



NOTICE TO PROCEED

January 05, 2026

Mr. Chad Wilcox
Radon Medical Imaging LLC
4455 Glenbrook Road
Willoughby OH 44094

Dear Mr. Wilcox,

This letter serves as Radon Medical Imaging LLC's official Notice to Proceed for the South Charleston Campus, Building 2000 Radiographic Simulation Lab Project at BridgeValley Community & Technical College.

Work is authorized to commence effective today and, in accordance with Agreement No. BV2526-001, must be completed **no later than February 28, 2026**, unless a written extension is approved by the College.

We look forward to working with you on this important project for our institution.

Sincerely,

Cathy Aquino

Cathy L Aquino
Chief Financial Officer



PURCHASE ORDER
BV2526-40
12/18/2025
Page 1

RFP BV2526-001
B00097229
RADON MEDICAL IMAGING LLC
4455 GLENBROOK RD
WILLOUGHBY oh 44094

SHIP TO
RUSSELL SAUNDERS
2001 UNION CARBIDE DR
SOUTH CHARLESTON WV 25303

1
DEL FLOOR MOUNTED X-RAY ROOM
WITH NEW CANON WIRELESS DIGITAL DETECTOR
DEL FLOOR MOUNTED TUBE STAND
DEL VS300 WALL STAND
DEL EV800 ELEVATING TABLE
DEL 50KW GENERATOR
SIEMENS COLLIMATOR
SIEMENS X-RAY TUBE
CANON 702 WIRELESS DIGITAL DETECTOR

1 DOL 129,900.00 129,900.00

2
INSTALLATION
LEAD DRYWALL
LEAD WINDOWS
LEAD DOORS

1 DOL 48,500.00 48,500.00

DISCOUNT: .00
ADDL CHARGES: .00
TOTAL TAXES: .00

178,400.00

BANNER
FUND: 5778
ORGN: 3399
ACCT: 79H123/79H243
ACTV: N/A

OASIS
FUND/SUBFUND: 4985/5778
DEPT/UNIT: 0493/3399
APPR: 09900
OBJ/SUBOBJ: 3207/79H123 5203/79H243
ACTIVITY N/A

Cathy Aquino

AUTHORIZED SIGNATURE

***Please remit invoices by mail to:

by email to:

BridgeValley Community & Technical College
Attn: Cathy Aquino
2001 Union Carbide Drive
South Charleston, WV 25303

ap@bridgevalley.edu

12/18/2025

Date

Approved as to form this 5th day of January, 2026
John E. McCusker Attorney General
By: *[Signature]*

PERFORMANCE BOND

KNOW ALL MEN BY THESE PRESENTS:

That Radon Medical Imaging LLC, 119 Kiwanavista Lane, Ona WV 25545

(Contractor name, complete address including ZIP Code and legal title)

as Principal, hereinafter called Contractor, and Philadelphia Indemnity Insurance Company

(Surety name and complete address including ZIP Code)

One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004-0950

a corporation organized and existing under

the laws of the State of Pennsylvania, with its principal office in the City of Bala Cynwyd

as Surety, hereinafter called Surety, are held firmly bound unto BridgeValley Community & Technical College

(Owner name, complete address including ZIP Code and legal title)

2001 Union Carbide Drive South, Charleston, WV 25303

as Obligee, hereinafter called Owner, in the amount of One Hundred Seventy Eight Thousand Four Hundred and 00/100

Dollars (\$178,400.00), for the payment whereof Contractor and Surety bind themselves, their heirs, executors,

administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, Contractor has by written agreement dated _____

entered into a contract with Owner for _____

BV2526-001 RADIOGRAPHIC SIMULATION LAB

in accordance with drawings and specifications prepared by _____

which contract is by reference made a part hereof, and is hereinafter referred to as the CONTRACT.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is such that if Contractor shall, promptly and faithfully Perform and CONTRACT, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

The Surety hereby waives notice of any alteration or extension of time made by the Owner.

Whenever Contractor shall be, and declared by Owner to be in default under the CONTRACT, the Owner having performed Owner's obligations thereunder, the Surety may promptly remedy the default, or shall promptly:

1. Complete the CONTRACT in accordance with its terms and conditions, and

2. Shall save the Owner harmless from any claims, judgments, or liens arising from the Surety's failure to either remedy the default or to

complete the CONTRACT in accordance with its terms and conditions in a timely manner.

No right of action shall accrue on this bond to or for the use of any person or corporation other than the Owner named herein or the successors of Owner.

Signed and sealed this * 18th

day of December 20 25

Principal Corporate Seal

Radon Medical Imaging LLC

(Seal)

(Contractor Name)

BY:

As its President

(Seal)

(Must be President, Vice President, Owner, Partner, Manager, Member, or other duly Authorized Agent)

Managing Member

(Title)

Surety Corporate Seal

Philadelphia Indemnity Insurance Company

(Surety)

BY:

Sharif Ismail, Attorney-in-Fact


(Seal)

NOTE: Please attach Power of Attorney.

NOTE: Applicable sections of attached acknowledgments must be completed and returned as part of the bond.

ACKNOWLEDGMENTS

Acknowledgment by Principal if individual or Partnership

1. STATE OF West Virginia
2. County of Cabell to-wit:
3. I, Stefanie L. Frye, a Notary Public in and for the
4. county and state aforesaid, do hereby certify that Timothy J. Martin
whose name is signed to the foregoing writing, has this day acknowledged the same before me in my said county.
5. Given under my hand this 18th day of December 20 25
6. Notary Seal  7. Stefanie L. Frye
(Notary Public)
8. My commission expires on the 26th day of April 20 27

Acknowledgment by Principal if Corporation

9. STATE OF _____
10. County of _____ to-wit:
11. I, _____, a Notary Public in and for the
12. county and state aforesaid, do hereby certify that _____
13. who as, _____ signed the foregoing writing for
14. a corporation, has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
15. Given under my hand this _____ day of _____ 20 _____
16. Notary Seal 17. _____
(Notary Public)
18. My commission expires on the _____ day of _____ 20 _____

Acknowledgment by Surety

19. STATE OF NY
20. County of Onondaga to-wit:
21. I, Valeriya Stankova Stoeva, a Notary Public in and for the
22. county and state aforesaid, do hereby certify that Sharif Ismail
23. who as, Attorney-in-Fact signed the foregoing writing for
24. Philadelphia Indemnity Insurance Company a corporation,
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
25. Given under my hand this 18th day of December 20 25
26. Notary Seal 27. Valeriya Stankova Stoeva
(Notary Public)
28. My commission expires on the 7th day of April 20 29

Sufficiency in Form and Manner of Execution Approved

This 5th day of January 20 26

Exhibit H

By: John S. Gray
(Deputy Attorney General)

VALERIYA STANKOVA STOEVA
Notary Public, State of New York
No. 01ST0035840
Qualified in Onondaga County
My Commission Expires _____

Bond # CE12438200122

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Ralf Rigo and Sharif Ismail of SBXPRSS, INC. DBA BONDSEXRESS SURETY AND INSURANCE AGENCY** its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **\$50,000,000**.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November 2016.

RESOLVED:

That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

**FURTHER
RESOLVED:**

That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF OCTOBER 2024.

(Seal)



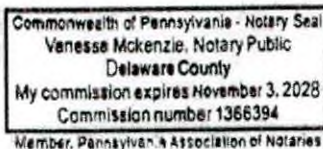
John Glomb

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of October, 2024 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**, that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Notary Public:

Vanessa McKenzie



residing at:

Bala Cynwyd, PA

My commission expires:

November 3, 2028

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day October 2024 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 18th day of December, 2025.



Edward Sayago

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

LABOR AND MATERIAL PAYMENT BOND

KNOW ALL MEN BY THESE PRESENTS:

That Radon Medical Imaging LLC, 119 Kiwanavista Lane, Ona WV 25545

(Contractor name, complete address including ZIP Code and legal title)

as Principal, hereinafter called Contractor, and Philadelphia Indemnity Insurance Company

(Surety name and complete address including ZIP Code)

One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004-0950

a corporation organized and existing under

the laws of the State of Pennsylvania

, with its principal office in the City of Bala Cynwyd

as Surety, hereinafter called Surety, are held firmly bound unto BridgeValley Community & Technical College

(Owner name, complete address including ZIP Code and legal title)

2001 Union Carbide Drive South, Charleston, WV 25303

as Obligee, hereinafter called Owner, for the use and benefit of claimants as herein below defined in the amount of

One Hundred Seventy Eight Thousand Four Hundred and 00/100 Dollars (\$178,400.00),

for the payment whereof Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Contractor has by written agreement dated _____

entered into a contract with Owner for

BV2526-001 RADIOGRAPHIC SIMULATION LAB

in accordance with drawings and specifications prepared by _____

which contract is by reference made a part hereof, and is hereinafter referred to as the CONTRACT.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is such that if Contractor shall, well and truly perform the contract, and shall pay off, satisfy and discharge all claims of subcontractors, labors, materialmen and all persons furnishing material or doing work pursuant to the CONTRACT and shall save Owner and its property harmless from any and all liability over and above the contract price thereof, between the Owner and the Contractor, for all of such labor and material, and shall fully pay off and discharge and secure the release of any and all mechanics liens which may be placed upon said property by any such subcontractor, laborer or materialmen, then this obligation shall be null and void. Otherwise, it shall remain in full force and effect.

