

**CONTRACT****DINWIDDIE COUNTY**  
**FIRE SUPPRESSION SYSTEM MAINTENANCE AND INSPECTIONS**

The Agreement is made this 5th day of December 2022, by and between **Latitude 36, Inc. dba Professional Fire Protection System**, of 158 Wellman Street, Norfolk, Virginia 23502 (party of the first part, and hereinafter known as “Contractor”), and the **County of Dinwiddie**, Virginia (party of the second part, and hereinafter known as “County”).

**WHEREAS**, pursuant to the Virginia Public Procurement Act and the Dinwiddie County Small Purchasing Policies and Procedures, the County secured quotes to provide maintenance and inspections on fire suppression systems throughout the County; and

**WHEREAS**, Contractor submitted a quote for same, consistent with the County’s needs; and

**WHEREAS**, Contractor was selected as having the best overall value; and

**WHEREAS**, County has selected Contractor to provide good/services;

**NOW THEREFORE**, in consideration of the mutual benefits, promises, and undertakings, the sufficiency and receipt of which are acknowledged, the following terms and conditions are agreed to by the parties to this Contract:

- 1. Incorporation by Reference.** The following are made a part hereof as if the same were fully set forth herein, and if any discrepancies arise between the documents, they will prevail in the following order: (1) this Contract, (2) Request for Quotations # 23-101822 including any addenda and (3) Contractor’s quote dated November 8, 2022. This procurement is governed by the Virginia Public Procurement Act and the Dinwiddie County Purchasing Policies and Procedures. All terms and conditions of the Act and the Policies and Procedures are hereby adopted and incorporated by reference herein.
- 2. Time of Performance.** Contractor agrees to provide services per the Request for Quotations.
- 3. Term of Contract.** The term of this contract shall be for one (1) year with the option for renewals under the terms, conditions and unit pricing of the original contract for up to two (2) additional years, unless either party gives written notification to the other party sixty (60) days prior to expiration of the then-current term that they do not wish to renew. The contract and any renewals are subject to the availability of funds and annual appropriations by the Board of Supervisors. Price increases, if any, shall be in accordance with the original contract or negotiated at the time of renewal. **At no time shall the cumulative cost of the Contract exceed Fifty Thousand and no/100 dollars (\$50,000).**
- 4. Costs.** Contractor agrees to perform all work and provide all equipment pursuant to this Contract for the Unit Prices listed on the attached Quote Form (the “Contract Price”). Payment shall be made to Contractor within thirty (30) days after receipt of invoice and verification of work.
- 5. Notices.** Any notices required shall be in writing and be sent either by U.S. Mail with postage prepaid or by email to the addresses set forth below:

Notice to County shall be made to:  
Procurement  
Dinwiddie County  
P.O. Drawer 70  
Dinwiddie, Virginia 23841  
(804) 469-4500  
Accounting@dinwiddieva.us

Notice to Contractor shall be made to:  
David Bowden  
Latitude 36, Inc.  
158 Wellman Street  
Norfolk, Virginia 23502  
(757) 671-8999  
insp@latitude36.net

6. **General Terms and Conditions.** During the term of this Contract, Contractor agrees to procure and maintain insurance which meets all County's requirements in the Request for Quotations.
7. **Counterparts.** This Agreement may be executed in one or more counterparts each of which shall be deemed an original but all of which together shall constitute one and the same instrument. Signed signature pages may be transmitted by facsimile or as an attachment to an email, and any such signature shall have the same legal effect as an original.
8. **Severability.** If any provision of this Agreement is determined to be unenforceable, invalid or illegal, then the enforceability, validity and legality of the remaining provisions will not in any way be affected or impaired, and such provision will be deemed to be restated to reflect the original intentions of the parties as nearly as possible in accordance with applicable law.
9. **Force Majeure.** Neither party hereto shall be held liable for delay or failure to perform hereunder, when such delay or failure is without its fault or negligence and due solely to events beyond its control which cannot reasonably be forecast or provided against such as fires, strikes, floods, hurricanes, tornadoes, snowstorms, acts of God, acts of war or terrorism, or legal acts of public authorities.
10. **Miscellaneous.** This Contract shall be governed by the laws of the Commonwealth of Virginia. Jurisdiction and venue for any litigation arising out of or involving this Agreement shall lie in the Circuit Court of the County of Dinwiddie, Virginia, and such litigation shall be brought only in such courts. All pronouns used herein shall refer to every gender. Headings or titles in this Contract are only for convenience and shall have no meaning or effect upon the interpretation of the provisions of this Contract. This Contract is the entire agreement between the parties and may not be amended or modified, except by writing, signed by each party. If any provision of this Contract is determined to be unenforceable, then the remaining provisions of this Contract shall be interpreted as in effect as if such unenforceable provision were not included therein.

