G.—Recovery From Others, is replaced by the following:

We have your rights to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04-29-2025
Insured
BRINKER, MATHEW

Policy No.
4701W0391

Endorsement No.
Premium Included

Insurance Company

Countersigned by _____

West Virginia Cancellation Endorsement

This endorsement applies only to the insurance provided by the policy because West Virginia is shown in Item 3.A of the Information Page.

Part Six, D (Conditions—Cancellation) is replaced by:

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us by stating when the cancellation is to take effect.
2. We may cancel this policy at any time by providing you thirty (30) days advance written notice.
3. Notwithstanding #2 above, if you fail to pay any premium due or refuse to comply with a premium audit under this policy, we may cancel the policy by providing you ten (10) days advance written notice.
4. We may also choose not to renew this policy by providing sixty (60) days advance written notice.
5. Our mailing of the Notice of Cancellation or Non-Renewal to your mailing address as listed in Item 1 of the information page will be sufficient notice of our intent to cancel. We will also provide notice of the cancellation or non-renewal of the policy to the West Virginia Insurance Commissioner at least ten (10) days prior to the effective date of the termination, within ten (10) days of receipt of your request for cancellation, as applicable.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04-29-2025
Insured
BRINKER, MATHEW

Policy No.
4701W0391

Endorsement No.
Premium Included

Insurance Company

Countersigned by _____

West Virginia Benefits Deductible Endorsement

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because the states listed in the Schedule below are shown in Item 3.A. of the Information Page.

1. Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amount shown in the Schedule below.
2. This deductible applies separately to each claim for bodily injury by accident or disease.
3. If the law requires payment on a per accident or per disease basis, this provision applies in place of paragraph 2 above. This deductible applies separately to each accident or disease, regardless of the number of people who sustain injury by such accident or disease.
4. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us, we may cancel the policy as provided in Part Six (Conditions), Section D. Cancellation, of the policy. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.

Schedule

State	Indemnity and Medical Deductible Amount
WV	\$500

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04-29-2025
Insured
BRINKER, MATHEW

Policy No.
4701W0391

Endorsement No.
Premium Included

Insurance Company

Countersigned by _____



BID BOND
(Percentage)

Bond No. 67787500

Matthew Brinker dba Hampshire Heating and Cooling
KNOW ALL PERSONS BY THESE PRESENTS, That we Cooling
of 550 Washington Bottom Rd, Springfield, WV 26763

_____, hereinafter referred to as the Principal, and
WESTERN SURETY COMPANY

as Surety, are held and firmly bound unto West Virginia Department of Highways

~~of~~ _____, hereinafter referred to as the Obligee, in the amount of
Five Percent of the Amount Bid
(5%), for the payment of which we bind ourselves, our legal representatives,
successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal has submitted or is about to submit a proposal to Obligee on a contract for _____
HVAC

NOW, THEREFORE, if the said contract be awarded to Principal and Principal shall, within such time as may be
specified, enter into the contract in writing and give such bond or bonds as may be specified in the bidding or
contract documents with surety acceptable to Obligee; or if Principal shall fail to do so, pay to Obligee the
damages which Obligee may suffer by reason of such failure not exceeding the penalty of this bond, then this
obligation shall be void; otherwise to remain in full force and effect.

SIGNED, SEALED AND DATED this 2nd day of March, 2026.

Principal

Matthew Brinker dba Hampshire Heating and Cooling

BY: Matthew W. Brinker

Surety

WESTERN SURETY COMPANY

BY: Justin R. Campbell
Justin R Campbell, Attorney-in-Fact

Western Surety Company

POWER OF ATTORNEY - CERTIFIED COPY

Bond No. 67787500

Know All Men By These Presents, that WESTERN SURETY COMPANY, a corporation duly organized and existing under the laws of the State of South Dakota, and having its principal office in Sioux Falls, South Dakota (the "Company"), does by these presents make, constitute and appoint Justin R Campbell

its true and lawful attorney(s)-in-fact, with full power and authority hereby conferred, to execute, acknowledge and deliver for and on its behalf as Surety, bonds for:

Principal: Matthew Brinker dba Hampshire Heating and Cooling

Obligee: West Virginia Department of Highways

Amount: \$1,000,000.00

and to bind the Company thereby as fully and to the same extent as if such bonds were signed by the Vice President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said attorney(s)-in-fact may do within the above stated limitations. Said appointment is made under and by authority of the following bylaw of Western Surety Company which remains in full force and effect.

"Section 7. All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

If Bond No. 67787500 is not issued on or before midnight of May 31st, 2026, all authority conferred in this Power of Attorney shall expire and terminate.

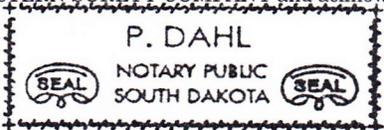
In Witness Whereof, Western Surety Company has caused these presents to be signed by its Vice President, Larry Kasten, and its corporate seal to be affixed this 2nd day of March, 2026.