Signed and sealed this * 18th day of December 2025

Principal Corporate Seal

Radon Medical Imaging LLC (Seal)

(Contractor Name)

BY: [Signature] (Seal)

(Must be President, Vice President, Owner, Partner, Manager, Member, or other duly Authorized Agent)

Managing Member

(Title)

Surety Corporate Seal

Philadelphia Indemnity Insurance Company

(Surety)

BY: [Signature] (Seal)

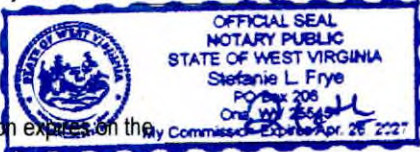
Sharif Ismail, Attorney-In-Fact

NOTE: Please attach Power of Attorney.

NOTE: Applicable sections of attached acknowledgments must be completed and returned as part of the bond.

ACKNOWLEDGMENTS

Acknowledgment by Principal if individual or Partnership

1. STATE OF West Virginia
2. County of Cabell to-wit:
3. I, Stefanie L. Frye, a Notary Public in and for the
4. county and state aforesaid, do hereby certify that Timothy J. Martin
whose name is signed to the foregoing writing, has this day acknowledged the same before me in my said county.
5. Given under my hand this 18th day of December 20 25
6. Notary Seal  7: Stefanie L. Frye
(Notary Public)
8. My commission expires on the 26th day of April 20 27

Acknowledgment by Principal if Corporation

9. STATE OF _____
10. County of _____ to-wit:
11. I, _____, a Notary Public in and for the
12. county and state aforesaid, do hereby certify that _____
13. who as, _____ signed the foregoing writing for
14. a corporation, has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
15. Given under my hand this _____ day of _____ 20 _____
16. Notary Seal 17: _____
(Notary Public)
18. My commission expires on the _____ day of _____ 20 _____

Acknowledgment by Surety

19. STATE OF NY
20. County of Onondaga to-wit:
21. I, Valeriya Stankova Stoeva, a Notary Public in and for the
22. county and state aforesaid, do hereby certify that Sharif Ismail
23. who as, Attorney-in-Fact signed the foregoing writing for
24. Philadelphia Indemnity Insurance Company a corporation,
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
25. Given under my hand this 18th day of December 20 25
26. Notary Seal VALERIYA STANKOVA STOEVA
Notary Public, State of New York
No. 01ST0035840
Qualified in Onondaga County
My Commission Expires April 7, 2029 27: Valeriya Stankova Stoeva
(Notary Public)
28. My commission expires on the 7th day of April 20 29

Sufficiency in Form and Manner of Execution Approved

This 5th day of January 20 26

By: John S. Gray
(Deputy Attorney General)

ACKNOWLEDGMENT PREPARATION INSTRUCTIONS

1. IF PRINCIPAL IS AN INDIVIDUAL OR PARTNERSHIP, HAVE NOTARY COMPLETE LINES (1) THROUGH (8).
2. IF PRINCIPAL IS A CORPORATION, HAVE NOTARY COMPLETE LINES (9) THROUGH (18).
3. SURETY MUST HAVE NOTARY COMPLETE LINES (19) THROUGH (28).
4. **Notaries must:**

ACKNOWLEDGMENT BY PRINCIPAL, IF INDIVIDUAL OR PARTNERSHIP

1. Enter name of State.
2. Enter name of County.
3. Enter name of Notary Public witnessing transactions.
4. Enter name of principal covered by bond if individual or partnership. (Must be Owner or General Partner of Sole Proprietorship or Partnership)
5. Notary enters date bond was witnessed. Must be the same as or later than signature date.
6. Affix Notary Seal.
7. Notary affixes his/her signature.
8. Notary enters commission expiration date.

ACKNOWLEDGMENT BY PRINCIPAL IF CORPORATION

9. Enter name of State.
10. Enter name of County.
11. Enter name of Notary Public witnessing transactions.
12. Enter name of Corporate Officer signing bond.
13. Enter Title of Corporate Officer signing bond. (Must be President or Vice President of Corporation; Manager or Managing Member of Limited Liability Company)
14. Enter name of Company or Corporation.
15. Notary enters date bond was witnessed. Must be the same as or later than signature date.
16. Affix notary Seal.
17. Notary affixes his/her signature.
18. Notary enters commission expiration date.

ACKNOWLEDGMENT BY SURETY

19. Enter name of State.
20. Enter name of County.
21. Enter name of Notary Public witnessing transactions.
22. Enter name of person having power of attorney to bind Surety Company.
23. Enter Title of person binding Surety Company.
24. Enter name of Insurance Company (Surety).
25. Notary enters date bond was witnessed. Must be the same as or later than signature date.
26. Affix Notary Seal.
27. Notary affixes his/her signature.
28. Notary enters commission expiration date.

POWER OF ATTORNEY INSTRUCTIONS

Power of attorney for surety must be attached showing that it was in full force and effect on signature date indicated on the face of the bond. A corporate seal must also be affixed to the Power of Attorney form.

- a. Name of attorney in fact must be listed.
- b. Power of Attorney may not exceed imposed limitations.
- c. Certificate date, the signature date of bond must be entered.
- d. Signature of authorizing official must be affixed. (Signature may be facsimile).
- e. **Seal must be affixed.**

Bond # CE12438200122

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Ralf Rigo and Sharif Ismail of SBXPRSS, INC. DBA BONDSEXRESS SURETY AND INSURANCE AGENCY** its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **\$50,000,000**.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF OCTOBER 2024.

(Seal)



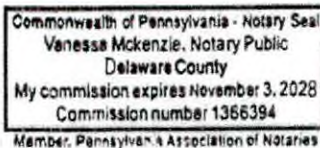
John Glomb

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of October, 2024 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**, that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Notary Public:

Vanessa McKenzie



Member, Pennsylvania Association of Notaries

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2028

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day October 2024 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 18th day of December, 2025.



Edward Sayago

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

Agency _____
REQ.P.O# _____

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Radon Medical Imaging LLC
of Ona, West Virginia, as Principal, and Philadelphia Indemnity Insurance Company
of Bala Cynwyd, Pennsylvania, a corporation organized and existing under the laws of the State of _____
Pennsylvania with its principal office in the City of Bala Cynwyd, as Surety, are held and firmly bound unto the State
of West Virginia, as Oblige, in the penal sum of 5% of Bid Amount (\$ _____) for the payment of which,
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for
BV2526-001 RADIOGRAPHIC SIMULATION LAB

NOW THEREFORE,

(a) If said bid shall be rejected, or
(b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal
attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform
the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in
full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no
event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no
way impaired or affected by any extension of the time within which the Oblige may accept such bid, and said Surety does hereby
waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and
Surety, or by Principal individually if Principal is an individual, this 4th day of November, 2025.

Principal Seal

Radon Medical Imaging LLC

(Name of Principal)

By _____

(Must be President, Vice President, or
Duly Authorized Agent)

Managing Member
(Title)

Surety Seal

Philadelphia Indemnity Insurance Company


(Name of Surety)

Sharif Ismail, Attorney-in-Fact

**IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and
must attach a power of attorney with its seal affixed.**

ACKNOWLEDGMENTS

Acknowledgment by Principal if individual or Partnership

1. STATE OF West Virginia
2. County of Cabell to-wit:
3. I, Stefanie L. Frye, a Notary Public in and for the
4. county and state aforesaid, do hereby certify that Timothy J. Martin
whose name is signed to the foregoing writing, has this day acknowledged the same before me in my said county.
5. Given under my hand this 4th day of November 20 25
6. Notary Seal  7. Stefanie L. Frye
(Notary Public)
8. My commission expires on the 25th day of April 20 27

Acknowledgment by Principal if Corporation

9. STATE OF _____
10. County of _____ to-wit:
11. I, _____, a Notary Public in and for the
12. county and state aforesaid, do hereby certify that _____
13. who as _____ signed the foregoing writing for
14. a corporation, has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
15. Given under my hand this _____ day of _____ 20 _____
16. Notary Seal 17. _____
(Notary Public)
18. My commission expires on the _____ day of _____ 20 _____

Acknowledgment by Surety

19. STATE OF New York
20. County of Onondaga to-wit:
21. I, Christopher M Raslan, a Notary Public in and for the
22. county and state aforesaid, do hereby certify that Sharif Ismail
23. who as Attorney-In-Fact signed the foregoing writing for
24. Philadelphia Indemnity Insurance Company a corporation,
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
25. Given under my hand this 4th day of November 20 25
26. Notary Seal CHRISTOPHER M. RASLAN
Notary Public, State of New York
No. 01RA6345466
Qualified in Onondaga County
My Commission Expires July 25, 2028
27. Christopher M. Raslan
(Notary Public)
28. My commission expires on the 25th day of July 20 28

Sufficiency in Form and Manner of Execution Approved

This _____ day of _____ 20 _____

By: _____
(Deputy Attorney General)

Attorney General

ACKNOWLEDGMENT PREPARATION INSTRUCTIONS

1. IF PRINCIPAL IS AN INDIVIDUAL OR PARTNERSHIP, HAVE NOTARY COMPLETE LINES (1) THROUGH (8).
2. IF PRINCIPAL IS A CORPORATION, HAVE NOTARY COMPLETE LINES (9) through (18).
3. SURETY MUST HAVE NOTARY COMPLETE LINES (19) through (28).
4. **Notaries must:**

ACKNOWLEDGMENT BY PRINCIPAL, IF INDIVIDUAL OR PARTNERSHIP

1. Enter name of State.
2. Enter name of County.
3. Enter name of Notary Public witnessing transactions.
4. Enter name of principal covered by bond if individual or partnership. (Must be Owner or General Partner of Sole Proprietorship or Partnership)
5. Notary enters date bond was witnessed. Must be the same as or later than signature date.
6. Affix Notary Seal.
7. Notary affixes his/her signature.
8. Notary enters commission expiration date.