**IN WITNESS WHEREOF**, the parties hereto have executed this Contract as of the day first written above.

County of Dinwiddie, Virginia

Latitude 36, Inc.

*W. Kevin Massengill*

*David Bowden*

\_\_\_\_\_  
W. Kevin Massengill  
County Administrator

\_\_\_\_\_  
Print Name/Title:  
David Bowden/VP

Approved as to form:

Department Approval:

*W. Kevin Massengill*

*Dennis Hale*

\_\_\_\_\_  
Legal Counsel

\_\_\_\_\_  
Dennis Hale, Chief of Fire & EMS

**PART B  
QUOTE FORM**

RFQ-23-101822

Fire Suppression System Maintenance, Inspections and Repairs

If more space is required to furnish a description of the commodities and/or services or other information, the Vendor may attach a letter thereto which will be made a part of the quotation. All quotations must be submitted and plainly marked using the RFQ number and date. Verbal quotations will not be accepted.

Vendor declares that the quotation is not made in connection with any other vendor submitting a quotation for the same commodity or commodities, and that the quotation is bona fide and is in all respects fair and without collusion or fraud.

All quotations must be signed by a responsible officer or employee, authorized by the Contractor/Vendor, and must include the firm's legal name. Obligations assumed by such signature must be fulfilled.

Submission Date: 11/8/22Federal Tax ID#: 54-1933058DPOR License #: 2705075691Name of firm: LATITUDE 36, INC T/A <sup>PROFESSIONAL</sup> Fire Protection Systems Phone #: 757-671-8999By (signature): Type/Print Name: DAVID R BOWDEN Address: 158 Wellman StreetEmail Address: INSP@latitude36.net NORFOLK, VA 23502No of Full-Time Employees: 62 No of Part-Time Employees: 0Hours of Operation: 7a - 4:30 pm w/ 24/7 Emergency

Please list all subcontractors, if any:

Company Name

N/A

DPOR License #

N/A

Please provide a brief description of the company's experience:

20+ years experience in the Industry with Large property management companies such as Bonaventure, St Nusbaur & marathon development

Please provide a description of your experience working with local government entities:

Long Standing service contract and Relationship with the City of Virginia Beach - Servicing over 20 Buildings. Also maintain contract with the city of Norfolk.

Please describe what makes your company unique from others in the industry?

We are a small, women-owned and minority-owned business that offers one-stop servicing for sprinkler, backflow inspections, maintenance, service & repairs and Alarm monitoring.

| Section 1 - Commercial Exhaust Hoods Inspections |                                       |            |     |                |             |
|--------------------------------------------------|---------------------------------------|------------|-----|----------------|-------------|
| Item No.                                         | Description                           | Unit Price | Qty | Times Per Year | Total Price |
| 1.                                               | Hood Fire Suppression Inspections     | \$175      | 6   | 2              | \$2,100     |
| 2.                                               | 360 degree Fusible Link, if necessary | Ø          | 1   | 1              | Ø           |
| 3.                                               | 450 degree Fusible Link, if necessary | Ø          | 1   | 1              | Ø           |
| TOTAL SECTION 1                                  |                                       |            |     |                | \$ 2,100.00 |