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

WESTERN SURETY COMPANY

Larry Kasten
Larry Kasten, Vice President

On this 2nd day of March, in the year 2026, before me, a notary public, personally appeared Larry Kasten, who being to me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of WESTERN SURETY COMPANY and acknowledged said instrument to be the voluntary act and deed of said corporation.



My Commission Expires June 18, 2031

P. Dahl
Notary Public - South Dakota

I the undersigned officer of Western Surety Company, a stock corporation of the State of South Dakota, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable, and furthermore, that Section 7 of the bylaws of the Company as set forth in the Power of Attorney is now in force.

In testimony whereof, I have hereunto set my hand and seal of Western Surety Company this 2nd day of March, 2026.

WESTERN SURETY COMPANY

Larry Kasten
Larry Kasten, Vice President

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.



**State of West Virginia
Agency Request for Quote
Highways**

Proc Folder: 1890138			Reason for Modification:
Doc Description: Heating for Disforce Building			
Proc Type: Agency Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2026-02-05	2026-03-03 10:30	ARFQ 0803 DOT2600000061	1

BID RECEIVING LOCATION	
PROCUREMENT DIVISION DIVISION OF HIGHWAYS BLDG 6 RM 340A 1900 KANAWHA BLVD E CHARLESTON WV 25305 US	

VENDOR		
Vendor Customer Code:		
Vendor Name :		
Address :		
Street :		
City :		
State :	Country :	Zip :
Principal Contact :		
Vendor Contact Phone:	Extension:	

FOR INFORMATION CONTACT THE BUYER James F Moffatt 304-414-0815 james.f.moffatt@wv.gov

Vendor Signature X	FEIN#	DATE
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All offers subject to all terms and conditions contained in this solicitation

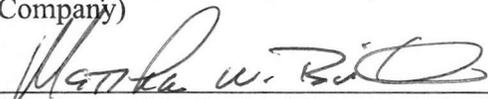
DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

MATTHEW W. BRECKER (OWNER)
(Printed Name and Title)
550 WASHINGTON BOTTOM RD. SPRINGFIELD, WV 26763
(Address)
540-907-2365
(Phone Number) / (Fax Number)
HAMPSHIREHEATINGANDCOOLING@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.

Hampshire Heating & Cooling
(Company)


(Signature of Authorized Representative)

MATTHEW W. BRECKER (OWNER)
(Printed Name and Title of Authorized Representative)

3/1/2026
(Date)

540-907-2365
(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.:

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

Hampshire Heating & Cooling
Company


Authorized Signature

3/1/2026
Date

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

REQUEST FOR QUOTATION
Heat Pump System- Disforce

11.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.

11.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.

11.5. Vendor shall inform all staff of Agency's security protocol and procedures.

12. MISCELLANEOUS:

12.1. 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: MATTHEW BLINKER

Telephone Number: 540-907-2365

Fax Number: N/A

Email Address: Hampshire Heating and Cooling @ Gmail.com

EXHIBIT A – Pricing Page

REQUEST FOR QUOTATION
Heat Pump System- Disforce

The purchase and installation of two (2)- 4-ton heat pump systems with 20 kw electric backup heaters, and One (1) ductless mini split multiport outdoor unit with three (3) 9,000 btuh ceiling cassettes.

DATE: 3/1/2024

VENDOR NAME: Hampshire Heating & Cooling

AUTHORIZED SIGNATURE: Matthew W. Reid

The aforementioned, hereinafter called Vendor, being familiar with and understanding the bidding documents and also having examined the site and being familiar with all local conditions affecting the project hereby proposes to furnish all labor, equipment, supplies, and transportation and to perform all work in accordance with the bidding documents within the time set forth for the sum of:

BASE BID:

For the lump sum of: \$ 58,876.⁰⁰

(show amount in numbers)

Fifty Eight Thousand Eight hundred seventy six Dollars

(show amount in words)

(In the event of a difference between the written amount and the number amount, the written amount shall govern).

CONTRACT AWARD:

The contract shall be awarded to the vendor that provides the lowest overall lump sum cost

REQUEST FOR QUOTATION
Heat Pump System- Disforce

EXHIBIT B -- PROJECT PLANS

The purchase and installation of two (2)- 4-ton heat pump systems with 20 kw electric backup heaters, and One (1) ductless mini split multiport outdoor unit with three (3) 9,000 btuh ceiling cassettes.

- Vendor will provide labor and materials necessary to install the above systems
- Vendor will be responsible for all duct work, supply runs, diffusers, return filter grills, equipment pads, etc, and running wiring from breaker panels to the equipment they install.
- Warranty: 5 years or better parts and compressor for equipment, and 1 year labor on workmanship.