ACKNOWLEDGMENT BY PRINCIPAL IF CORPORATION

9. Enter name of State.
10. Enter name of County.
11. Enter name of Notary Public witnessing transactions.
12. Enter name of Corporate Officer signing bond.
13. Enter Title of Corporate Officer signing bond. (Must be President or Vice President of Corporation; Manager or Managing Member of Limited Liability Company)
14. Enter name of Company or Corporation.
15. Notary enters date bond was witnessed. Must be the same as or later than signature date.
16. Affix notary Seal.
17. Notary affixes his/her signature.
18. Notary enters commission expiration date.

ACKNOWLEDGMENT BY SURETY

19. Enter name of State.
20. Enter name of County.
21. Enter name of Notary Public witnessing transactions.
22. Enter name of person having power of attorney to bind Surety Company.
23. Enter Title of person binding Surety Company.
24. Enter name of Insurance Company (Surety).
25. Notary enters date bond was witnessed. Must be the same as or later than signature date.
26. Affix Notary Seal.
27. Notary affixes his/her signature.
28. Notary enters commission expiration date.

POWER OF ATTORNEY INSTRUCTIONS

Power of attorney for surety must be attached showing that it was in full force and effect on signature date indicated on the face of the bond. A corporate seal must also be affixed to the Power of Attorney form.

- a. Name of attorney in fact must be listed.
- b. Power of Attorney may not exceed imposed limitations.
- c. Certificate date, the signature date of bond must be entered.
- d. Signature of authorizing official must be affixed. (Signature may be facsimile).
- e. **Seal must be affixed.**

Bond # N/A

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Ralf Rigo and Sharif Ismail of SBXPRSS, INC. DBA BONDSEXRESS SURETY AND INSURANCE AGENCY** its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **\$50,000,000**.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF OCTOBER 2024.

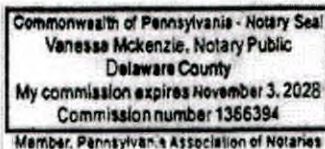


(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of October, 2024 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Notary Public:



Member, Pennsylvania Association of Notaries

residing at:

Bala Cynwyd, PA

My commission expires:

November 3, 2028

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day October 2024 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 4th day of November, 2025



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

**SERVICE AGREEMENT**REQ# **BV2526-001**I, Radon Medical Imaging, LLC agree to perform the service(s) detailed
(Name of Company or Individual Name)below for BVCTC at the location(s) identified as 2001 Union Carbide Drive South Charleston WV 25303
(Location)

Service(s) Description	Contractor agrees to furnish, deliver, and install all equipment, materials, and components as quoted and outlined in its proposal, which is incorporated herein by reference. The scope of work includes the provision and installation of a new Del floor-mounted X-ray room complete with a new Canon wireless digital detector. All work shall be performed in accordance with the manufacturer's specifications, applicable codes and standards, and the terms and conditions set forth in RFP BV2526-001. The total cost for the equipment and installation shall be as follows: Equipment: \$129,900.00 Installation: \$48,500.00
------------------------	---

Date(s) of Service	From <u>11/17/25</u> To <u>01/31/26</u>
Rate of Pay	\$ <u>178,400.00</u> per <u>Completion</u>
Not to exceed	\$ <u>178,400.00</u> for the entire term of the contract.

NOTE: Anticipated travel expenses must be incorporated into the vendor's fee. Travel will NOT be reimbursed by BridgeValley and is the sole responsibility of the vendor. BridgeValley is not responsible for any taxes resulting from services provided as an Independent Contractor. Vendors acting on behalf of the College are to provide, when applicable, Certificates of Insurance naming BridgeValley as an additional certificate holder.

Current full-time state agency employees of West Virginia, the below certification MUST be completed.

It is hereby certified that the service(s) to be performed under this agreement will not interfere with or detract from the full-time duties of the employee and the amount of annual compensation received by
from the State of West Virginia for full-time

(Name of Vendor)

employment during the current fiscal year will be \$ _____

The vendor serves as _____ with the title of _____
(Position)and certified by _____
(Supervisor's Signature)**APPROVED BY:**

BRIDGEVALLEY COMMUNITY & TECHNICAL COLLEGE

AGENCYCathy Aquino

Authorized Signature of Agency

CHIEF FINANCIAL OFFICER

Title

2001 UNION CARBIDE DRIVE SOUTH CHARLESTON, WV 25303

Agency Address

11/17/2025

Date

RADON MEDICAL IMAGING, LLC

VENDORCharles W. W. W.

Vendor's Signature

1264 GREENBRIER STREET CHARLESTON, WV 25311

Vendor Address

56-2143971

BVCTC ID or FEIN - *Do NOT use Social Security Number.

11/14/25

Date

*See Reverse Side for Terms and Conditions



Radon Medical Imaging Corporation-WV
1264 Greenbrier Street
Charleston, WV 25311
Phone: (304) 343-8933
Fax: (304) 343-8937
www.radonwv.com

QUOTE

Date: 11/04/25
Quote #: CW0728251
Expiration Date: 12/04/25

BridgeValley Community &
Technical College
Office of Fiscal Affairs
2001 Union Carbide Drive
South
Charleston, WV 25303

Salesperson	Job	Delivery Date	Payment Terms
Chad B. Wilcox / (304) 549-7096	New Del Medical X-Ray Room	Per RFP	Per RFP

Description	Qty.	Unit Price	Line Total
-------------	------	------------	------------

New Del Floor Mounted X-Ray Room with New Canon Wireless Digital Detector

- Del Floor Mounted Tube Stand
- Del VS300 Wall Stand
- Del Ev800 Elevating Table
- Del 50kW Generator
- Siemens Collimator
- Siemens X-Ray Tube
- Canon 702 Wireless Digital Detector

1	\$129,900.00	\$129,900.00
---	--------------	--------------

Installation, Lead Drywall, Lead Windows and Lead Doors.

1	\$48,500.00	\$48,500.00
---	-------------	-------------

Includes Applications and (1) Year Radon Warranty

Shipping is included in total price.

Performance Bond

1	?	?
---	---	---

Subtotal	\$178,400.00
Sales Tax	Invoiced as applicable
Total	

For any questions or concerns please do not hesitate to contact us at (304) 343-8933

NOTE: Please provide Tax Exempt Certificate if applicable. Otherwise applicable sales tax will be included on payment invoice.

All glassware, as applicable, will be protected over life of warranty.

Radon Medical Imaging is pleased to submit the above quotation for the products and/or services described. By signing this agreement, you acknowledge and agree that you have read and understand, and agree to be bound by the prices quoted, all of the terms and conditions stated including without limitation, referenced addendums or attachments and further subject to final approval and acceptance by Radon Medical Imaging Management on or prior to quotation expiration date.