| Section 2 - Fire Alarm Inspections |                                       |            |              |             |
|------------------------------------|---------------------------------------|------------|--------------|-------------|
| Item No.                           | Description                           | Unit Price | Times Per Yr | Total Price |
| 4.                                 | Government Center                     | \$675      | 1            | \$675.00    |
| 5.                                 | Pump House                            | \$100      | 1            | \$100.00    |
| 6.                                 | Public Safety                         | \$200      | 1            | \$200.00    |
| 7.                                 | Courthouse                            | \$300      | 1            | \$300.00    |
| 8.                                 | Information Technology                | \$150      | 1            | \$150.00    |
| 9.                                 | Dinwiddie Library                     | \$100      | 1            | \$100.00    |
| 10.                                | Eastside Community Enhancement Center | \$325      | 1            | \$325.00    |
| 11.                                | Ford Volunteer Fire Dept              | \$175      | 1            | \$175.00    |
| 12.                                | Namozine Volunteer Fire Dept          | \$250      | 1            | \$250.00    |
| 13.                                | Ragsdale Community Center             | \$200      | 1            | \$200.00    |
| TOTAL SECTION 2                    |                                       |            |              | \$ 2,475.00 |

| Section 3 – Fire Pump and Sprinkler System Inspections |                                                        |            |              |             |
|--------------------------------------------------------|--------------------------------------------------------|------------|--------------|-------------|
| Item No.                                               | Description                                            | Unit Price | Times per Yr | Total Price |
| 14.                                                    | Government Center, Public Safety Building & Pump House | \$ 800     | 2            | \$ 1,600.00 |
| 15.                                                    | Ragsdale Community Center                              | \$ 200     | 2            | \$ 400.00   |
| 16.                                                    | Courthouse                                             | \$ 700     | 2            | \$ 1,400.00 |
| 17.                                                    | Historic Courthouse                                    | \$ 150     | 2            | \$ 300.00   |
| 18.                                                    | Namozine Volunteer Fire Dept                           | \$ 150     | 2            | \$ 300.00   |
| TOTAL SECTION 3                                        |                                                        |            |              | \$ 4,000.00 |

| Hourly Rates for Repairs |                                                                                                         |                               |
|--------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------|
| Item No.                 | Description                                                                                             | Hourly Rate                   |
| 19.                      | <b>Mechanical</b> Hourly Repair Rate during business hours<br>(Monday-Friday 8:30 am – 5:00 pm)         | 1 man - \$90<br>crew - \$135  |
| 20.                      | <b>Mechanical</b> Hourly Repair Rate after hours including weekends                                     | 1 man - \$135<br>crew - \$200 |
| 21.                      | <b>Electrical</b> Hourly Repair Rate during business hours<br>(Monday-Friday 8:30 am – 5:00 pm)         | 1 man - \$90<br>crew - \$135  |
| 22.                      | <b>Electrical</b> Hourly Repair Rate after hours including weekends                                     | 1 man - \$135<br>crew - \$200 |
| 23.                      | <b>Suppression System</b> Hourly Repair Rate during business hours<br>(Monday-Friday 8:30 am – 5:00 pm) | 1 man - \$90<br>crew - \$135  |
| 24.                      | <b>Suppression System</b> Hourly Repair Rate after hours including weekends                             | 1 man - \$135<br>crew - \$200 |
| 25.                      | <b>Materials for Repairs</b> – Percentage off List Price                                                | 20 %                          |

| GRAND TOTAL        |                    |
|--------------------|--------------------|
| Description        | Total              |
| Total of Section 1 | \$ 2,100.00        |
| Total of Section 2 | \$ 2,475.00        |
| Total of Section 3 | \$ 4,000.00        |
| <b>GRAND TOTAL</b> | <b>\$ 8,575.00</b> |

**Virginia State Corporation Commission (SCC) registration information. The bidder:**

is a corporation or other business entity with the following SCC identification number: 05146048 OR-

is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust **-OR-**

is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the bidder in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from bidder's out-of-state location) **-OR-**

is an out-of-state business entity that is including with this bid an opinion of legal counsel which accurately and completely discloses the undersigned bidder's current contacts with Virginia and describes why those contacts do not constitute the transaction of business in Virginia within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.

**\*\*NOTE\*\*** >> Check the following box if you have not completed any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for bids (the Commonwealth reserves the right to determine in its sole discretion whether to allow such waiver):

**REFERENCES**

Vendors shall supply three (3) references that list a brief description of the same type of work and requirements for area(s) of similar size or larger, satisfactorily completed with dates of service or contract period, location, names, addresses, and phone numbers of Owners. Offerors shall only indicate references they have worked with in the past two (2) years. A separate page of references is acceptable if needed for additional space.