CUSTOMER

Cathy Aquino

Cathy Aquino, CFO

12/18/2025

Authorized Customer Signature

Date of Acceptance

Bid Proposal ↗

Bridge Valley Community &
Technical College

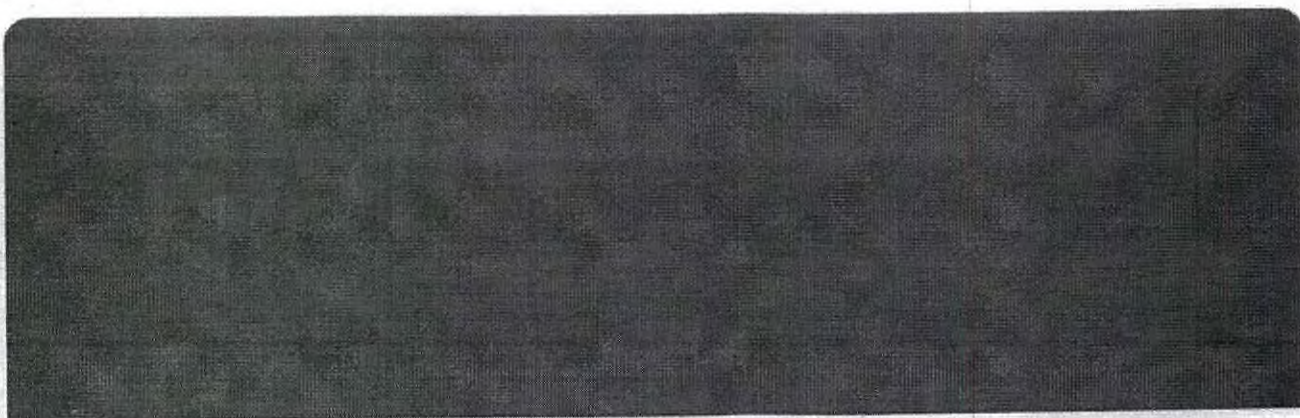


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03	Letter of Transmittal: Scope of Services Provided
04	Radon Medical Imaging Team Members
05	About Radon Medical Imaging
06	Similar Scope
07	Prior Projects
08	References
09	Radon Medical Imaging Team Member Certifications

Letter of Transmittal: Scope of Services Provided

Radon Medical Imaging understands and verifies that we will be assisting in the sale and installation of a radiographic simulation lab for Bridge Valley Community & Technical College. We will provide all equipment, labor, and materials for the Bridge Valley Community & Technical College project.

Radon Medical Imaging will install the x-ray system and its components as well as work in conjunction with a licensed electrical contractor to install electrical work - including but not limited to power distribution, conduit, wiring, grounding, and connections.

We understand that a medical physicist has already been onsite to create a shielding plan. Radon will be in contact with the contractor to ensure that adequate shielding is provided to meet Bridge Valley and Radon Medical Imaging requirements.

Equipment specifications are also as follows. Bridge Valley Community & Technical College will require a Radiographic Generator, X-Ray Tube, Collimator, Tube Stand, Wall Stand, Elevating Table, Digital Detector, Control Console, and accessories.

Radon Medical Imaging will supply all needed lead materials such as lead walls as well as lead lined doors and windows. This will comply with the medical physicists requirements.

All installations will meet state and federal regulatory standards.

Radon Medical Imaging is committed to meeting all grant deliverables and timelines.

Radon Medical Imaging Team Members

Chad Wilcox - Radon Sales Account Representative

☎ (304) 549 - 7096

✉ cwilcox@radonmed.com

Clint Terry - Radon Equipment & Installation Manager

☎ (304) 633 - 4444

✉ cterry@radonmed.com

Randy Cook - Radon Senior Field Service Engineer

☎ (304) 545 - 2078

✉ rcook@radonwv.com

***Jim Norweck (MS, DABR, FACR) - Radiology Inc, Certified Medical
Physicist***

☎ (304) 522 - 1550

✉ jnorweck@radiology-inc.com

Mickey Dent - Dent Construction Contractor (WV043495)

☎ (304) 522 - 1550

✉ dentconstruction@gmail.com

About Radon Medical Imaging

Radon Medical Imaging LLC is a trusted source for medical imaging equipment sales and services. With a professional staff of 140+ and growing, we deliver unbiased advice, innovative service, hardware and software support, and viable solutions to today's complex medical imaging issues for customers across 17 states in the eastern and southeastern U.S. We sell, service, and install a variety of exceptional quality new and pre-owned radiographic equipment including, but not limited to general radiographic, radiographic-fluoroscopic, mammography systems, cardiac cath labs, angiographic labs, tomography, urology, digital DR and CR, CT, MRI and selected PACS systems.

Radon Medical Imaging was founded in 1976 in Spartanburg, South Carolina and is now based in Ona, West Virginia. We have various offices across the Eastern United States. Radon services hospitals, ambulatory surgery centers, women's health, doctor's offices and clinics, physical therapy offices, ambulance providers, fire departments, colleges, veterinary offices, and nursing homes.

When approaching radiation shielding construction and radiographic equipment installation, Radon maintains constant communication with the medical physicist to obtain requirements and specification needed to complete projects. We work closely with architects and engineers that determine the best work flow possible to begin install.

Why Radon?

Our approach: Do What You Say, Say What You Do. Radon Medical Imaging LLC strives to provide excellent and reliable customer service 7 days a week, 24 hours a day. We are dedicated to providing quality connections with our customers, fellow associates, and vendors. Radon is approaching 50 years of providing quality equipment sales and services throughout the Eastern United States.

Projects with a Similar Scope

01

University of Charleston Beckley Campus (Beckley, WV)

Radon installed a Del Floor Mounted X-ray Room. Radon supplied equipment and all Lead Shielding, including Lead Walls, Doors and Windows.

Completion Date - 8/22/2024

02

Shawnee State University (Portsmouth, OH)

Radon removed and reinstalled an existing Siemens Overhead Room and Konica CR Reader from a local location to Shawnee State University X-Ray Lab.

Completion Date - 6/24/2023

03

Garrett College (McHenry, MD)

Radon procured, delivered, and installed a De-Energized pre-owned FMT system.

Completion Date - 09/11/2025

04

Roane General Hospital (Spencer, WV)

Radon installed a DEL OTC 18M Rad Room. Radon supplied equipment and all Lead Shielding, including Lead Walls, Doors and Windows.

Completion Date - 08/15/2025

Prior Projects

01

Valley Health Systems Pea Ridge (Huntington, WV)

New Construction – Radon installed two Del Overhead Digital X-ray Rooms. Radon supplied equipment and all Lead Shielding, including Lead Walls, Doors and Windows. Radon worked closely with the contractor to ensure a timely successful installation.

Completion Date – 08/25/25

Job Manager – Clint Terry

02

Vandalia Health / Charleston Area Medical Center Memorial Division (Charleston, WV)

New Construction Site – Radon Installed Intelli-C R/F System. Radon supplied equipment and all Lead Shielding, including Lead Walls, Doors and Windows. Radon worked closely with the contractor to ensure a timely successful installation.

Completion Date – 03/18/25

Job Manager – Clint Terry

03

WVU-Thomas Memorial Hospital / Pulmonary Clinic (South Charleston, WV)

Radon installed a Del Floor Mounted Digital X-ray Room. Radon supplied equipment and all Lead Shielding, including Lead Walls, Doors and Windows. Radon worked closely with the contractor to ensure a timely successful installation.

Completion Date – 01/10/25

Job Manager – Randy Cook

04

Vandalia Health / Charleston Area Medical Center General Division (Charleston, WV)

New Construction Site – Radon installed a Del Floor Mounted Digital X-ray Room. Radon supplied equipment and all Lead Shielding, including Lead Walls, Doors and Windows. Radon worked closely with the contractor to ensure a timely successful installation.

Completion Date – 01/20/25

Job Manager – Clint Terry

References

Jeff A. Adkins RT (CT) R ARRT

Radiology Manager
St. Marys Medical Center
2900 1st Avenue
Huntington, WV 25702
Ph-304-526-8944
Fax -304-526-1131
email -jeffrey.adkins@st-marys.org

Nancy Godby, MS-MHA, MA, RT(R)(M), ARRT, CHC

Director of Radiology
Cabell Huntington Hospital, INC
1340 Hal Greer Boulevard
Huntington, WV 25701
Ph-304-526-2460
Fax -304-526-6320
email -Nancy.Godby@chhi.org

Teresa Simmons, MBA, RT(R) (M)

Director Imaging
WVU Medicine
4605 MacCorkle Avenue, SW
South Charleston, WV
Ph-304-767-7740
Fax -304-414-2713
email -teresa.simmons@wvumedicine.org

Steve Kirk

Associate Administrator of Imaging Services
Charleston Area Medical Center -Vandalia Health
501 Morris St., Charleston, WV 25301
Ph-304-388-7543
email -steve.kirk@vandalia health.org

Kenny Hicks

System Director of Radiology
Appalachian Regional Healthcare, Inc
100 Airport Gardens Road
Hazard, KY 41701
Ph-606-487-7891
email -khicks@arh.org

Radon Medical Imaging Team Member Certifications

Chad Wilcox - Radon Sales Account Representative

- Certified Installation and Training of TIMS DICOM System
- Certificate in HIPAA Compliance, Bloodborne Pathogens, Aseptic Principles & Infection Control, and Radiation Safety.
- Certification in the Installation and Preventive Maintenance of the MAVIG GD60 Monitor Suspension Systems

Clint Terry - Radon Equipment & Installation Manager

Degree in Electronics and Computer Engineering.

- Ditec Fundamentals of Servicing Diagnostic Imaging Systems
- Ditec Advanced Concepts of Radiographic Imaging Maintenance
- Ditec Certificate GE Advantx Low Frequency Generator Service
- Ditec LEVEL 1 - Fundamentals of Servicing Diagnostic Imaging Systems
- Ditec LEVEL 2 - Advanced Concepts of Radiographic Imaging Maintenance
- Ditec GE Advantx High Frequency (MPPU) X-ray Controls Maintenance Course
- Canon CXDI DR Training
- Canon 70C/NE DR Service Training

Randy Cook - Radon Senior Field Service Engineer

Degree in Electrical Technologies and Electronics and Computer Engineering.

- Ditec Certificate LEVEL 1 - Fundamentals of Servicing Diagnostic Imaging Systems
- Ditec Certificate LEVEL 2 - Advanced Concepts of Radiographic Imaging Maintenance

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.

CHAD WILCOX, Sales/Parts
(Name, Title)
CHAD WILCOX, Sales/Parts
(Printed Name and Title)
119 Kiwanavista Ln. Ona, WV 25545
(Address)
(304) 955-6110 / (304) 736-1734
(Phone Number) / (Fax Number)
cwilcox@radonmed.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 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.

RADON Medical Imaging, LLC
(Company)
Chad Wilcox CHAD WILCOX, Sales/Parts
(Authorized Signature) (Representative Name, Title)
CHAD WILCOX, Sales/Parts
(Printed Name and Title of Authorized Representative)
10/30/25
(Date)
(304) 955-6110 / (304) 736-1734
(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT

Instructions: Please acknowledge receipt of all addenda issued with this RFP 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 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 College personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

RADON Medical Imaging, LLC
Company

Chad Wilson
Authorized Signature

10/30/25
Date

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

**STATE OF WEST VIRGINIA
ADDENDUM TO VENDOR'S STANDARD CONTRACTUAL FORMS**

State Agency, Board, or Commission (the "State"): BridgeValley Community and Technical College
Vendor: Radon Medical Imaging LLC
Contract/Lease Number ("Contract"): RFP2526-001
Commodity/Service: Radiographic Simulation Lab

The State and the Vendor are entering into the Contract identified above. The Vendor desires to incorporate one or more forms it created into the Contract. Vendor's form(s), however, include(s) one or more contractual terms and conditions that the State cannot or will not accept. In consideration for the State's incorporating Vendor's form(s) into the Contract, the Vendor enters into this Addendum which specifically eliminates or alters the legal enforceability of certain terms and conditions contained in Vendor's form(s). Therefore, on the date shown below each signature line, the parties agree to the following contractual terms and conditions in this Addendum are dominate over any competing terms made a part of the Contract:

1. **ORDER OF PRECEDENCE:** This Addendum modifies and supersedes anything contained on Vendor's form(s) whether or not they are submitted before or after the signing of this Addendum. **IN THE EVENT OF ANY CONFLICT BETWEEN VENDOR'S FORM(S) AND THIS ADDENDUM, THIS ADDENDUM SHALL CONTROL.**

2. **PAYMENT** - Payments for goods/services will be made in arrears only upon receipt of a proper invoice, detailing the goods/services provided or receipt of the goods/services, whichever is later. Notwithstanding the foregoing, payments for software licenses, subscriptions, or maintenance may be paid annually in advance.

Any language imposing any interest or charges due to late payment is deleted.

3. **FISCAL YEAR FUNDING** - Performance of this Contract is contingent upon funds being appropriated by the WV Legislature or otherwise being available for this Contract. In the event funds are not appropriated or otherwise available, the Contract becomes of no effect and is null and void after June 30 of the current fiscal year. If that occurs, the State may notify the Vendor that an alternative source of funding has been obtained and thereby avoid the automatic termination. Non-appropriation or non-funding shall not be considered an event of default.

4. **RIGHT TO TERMINATE** - The State reserves the right to terminate this Contract upon thirty (30) days written notice to the Vendor. If this right is exercised, the State agrees to pay the Vendor only for all undisputed services rendered or goods received before the termination's effective date. All provisions are deleted that seek to require the State to (1) compensate Vendor, in whole or in part, for lost profit, (2) pay a termination fee, or (3) pay liquidated damages if the Contract is terminated early.

Any language seeking to accelerate payments in the event of Contract termination, default, or non-funding is hereby deleted.

5. **DISPUTES** - Any language binding the State to any arbitration or to the decision of any arbitration board, commission, panel or other entity is deleted; as is any requirement to waive a jury trial.

Any language requiring or permitting disputes under this Contract to be resolved in the courts of any state other than the State of West Virginia is deleted. All legal actions for damages brought by Vendor against the State shall be brought in the West Virginia Claims Commission. Other causes of action must be brought in the West Virginia court authorized by statute to exercise jurisdiction over it.

Any language requiring the State to agree to, or be subject to, any form of equitable relief not authorized by the Constitution or laws of State of West Virginia is deleted.

6. **FEES OR COSTS:** Any language obligating the State to pay costs of collection, court costs, or attorney's fees, unless ordered by a court of competent jurisdiction is deleted.

7. **GOVERNING LAW** - Any language requiring the application of the law of any state other than the State of West Virginia in interpreting or enforcing the Contract is deleted. The Contract shall be governed by the laws of the State of West Virginia.

8. **RISK SHIFTING** - Any provision requiring the State to bear the costs of all or a majority of business/legal risks associated with this Contract, to indemnify the Vendor, or hold the Vendor or a third party harmless for any act or omission is hereby deleted.

9. **LIMITING LIABILITY** - Any language limiting the Vendor's liability for direct damages to person or property is deleted.

10. **TAXES** - Any provisions requiring the State to pay Federal, State or local taxes or file tax returns or reports on behalf of Vendor are deleted. The State will, upon request, provide a tax exempt certificate to confirm its tax exempt status.

11. **NO WAIVER** - Any provision requiring the State to waive any rights, claims or defenses is hereby deleted.

12. **STATE OF LIMITATIONS** - Any clauses limiting the time in which the State may bring suit against the Vendor or any other third party are deleted.

13. **ASSIGNMENT** - The Vendor agrees not to assign the Contract to any person or entity without the State's prior written consent, which will not be unreasonably delayed or denied. The State reserves the right to assign this Contract to another State agency, board or commission upon thirty (30) days written notice to the Vendor. These restrictions do not apply to the payments made by the State. Any assignment will not become effective and binding upon the State until the State is notified of the assignment, and the State and Vendor execute a change order to the Contract.

14. **RENEWAL** - Any language that seeks to automatically renew, modify, or extend the Contract beyond the initial term or automatically continue the Contract period from term to term is deleted. The Contract may be renewed or continued only upon mutual written agreement of the Parties.

15. **INSURANCE** - Any provision requiring the State to maintain any type of insurance for either the Vendor or the Vendor's benefit is deleted. However, the State does recognize a right of repossession with notice.

16. **RIGHT TO REPOSESSION NOTICE** - Any provision for repossession of equipment without notice is hereby deleted.

17. **DELIVERY** - All deliveries under the Contract will be FOB destination unless the State expressly and knowingly agrees otherwise. Any contrary delivery terms are hereby deleted.

18. **CONFIDENTIALITY** - Any provisions regarding confidential treatment or non-disclosure of the terms and conditions of the Contract are hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act ("FOIA") (W. Va. Code §29B-6-1, et seq.) and public procurement laws. This Contract and other public records may be disclosed without notice to the vendor at the State's sole discretion.

19. **THIRD-PARTY SOFTWARE** - If this Contract contemplates or requires the use of third-party software, the vendor represents that none of the mandatory click-through, unsigned, or web-linked terms and conditions presented or required before using such third-party software conflict with any term of this Addendum or that it has the authority to modify such third-party software's terms and conditions to be subordinate to this Addendum. The Vendor shall indemnify and defend the State against all claims resulting from an assertion that such third-party terms and conditions are not in accord with, or subordinate to, this Addendum.

20. **AMENDMENTS** - The parties agree that all amendments, modifications, alterations or changes to the Contract shall be by mutual agreement, in writing, and signed by both parties. Any language to the contrary is deleted.

Notwithstanding the foregoing, this Addendum can only be amended by (1) identifying the alterations to this form by using *Initials* to identify language being added and *Strikethroughs* for language being deleted (do not use track-changes) and (2) having the Office of the West Virginia Attorney General's authorized representative expressly agree to and knowingly approve those alterations.