Reference #1

Name of County, City, Agency or Firm: City of Virginia Beach, Public Utilities / Sprinkler

Address: 3500 DAM NECK Rd. Virginia Beach, VA 23453  
maintenance / Fire Protection

Contact with Title: John Jennings - Engineer Public Works Telephone: 757-385-8087

Types of services provided: Sprinkler, Backflow Inspections, maintenance, service & repairs and alarm monitoring

Contract Dates: From 6/29/15 To Present (Four year extensions remain)

Reference #2

Name of County, City, Agency or Firm: Hampton University

Address: 132 William Harvey Way, Hampton, VA 23668-0099

Contact with Title: Elizabeth Mangerson - Chief of Police Telephone: 757-727-5859  
. Admin. to

Types of services provided: Sprinkler, Backflow Inspections, maintenance, service & repairs and Alarm monitoring

Contract Dates: From 9/1/2017 To Present (Annual Renewals)

Reference #3

Name of County, City, Agency or Firm: Bonaventure

Address: 209 Madison St. 4th Floor Alexandria, VA 22314

Contact with Title: John Schojan - Dir. of Maintenance Telephone: 757-293-8108

Types of services provided: Sprinkler, Backflow Inspections, maintenance, service & repairs and Alarm monitoring.

Contract Dates: From 1/1/21 To 1/1/24



COMMONWEALTH of VIRGINIA

Department of Professional and Occupational Regulation

9960 Mayland Drive, Suite 400, Richmond, VA 23233

Telephone: (804) 367-8500

EXPIRES ON

05-31-2023

NUMBER

2705075691

BOARD FOR CONTRACTORS

CLASS A CONTRACTOR

\*CLASSIFICATIONS\* CBC FAS FSP RBC SPR



LATITUDE 36 INC  
PROFESSIONAL FIRE PROTECTION  
158 WELLMAN ST  
NORFOLK, VA 23502



*Mary Brock-Vaughan*  
Mary Brock-Vaughan, Director

Status can be verified at <http://www.dpor.virginia.gov>

(SEE REVERSE SIDE FOR PRIVILEGES AND INSTRUCTIONS)

DPOR-LIC (02/2017)



COMMONWEALTH of VIRGINIA  
Department of Professional and Occupational Regulation

(DETACH HERE)

CLASS A BOARD FOR CONTRACTORS  
CONTRACTOR

\*CLASSIFICATIONS\* CBC FAS FSP RBC SPR  
NUMBER: 2705075691 EXPIRES: 05-31-2023

LATITUDE 36 INC  
PROFESSIONAL FIRE PROTECTION  
158 WELLMAN ST  
NORFOLK, VA 23502



(FOLD)

Status can be verified at <http://www.dpor.virginia.gov>

DPOR-PC (02/2017)