State: Bridge Valley Community and Technical College Vendor: RADON Medical Imaging, LLC

By: Cathy Aquino

Printed Name: Cathy Aquino

Title: CFO

Date: 12/18/2025

10/30/25

Sales / Mkt

CHAD WILSON

CHAD WILSON



Business Entity Details

Main

Name: RADON MEDICAL IMAGING LLC

Organization Number: 186694

Type: LLC

Sec Type:

City: ONA

Class: P

Ch Type: F

Eff Date: 8/10/1999

Fil Date: 8/10/1999

Term Date:

Term Reason:

AW/Term: A

CH County: Cabell

Ch State: SC

Bus Purp: 8113

Ex Acres: 0

Term Yrs:

Auth Shrs:

Cap Stck:

Status: Active

Par Val:

MGMT: MBR

In Compliance: Yes

Addresses

Principal Office
Address:

Name:

Addr1: 119
KIWANAVISTA LN

Addr2: City: ONA State: WV Zip: 25545

Designated
Office Address:

Name:

Addr1:

Addr2: City: State: Zip:

Notice of Process
Address:Name: CAPITOL
CORPORATE SERVICES,
INC.Addr1: 1501 S MOPAC
EXPY STE 220Addr2: City: State: Zip:
AUSTIN TX 78746

Mailing Address:

Name:

Addr1: 119
KIWANAVISTA LN

Addr2: City: ONA State: WV Zip: 25545

Officers

Member: Name: ANTHONY E.
BORDERAddr1: 1264
GREENBRIER ST

Addr2: City: CHARLESTON

State: WV Zip: 25311

Member: Name: TIMOTHY J.
MARTINAddr1: 1264
GREENBRIER ST

Addr2: City: CHARLESTON

State: WV Zip: 25311

Member: Name: MARQUES
TORBERTAddr1: 119
KIWANAVISTA LN

Addr2: City: ONA

State: WV Zip: 25545

Member: Name: JOE AYISI

Addr1: 119
KIWANAVISTA LN

Addr2: City: ONA

State: WV Zip: 2554

[Privacy - Terms](#)

DBAs

Eff Date	DBA Type	DBA Name	Term Date
4/8/2008	TN	RADON MEDICAL IMAGING	
4/8/2008	TN	RADON MEDICAL IMAGING CORPORATION	
4/8/2008	TN	RADON MEDICAL	

Names

Change Date	Old Name
9/26/2022	RADON MEDICAL IMAGING CORPORATION - WV

Mergers

No Records Found.

Subsidiaries

No Records Found.

Amendments

Amendment Date	Amendment
9/26/2022	NAME CHANGE: FROM RADON MEDICAL IMAGING CORPORATION - WV

Dissolutions

No Records Found.

Annual Reports

Filing For	Date Filed
2025	10/23/2025
2024	1/22/2024
2023	4/14/2023
2022	1/26/2022
2021	1/28/2021

2020	3/2/2020
2019	4/9/2019
2018	2/19/2018
2017	2/18/2016
2017	1/11/2017
2016	1/20/2015
2015	1/17/2014
2014	4/9/2013
2013	1/16/2012
2012	
2011	3/25/2010
2010	6/17/2009
2009	5/30/2008
2008	12/7/2007
2007	5/21/2007
2006	10/27/2005
2005	4/1/2005
2004	8/19/2003
2003	9/24/2002
2002	7/3/2001
2001	11/29/2000

With this information, you can...

Purchase Certificate of Authorization

If you would like to purchase a Certificate of Authorization for this business entity, select the button to the left to add the certificate to your shopping cart. You will be assessed a \$10.00 fee for each certificate. Click the Shopping Cart link in the upper right corner to complete your order.

[Back To Search Results](#)

[Search Again](#)

Vendor/Customer

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ 000000214454	RADON MEDICAL IMAGING LLC		Active	Inactive	
VC0000062472	Danielle Sheraton McManus		Active	Inactive	
VC0000090570	CARA RADONICH		Active	Inactive	
VC0000099275	RADONNA M HESS		Active	Inactive	
VC0000125348	RADON MEDICAL IMAGING LLC		Active	Inactive	
VS0000020306	Radonova	Radonova	Active	Inactive	
VS0000042782	RADON TESTING CORPORATION OF AMERICA INC		Active	Inactive	

From 11 to 17 of 17 [First](#) [Prev](#) [Next](#) [Last](#) [Attachments](#)Save [Undo](#) [Delete](#) [Insert](#) [Copy](#) [Paste](#) [Search](#)

▼ General Info

Vendor/Customer : 000000214454		Restrict Use by Department :	
Legal Name : RADON MEDICAL IMAGING		Miscellaneous Account :	
Alias/DBA :		Internal Account :	
Vendor Active Status : Active	▼	Third Party Only :	
Vendor Approval Status : Complete		Third Party Vendor :	
Customer Active Status : Inactive	▼	Third Party Customer :	
Customer Approval Status : Incomplete		Inventory Customer :	
Location Name :		Healthcare Provider :	
First Name :		Never Archive :	
Middle Name :		Restrict VSS Access : No	
Last Name :		Discontinue - No New Business :	
Company Name : RADON MEDICAL IMAGING		Prevent MA Reference :	
Previous Name :		PunchOut Enabled :	
Previous Street :		Re-PunchOut Enabled :	
Previous City :		Electronic Order Enabled :	
Previous State/Province :		W-9 Received :	
Previous Country :		W-9 Received Date :	
		W-9 Received :	
		W-9 Received Date :	
		Accepts Credit Cards :	
		Active From : 04/28/2003	
		Active To :	
		Last Usage Date : 12/19/2025	
		Department :	
		Unit :	

► Headquarters

► Organization

▼ Disbursement Options

Category : DIRC		Hold Payment :	
Description : Direct Payments		Hold Payment Authorized By :	
Default Type : Check		Hold Payment Authorized On :	
Default Priority : 99		Hold Reason :	
Default Format : REG			
Default Format Description :		Prevent New Spending :	✓
Scheduled Payment Day :		Prevent New Orders :	Not Active
Single Payment Indicator :		Third Party Code :	
Name on Check : Legal Name	▼	Third Party Name :	
Eligible for VCA Payments :		Third Party Approved By :	
VCA Effective From Date :		Third Party Approved On :	
VCA Effective To Date :		Third Party Reason :	
VCA Primary Email :			
VCA Secondary Email :			
VCA Comments :			
		Always Infer Third Party Vendor :	
		Third Party Address ID :	

► Prenote/EFT

► Remittance Advice

► Vendor Terms

► Accounts Receivable

► eMALL

► Location Information

► Fee and Vendor Compliance Holds

► Executive Compensation

[Additional Information](#)[Travel](#)[Change Management](#)[Top](#)CREATE DOCUMENT> [Create New Record](#) [Modify Existing Record](#)UPDATE> [Headquarters](#) [Add 1099 Information Entry](#) [Add 1042-S Reporting Information Entry](#) [Vendor Business Types By Commodity](#)SEARCH BY> [Master Contacts](#) [Master Addresses](#) [Vendor Commodity](#) [Vendor Addresses](#) [Vendor Business Types](#) [Vendor Service Areas](#) [VCM Query](#) [Historical Vendor Information](#)
[Vendor Transaction History](#)



WEST VIRGINIA

Offices *of the* Insurance Commissioner

Employer Violator System

Showing results for: Business/DBA FEIN is 562143971

No Business Owners Match Your Search Criteria

Total Records Selected = 0



**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower
Tier Covered Transactions**

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from a covered transaction by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this award had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall include an explanation with this document.

Organization Name: RADDN Medical Imaging, LLC

PO/Contract Number or Project Name: BV2526-001

Name(s) and Title(s) of Authorized Representative(s): CHAD WILCOX Sales/Parts

Signature: Chad Wilcox

Date: 11/14/25

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

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

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

DEFINITIONS:

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

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

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

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: RADON Medical Imaging, LLC

Authorized Signature: [Signature] Date: 10/30/25

State of West Virginia

County of Cabell, to-wit:

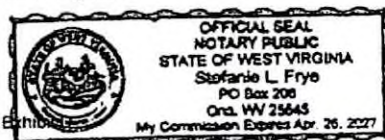
Taken, subscribed, and sworn to before me this 30th day of October, 2025

My Commission expires April 26, 2027

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

Purchasing Affidavit (Revised 08/01/2015)



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Radon Medical Imaging, LLC		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
5 Address (number, street, and apt. or suite no.). See instructions. 4455 Glenbrook Road		Requester's name and address (optional)	
6 City, state, and ZIP code Willoughby, OH 44094			
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.

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

Social security number										
			-				-			
or										
Employer identification number										
5	6		-	2	1	4	3	9	7	1

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.

Sign Here Signature of U.S. person *S. [Signature]*

Date **04.30.25**

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

AGENCY CUSTOMER ID: RADONLL-01

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Shield National LLC		NAMED INSURED Radon Healthcare Holdings LLC Radon Medical, LLC; Radon Medical Imaging, LLC; Alpha Imaging, LLC	
POLICY NUMBER		Premier Imaging Medical Systems, LLC Tristate Biomedical Solutions, LLC	
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Alpha Imaging, LLC - 4540 Glenbrook Rd, Willoughby, OH 44094

** Workers Comp not included for Premier Imaging Medical Systems out of Georgia



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2025

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

PRODUCER
Shield National LLC
115 S 200 E
Farmington UT 84025

CONTACT NAME: Customer Service
PHONE (A/C No. Ext): 888-508-2435 x1 FAX (A/C No.):
E-MAIL ADDRESS: service@shieldnational.com

License#: 508977
RADONLL-01

INSURED
Radon Healthcare Holdings LLC
Radon Medical, LLC; Radon Medical Imaging, LLC; Alpha Imaging, LLC
Premier Imaging Medical Systems, LLC
Tristate Biomedical Solutions, LLC

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Phoenix Insurance Company	25623
INSURER B: The Travelers Property Casualty Insurance Company	25674
INSURER C: Travelers Indemnity Company of Connecticut	25682
INSURER D: Standard Fire Insurance Company	19070
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1790056601

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.

ORDER LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		6306Y101793	8/30/2025	8/30/2028	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BA2W611818	8/30/2025	8/30/2028	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUP2W639932	8/30/2025	8/30/2028	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	UB2W634487	8/30/2025	8/30/2028	PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Products/E&O Cyber Liability		DCSB5097682 ZPL61N84481	8/30/2025 8/30/2025	8/30/2028 8/30/2028	Aggregated Occurrence \$5M/\$5M Aggregated Occurrence \$3M/\$3M

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

Radon Medical Imaging - 119 Kwanavista Ln One, WV 25545
Radon Medical Imaging - 1264 Greenbrier St Charleston, WV 25311
Radon Medical - 384 Peachold Dr Gaffney, SC 29341
Radon Medical - 20461 Dupont BLVD, STE 2 Georgetown, DE 19947
Premier Imaging Medical Systems, LLC - 100 N Ave NE Rome GA 30161
Tristate Biomedical Solutions, LLC - 201 Industrial Drive Suite A Franklin, OH 45005
Tristate Biomedical Solutions, LLC - 68381-2 Commercial Way South Mandeville, LA 70471
Alpha Imaging, LLC - 4455 Glenbrook Rd, Willoughby, OH 44094
See Attached...

CERTIFICATE HOLDER

BridgeValley Community & Technical College
Office of Fiscal Affairs
2001 Union Carbide Drive South
Charleston WV 25303

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Douglas McOne

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STATE OF WEST VIRGINIA - PURCHASING DIVISION

**VENDOR REGISTRATION AND DISCLOSURE STATEMENT
AND SMALL, WOMEN-, AND MINORITY-OWNED BUSINESS
CERTIFICATION APPLICATION**

Before a vendor is eligible to sell goods and/or services to the State of West Virginia, the *West Virginia Code* §5A-3-12 requires all vendors to have on file with the West Virginia Purchasing Division a completed Vendor Registration and Disclosure Statement. All vendors wishing to participate in the competitive bid process and receive purchase orders from the State of West Virginia exceeding \$5,000 in aggregate across all state agencies are required to complete the Vendor Registration and Disclosure Statement (WV-1 form) and pay a **\$125.00** annual fee. Payment of the annual fee includes email notifications on bid opportunities based on the commodities and services selected upon registering in the Vendor Self-Service (VSS) portal at wvOASIS.gov. Please complete this form in its **ENTIRETY** and return it with a check or money order made payable to the **STATE OF WEST VIRGINIA** in the amount of **\$125.00**. Incomplete forms may not be processed and may be returned to the vendor. Please send completed form and payment to:

**Purchasing Division - Vendor Registration
2019 Washington Street East
Charleston, WV 25305-0130**

Whenever a change occurs in the information submitted, such change shall be reported immediately in the same manner as required in the original disclosure statement (*West Virginia Code* §5A-3-12). Vendors doing business with the State of West Virginia are expected to abide by the **Vendor Code of Conduct** available online at www.state.wv.us/admin/purchase/vrc/vendorconduct.pdf.

Privacy Notice: The Purchasing Division is required to collect certain information as stated in *West Virginia Code* §5A-3-12, other applicable sections of the *West Virginia Code*, the Vendor Registration and Disclosure Statement forms, and other documents to facilitate the state bidding and contract administration processes. This information is stored in a secure environment, but unless specifically protected under state law, any information provided may be inspected by or disclosed to the public.

Vendors are also required to be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or other state agencies or political subdivisions. Failure to do so may result in delay of or disqualification from a contract award pursuant to *West Virginia Code of State Rules* §148-1-6.1.7.

Should you need additional information relating to vendor registration, please visit www.state.wv.us/admin/purchase/VendorReg.html. Questions concerning this Vendor Registration and Disclosure Statement may be directed to the Purchasing Division at (304) 558-2311.

**VENDOR REGISTRATION AND DISCLOSURE STATEMENT AND SMALL, WOMEN-,
AND MINORITY-OWNED BUSINESS CERTIFICATION APPLICATION**

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION
To Be Completed by the Vendor and Returned to the Purchasing Division

1. Legal Name of Company/Individual RADON Medical Imaging, LLC
Ordering Address 119 KIWANNA VISTA LN. OMA, WV 25545

(Please provide a physical address, not a post office box.)

☐ Default Ordering Address

Payment Address 4455 Glenbrook Road Willoughby, OH 44094

City, State, Zip OMA, WV 25545

Telephone Number (304) 955-6110 Fax Number (304) 736-1734

Principle Contact Person CHAD WILCOX E-mail cwilcox@radonmed.com

Contact's Telephone Number (304) 955-6110 x 6117 Contact's Fax Number (304) 736-1734

DBA, if any _____

Ordering Address _____

Payment Address _____

City, State, Zip _____

Telephone Number _____ Fax Number _____

Principle Contact Person _____ E-mail _____

Contact's Telephone Number _____ Contact's Fax Number _____

2. Vendor Tax Classification:

- ☐ Individual
- ☐ Sole Proprietor
- ☒ Partnership
- ☐ Corporation
- ☐ Board Member
- ☐ Trust
- ☐ Estate

- ☐ Government
- ☐ Medical Corporation
- ☐ Attorney Corporation
- ☐ Non-Profit Organization
- ☐ Payroll
- ☐ Employee

**VENDOR REGISTRATION AND DISCLOSURE STATEMENT AND SMALL, WOMEN-,
AND MINORITY-OWNED BUSINESS CERTIFICATION APPLICATION**

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION
To Be Completed by the Vendor and Returned to the Purchasing Division

3. **Taxpayer Identification Number (TIN):** If you have an Identification Number, enter it below. All partnerships, corporations, or companies with employees must have an EIN.

5 6 - 2 1 4 3 9 7 1 EIN

OR

If you do not have a EIN, please enter Social Security number (SSN), Individual Taxpayer Identification Number (ITIN) or Adoptive Identification Number (ATIN) and check the correct below.

- (SSN ☐ ITIN ☐ ATIN ☐)

4. (A) *Small, Women-Owned, Minority-Owned Businesses*

West Virginia Code §5A-3-59 establishes a procurement certification program in West Virginia for small, women-, and minority-owned businesses. Requirements related to the certification program are provided in the *West Virginia Code of State Rules §148-2-1* et seq. Note that this certification provides nonresident vendors preference that is equivalent to competing resident (West Virginia) vendors that have applied for resident vendor preference, in accordance with *West Virginia Code §5A-3-37*. This certification may assist resident small, women-, and minority-owned businesses when soliciting business in other states. If you are renewing your two-year SWAM business certification status, please indicate the appropriate designation below.

Certification of Status (Check all those which apply)

- ☐ **Minority-owned Business** [1] means a business concern that is at least fifty-one percent owned by one or more minority individuals or in the case of a corporation, partnership, or limited liability company or other entity, at least fifty-one percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals and both the management and daily business operations are controlled by one or more minority individuals.
- A "minority individual" means an individual who is a citizen of the United States or a noncitizen who is in full compliance with United States immigration law and who satisfies one or more of the following definitions:
 - **African American** means a person having origins in any of the original peoples of Africa and who is regarded as such by the community of which this person claims to be a part.
 - **Asian American** means a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands, including, but not limited to, Japan, China, Vietnam, Samoa, Laos, Cambodia, Taiwan, Northern Mariana, the Philippines, a U.S. territory of the Pacific, India, Pakistan, Bangladesh, or Sri Lanka and who is regarded as such by the community of which this person claims to be a part.
 - **Hispanic American** means a person having origins in any of the Spanish-speaking peoples of Mexico, South or Central America, or the Caribbean Islands or other Spanish or Portuguese cultures and who is regarded as such by the community of which this person claims to be a part.
 - **Native American** means a person having origins in any of the original peoples of North America and who is regarded as such by the community of which this person claims to be a part or who is recognized by a tribal organization.

**VENDOR REGISTRATION AND DISCLOSURE STATEMENT AND SMALL, WOMEN-,
AND MINORITY-OWNED BUSINESS CERTIFICATION APPLICATION**

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION
To Be Completed by the Vendor and Returned to the Purchasing Division

- ☒ **Small Business [2]** means a business, independently owned or operated by one or more persons who are citizens of the United States or noncitizens who are in full compliance with United States immigration law, which, together with affiliates, has two hundred fifty or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years.
- ☐ **Women-owned Business [3]** means a business concern that is at least fifty-one percent owned by one or more women who are citizens of the United States or noncitizens who are in full compliance with United States immigration law, or in the case of a corporation, partnership or limited liability company or other entity, at least fifty-one percent of the equity ownership interest is owned by one or more women who are citizens of the United States or noncitizens who are in full compliance with United States immigration law, and both the management and daily business operations are controlled by one or more women who are citizens of the United States or noncitizens who are in full compliance with United States immigration law.