PROFFIR-02

JMILLER1

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**11/4/2022**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Beskin Divers Insurance Group<br>300 Southport Cir<br>Virginia Beach, VA 23452                           | <b>CONTACT NAME:</b> Jean Miller<br><b>PHONE (A/C, No, Ext):</b><br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> jean.miller@beskindivers.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |        |                                                              |              |                                                       |              |                                                 |               |                                              |              |                    |  |                    |  |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|--------------------------------------------------------------|--------------|-------------------------------------------------------|--------------|-------------------------------------------------|---------------|----------------------------------------------|--------------|--------------------|--|--------------------|--|
| <b>INSURED</b><br><br>Latitude 36, Inc. t/a Professional Fire Protection Systems<br>158 Wellman Street<br>Norfolk, VA 23502 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A : Mesa Underwriters Specialty Insurance Co.</b></td> <td style="text-align: center;"><b>36838</b></td> </tr> <tr> <td><b>INSURER B : Builders Premier Insurance Company</b></td> <td style="text-align: center;"><b>13036</b></td> </tr> <tr> <td><b>INSURER C : Scottsdale Insurance Company</b></td> <td style="text-align: center;"><b>41297j</b></td> </tr> <tr> <td><b>INSURER D : Columbia Casualty Company</b></td> <td style="text-align: center;"><b>31127</b></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A : Mesa Underwriters Specialty Insurance Co.</b> | <b>36838</b> | <b>INSURER B : Builders Premier Insurance Company</b> | <b>13036</b> | <b>INSURER C : Scottsdale Insurance Company</b> | <b>41297j</b> | <b>INSURER D : Columbia Casualty Company</b> | <b>31127</b> | <b>INSURER E :</b> |  | <b>INSURER F :</b> |  |
| INSURER(S) AFFORDING COVERAGE                                                                                               | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |        |                                                              |              |                                                       |              |                                                 |               |                                              |              |                    |  |                    |  |
| <b>INSURER A : Mesa Underwriters Specialty Insurance Co.</b>                                                                | <b>36838</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                                              |              |                                                       |              |                                                 |               |                                              |              |                    |  |                    |  |
| <b>INSURER B : Builders Premier Insurance Company</b>                                                                       | <b>13036</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                                              |              |                                                       |              |                                                 |               |                                              |              |                    |  |                    |  |
| <b>INSURER C : Scottsdale Insurance Company</b>                                                                             | <b>41297j</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                              |              |                                                       |              |                                                 |               |                                              |              |                    |  |                    |  |
| <b>INSURER D : Columbia Casualty Company</b>                                                                                | <b>31127</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                                              |              |                                                       |              |                                                 |               |                                              |              |                    |  |                    |  |
| <b>INSURER E :</b>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |        |                                                              |              |                                                       |              |                                                 |               |                                              |              |                    |  |                    |  |
| <b>INSURER F :</b>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |        |                                                              |              |                                                       |              |                                                 |               |                                              |              |                    |  |                    |  |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                | ADDL INSD                           | SUBR WVD                            | POLICY NUMBER          | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                             |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER:                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <b>MP0082001005155</b> | <b>9/27/2022</b>        | <b>9/27/2023</b>        | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>10,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COM/OP AGG \$ <b>2,000,000</b> |
| <b>B</b> | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |                                     |                                     | <b>PCA 0028722 02</b>  | <b>9/27/2022</b>        | <b>9/27/2023</b>        | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                                                   |
| <b>C</b> | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>                               |                                     |                                     | <b>XLS0123095</b>      | <b>9/27/2022</b>        | <b>9/27/2023</b>        | EACH OCCURRENCE \$ <b>5,000,000</b><br>AGGREGATE \$ <b>5,000,000</b>                                                                                                                                                                                                               |
| <b>B</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below                               |                                     |                                     | <b>PWC 1014735 02</b>  | <b>9/27/2022</b>        | <b>9/27/2023</b>        | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>                                                     |
| <b>D</b> | <b>Professional Liab</b>                                                                                                                                                                                                                                                                         |                                     |                                     | <b>C 2088390890</b>    | <b>1/23/2022</b>        | <b>1/23/2023</b>        | <b>occlagg</b> <b>2,000,000</b>                                                                                                                                                                                                                                                    |
| <b>D</b> | <b>Pollution Liab</b>                                                                                                                                                                                                                                                                            |                                     |                                     | <b>C 2088390890</b>    | <b>1/23/2022</b>        | <b>1/23/2023</b>        | <b>occlagg</b> <b>2,000,000</b>                                                                                                                                                                                                                                                    |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Leased/Rented Contractors Equipment coverage limit \$100,000  
 Insurer (B) - Builders Premier Insurance Co.  
 Eff: 9-27-22 to 23

The County of Dinwiddie, Virginia, its officers, agents and employees are recognized as additional insured with respects to general liability and coverage is primary & non-contributory per CG2010 04/13; CG2037 07/04 and CG2001 04/13.

|                                                                                                                                     |                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>County of Dinwiddie, Virginia<br>14010 Boydton Plank Road<br>P.O. Drawer 70<br>Dinwiddie, VA 23841 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Form **W-9**  
 (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print or type.<br>See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>LATITUDE 36, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                             |
|                                                        | 2 Business name/disregarded entity name, if different from above<br><b>T/A PROFESSIONAL FIRE PROTECTION SYSTEMS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                             |
|                                                        | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><small>(Applies to accounts maintained outside the U.S.)</small> |
|                                                        | <input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) ▶ _____ |  |                                                                                                                                                                                                                                                                             |
|                                                        | 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>158 WELLMAN STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Requester's name and address (optional)                                                                                                                                                                                                                                     |
|                                                        | 6 City, state, and ZIP code<br><b>NORFOLK, VA 23502</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                             |
|                                                        | 7 List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                             |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

|                                       |   |  |   |   |   |   |   |   |   |
|---------------------------------------|---|--|---|---|---|---|---|---|---|
| <b>Social security number</b>         |   |  |   |   |   |   |   |   |   |
|                                       |   |  |   |   |   |   |   |   |   |
| or                                    |   |  |   |   |   |   |   |   |   |
| <b>Employer identification number</b> |   |  |   |   |   |   |   |   |   |
| 5                                     | 4 |  | 1 | 9 | 3 | 3 | 0 | 5 | 8 |

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                            |                 |
|------------------|----------------------------|-----------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ 1/3/2022 |
|------------------|----------------------------|-----------------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# Latitude 36, Inc.

## DBA: Professional Fire Protection Systems

David Bowden  
158 Wellman St  
Norfolk, VA 23502  
Phone: (757) 671-8999  
Fax: (757) 671-8233  
accounting@latitude36.net

Certification Number 683957

### SWM Certification Type:

Small Start Date: 11-13-2020

Small Expiration Date: 11-13-2025

### NIGP Code and Description

93633

Fire Protection Equipment and Systems including Fire Hydrants,  
Fire Sprinkler Systems, Smoke Detecto

Pcard: Y

Business Category: Construction

**Certificate Of Completion**

Envelope Id: 863903C1D7DC48A080E01A161485428E

Status: Completed

Subject: Contract with Latitude 36

Source Envelope:

Document Pages: 12

Signatures: 4

Envelope Originator:

Certificate Pages: 5

Initials: 0

Hollie Casey

AutoNav: Enabled

hcasey@dinwiddieva.us

Enveloped Stamping: Enabled

IP Address: 139.60.228.178

Time Zone: (UTC-05:00) Eastern Time (US &amp; Canada)

**Record Tracking**

Status: Original

Holder: Hollie Casey

Location: DocuSign

11/29/2022 | 02:28 PM

hcasey@dinwiddieva.us

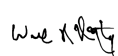
**Signer Events****Signature****Timestamp**

William Hefty

bill@heftywiley.com

Legal Counsel

County of Dinwiddie

Security Level: Email, Account Authentication  
(None)Signature Adoption: Drawn on Device  
Using IP Address: 173.53.122.32

Sent: 11/29/2022 | 02:32 PM

Viewed: 11/29/2022 | 02:40 PM

Signed: 11/29/2022 | 02:41 PM

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Dennis Hale

dhale@dinwiddieva.us

Security Level: Email, Account Authentication  
(None)Signature Adoption: Pre-selected Style  
Using IP Address: 139.60.228.178

Sent: 11/29/2022 | 02:41 PM

Viewed: 11/29/2022 | 03:45 PM

Signed: 11/29/2022 | 03:48 PM

**Electronic Record and Signature Disclosure:**

Accepted: 12/1/2022 | 11:57 AM

ID: 9d67d549-ab34-4ec8-9cb8-9c06a11ce09d

Company Name: Dinwiddie County

W. Kevin Massengill

kmassengill@dinwiddieva.us

County Administrator

Dinwiddie County

Security Level: Email, Account Authentication  
(None)Signature Adoption: Pre-selected Style  
Using IP Address: 139.60.228.178

Sent: 11/29/2022 | 03:48 PM

Viewed: 11/29/2022 | 04:57 PM

Signed: 11/29/2022 | 05:02 PM

**Electronic Record and Signature Disclosure:**

Accepted: 4/17/2020 | 03:04 PM

ID: 42c6e72a-b34f-45d6-988d-e9d30e610ed4

Company Name: Dinwiddie County

David Bowden

insp@latitude36.net

Security Level: Email, Account Authentication  
(None)Signature Adoption: Pre-selected Style  
Using IP Address: 184.183.79.180

Sent: 11/29/2022 | 05:02 PM

Viewed: 12/1/2022 | 07:17 AM

Signed: 12/2/2022 | 02:45 PM

**Electronic Record and Signature Disclosure:**

Accepted: 12/1/2022 | 07:17 AM

ID: 48cb300b-c7c9-4702-af38-440ca99a5a81

Company Name: Dinwiddie County

| Signer Events                                                                                                                                                      | Signature                                                | Timestamp                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Hollie Casey<br>hcasey@dinwiddieva.us<br>Procurement Officer<br>Dinwiddie County<br>Security Level: Email, Account Authentication (None)                           | <b>Completed</b><br><br>Using IP Address: 139.60.228.178 | Sent: 12/2/2022   02:45 PM<br>Viewed: 12/5/2022   08:46 AM<br>Signed: 12/5/2022   08:47 AM |
| <b>Electronic Record and Signature Disclosure:</b><br>Accepted: 9/15/2021   08:30 AM<br>ID: fbb6381e-0224-48a7-8dcb-8e325672939f<br>Company Name: Dinwiddie County |                                                          |                                                                                            |

| In Person Signer Events | Signature | Timestamp |
|-------------------------|-----------|-----------|
|-------------------------|-----------|-----------|

| Editor Delivery Events | Status | Timestamp |
|------------------------|--------|-----------|
|------------------------|--------|-----------|

| Agent Delivery Events | Status | Timestamp |
|-----------------------|--------|-----------|
|-----------------------|--------|-----------|

| Intermediary Delivery Events | Status | Timestamp |
|------------------------------|--------|-----------|
|------------------------------|--------|-----------|

| Certified Delivery Events | Status | Timestamp |
|---------------------------|--------|-----------|
|---------------------------|--------|-----------|

| Carbon Copy Events | Status | Timestamp |
|--------------------|--------|-----------|
|--------------------|--------|-----------|

|                                                                                                                                                                    |               |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| Nick Sheffield<br>nshffield@dinwiddieva.us<br>Security Level: Email, Account Authentication (None)                                                                 | <b>COPIED</b> | Sent: 12/5/2022   08:47 AM |
| <b>Electronic Record and Signature Disclosure:</b><br>Accepted: 2/23/2021   11:38 AM<br>ID: 23a02391-eb6f-4dae-98f1-a0fad156d6c1<br>Company Name: Dinwiddie County |               |                            |

|                                                                                                                                                                     |               |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|
| Gene Jones<br>gjones@dinwiddieva.us<br>Security Level: Email, Account Authentication (None)                                                                         | <b>COPIED</b> | Sent: 12/5/2022   08:47 AM |
| <b>Electronic Record and Signature Disclosure:</b><br>Accepted: 11/21/2022   07:44 AM<br>ID: dc5186eb-041f-4800-99bb-020f8c322960<br>Company Name: Dinwiddie County |               |                            |

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
|----------------|-----------|-----------|

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

| Envelope Summary Events | Status           | Timestamps            |
|-------------------------|------------------|-----------------------|
| Envelope Sent           | Hashed/Encrypted | 11/29/2022   02:32 PM |
| Certified Delivered     | Security Checked | 12/5/2022   08:46 AM  |
| Signing Complete        | Security Checked | 12/5/2022   08:47 AM  |
| Completed               | Security Checked | 12/5/2022   08:47 AM  |

| Payment Events | Status | Timestamps |
|----------------|--------|------------|
|----------------|--------|------------|

| Electronic Record and Signature Disclosure |
|--------------------------------------------|
|--------------------------------------------|

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, Dinwiddie County (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Dinwiddie County:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [hcasey@dinwiddieva.us](mailto:hcasey@dinwiddieva.us)

### **To advise Dinwiddie County of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [hcasey@dinwiddieva.us](mailto:hcasey@dinwiddieva.us) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from Dinwiddie County**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [hcasey@dinwiddieva.us](mailto:hcasey@dinwiddieva.us) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with Dinwiddie County**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:



- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [hcasey@dinwiddieva.us](mailto:hcasey@dinwiddieva.us) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

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### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Dinwiddie County as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Dinwiddie County during the course of your relationship with Dinwiddie County.