(B) Other Federal Designations

Additionally, by providing the following information, I represent that this enterprise is a small business as defined by the *Code of Federal Regulations*, Title 13, Part 121, as appended - which contains detailed industry definitions and related procedures - and/or the characteristics of the enterprise's control, operation and/or ownership are accurately reflected in the information provided. *Check all that apply.*

- ☐ Disabled Small Business Ownership [4]
- ☐ Veteran Small Business Ownership [5]

5. Commodity Codes: You may register for commodity codes for the products and services that you offer, which will provide you with bid opportunity alerts and notifications should you become a paid registered vendor. To perform this function, visit the Vendor Self-Service (VSS) Portal at wvoasis.gov.

6. What is the latest Dun & Bradstreet number and rating on the vendor (<https://www.dnb.com/duns/duns-lookup.html>)? 094459448

7. Is the vendor acting as an agent for some other individual, firm or corporation? If yes, attach statement of the principal authorizing such representation. ☒ No ☐ Yes

By signing below and submitting this form, the vendor certifies and acknowledges that: 1) it has obtained all licenses, certifications, and authorizations necessary to lawfully conduct business in the state of West Virginia; and 2) that the assertions made by completing this form and delivering it to the Purchasing Division are accurate and true in accordance with the applicable law and rules. As authorized agent of the vendor named herein, I do solemnly swear that the above information is true and complete, in accordance with *West Virginia Code* §5A-3-12(e).

In the event that the vendor is applying for certification as a small, women-, or minority-owned business, the vendor's signature below further certifies that: 1) the state in which the vendor has its headquarters or principal place of business does not deny a like certification to a West Virginia based small, women-owned, or minority-owned business; 2) the state in which the vendor has its headquarters or principal place of business does not provide a preference to small, women-owned, or minority-owned firms that is unavailable to West Virginia based businesses; and, 3) that it has read and understands this form, along with the law and rules governing certification as a small, women-owned, or minority-owned business.

CHAD WILCOX

Authorized Agent of Vendor (Print Name)

Chad Wilcox

Authorized Agent (Signature)

Sales / Parts

Title

10/30/25

Date

**PURCHASING DIVISION
USE ONLY**

Vendor ID: _____

Check No. : _____

Memo No. : _____

Date: _____

Entered by: _____

TECHNICAL EVALUATION COMMITTEE SCORING MEMORANDUM

DATE: November 5, 2025

TO: Cathy Aquino, Chief Financial Officer

FROM: Russell Saunders

SUBJECT: Radiographic Simulation Lab - RFP BV2526-001

The Evaluation Committee has completed its review of the technical proposal received in response to the above-referenced RFP and has reached a consensus decision regarding the technical scoring.

The proposal received the following technical score out of a possible 75 points:

1. Radon Medical Imaging LLC - 75 out of 75 points

A detailed breakdown of the technical scoring is attached for reference.

The following vendors did not meet the minimum acceptable score:

2. N/A

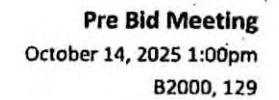
The following proposal was disqualified for failure to meet one or more mandatory requirements, as outlined below:

3. Blue Ox Medical Technologies

- Bidder did not attend the mandatory pre-bid meeting.

The Evaluation Committee members listed below certify that they concur with the scores and disqualification(s) identified herein and have previously signed the Certification of Non-Conflict of Interest form.

Name / Title	Signature	Date
Russell Saunders, Department Chair of Medical Imaging	<i>Russell Saunders</i>	11/05/2025
Tammy Foraker, Sonography Program Director	<i>Tammy Foraker</i>	11/05/2025
Jessica Harless, Sonography Faculty	<i>Jessica Harless</i>	11/05/2025
George Hypes, Director of Plant Operations	<i>George Hypes</i>	11/05/2025



VENDOR	ATTENDEE	
	Phone #	Signed Name
RADON Medical Imaging	(304) 955-6110	CHAD WELCOX
Michael Bell - BBL Carlton	304 859-6090	Michael Bell
Dillon Moore - BBL Carlton	304	Dillon Moore



**REQUEST FOR PROPOSAL
BV2526-001
RADIOGRAPHIC SIMULATION LAB**

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Exhibit G	Bid Bond
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Exhibit I	Guidelines for Vendors for Bid Submissions via Email
Exhibit J	Shielding Design

QUESTIONS WILL BE RECEIVED THROUGH 10/21/2025, 5:00 p.m. EST

PROPOSALS WILL BE RECEIVED UNTIL 11/04/2025, 12:00 p.m. EST

SECTION 1 GENERAL INFORMATION AND STANDARD TERMS AND CONDITIONS

1.1. OVERVIEW

BridgeValley Community & Technical College (the "College") is remodeling Room 129 in Building 2000 to establish a radiographic simulation lab for its Radiologic Technology program. The project includes furnishing and installing a DelMedical 50kW radiographic system with a Canon wireless digital detector, as well as constructing radiation shielding in accordance with a certified medical physicist's design. The awarded contractor will be responsible for both equipment installation and shielding construction to meet state and federal regulatory standards.

1.2. SCHEDULE OF EVENTS

10/07/2025	Release of RFP
10/14/2025, 1:00 p.m. EST	Pre-Bid Meeting
10/21/2025, 5:00 p.m. EST	Question Deadline
10/28/2025, 5:00 p.m. EST	Addendum/Response to Questions
11/04/2025, 12:00 p.m. EST	Proposals Due
11/04/2025, 1:00 p.m. EST	Bids Publicly Opened and Read Allowed
11/18/2025	Target Award Date

1.3. Respondent Point of Contact

The Respondent, or anyone on the Respondent's behalf, is not permitted to contact any member of the College's Board of Governors or College personnel as it relates to the requested services or terms and conditions set forth in this solicitation. Violation of this clause may result in bid disqualification. The Respondent is the sole contact for all inquiries after the solicitation has been released for bid.

All inquiries regarding the specifications or proposal submission must be submitted in writing, by the Question Deadline, to: Justa Atha, Justa.Atha@bridgevalley.edu. The subject line of all communications must reference: **RFP BV2526-001**.

Revisions to this solicitation will be made by an official addendum issued by the College. The Respondent should acknowledge receipt of all addenda issued with this solicitation through acknowledgement on the Addendum Acknowledgment form. Failure to acknowledge addenda may result in bid disqualification.

1.4. Posting of Information

The solicitation and any subsequent issued addenda will be available at:
<https://www.bridgevalley.edu/purchasing-information>
<https://www.wvhepc.edu/resources/purchasing-and-finance/>
<https://www.wvsao.gov/LegalNotices/Default>

1.5. Proposal Submission

In accordance with West Virginia Code §5A-3-11, proposals must be received by the College's Office of Fiscal Affairs prior to the date and time specified in Section 1.2, Schedule of Events, BV2526-001 RADIOGRAPHIC SIMULATION LAB, PG. 2

of this Request for Proposals. Failure to deliver, or the non-receipt of, a bid by the specified date and time shall result in disqualification.

Proposals may be submitted in one of the following ways:

- **Electronic submission**
 - Proposals must be sent to Justa.Atha@bridgevalley.edu
 - The email subject line must read: *Bid for Radiographic Simulation Lab – RFP BV2526-001 – Due 11/04/2025.*
 - All required exhibits and documents must be included in the electronic submission
- **Mailed or Hand-Delivered Submission** - Mailed/hand delivered respondents shall submit all exhibits, an ORIGINAL proposal, and four copies, by mail, to:

BridgeValley Community & Technical College
Office of Fiscal Affairs
2001 Union Carbide Drive South
Charleston, WV 25303

The following must be indicated on the envelope/package:

Buyer:	Atha/Aquino
Proposal:	RFP BV2526-001
Opening Date:	11/04/2025
Opening Time:	1:00 p.m. EST

1.6. Rejection of Proposals

The College shall select the best value solution according to the criteria considered for contract award. However, the CFO/CPO reserves the right to accept or reject any or all proposals, in part or entirely at his/her discretion. The CFO/CPO reserves the right to withdraw this solicitation at any time for any reason. Submission to, or receipt by, the CFO/CPO confers no rights upon the Respondent nor obligates the College in any manner.

1.7. Conflict of Interest

By signing the bid, the Respondent affirms that it and its officers, members, and employees have no actual or potential conflict of interest beyond any conflicts disclosed within the submitted bid. Respondent will not acquire any interest, direct or indirect, that will conflict or compromise in any manner or degree with the performance of their services under this contract. If any potential conflict is later discovered, or if one arises, the Respondent must disclose it to the College immediately upon discovery.

1.8. Independent Proposal

A bid will not be considered for award if the commission/price was not arrived at independently, without collusion, consultation, communication, or agreement as to any matter relating to such commission/prices with any other offer or with any competitor. The commission/price quoted in the Respondent's bid will not be subject to any decrease/increase and will be considered firm for the life of the contract unless specific provisions for adjustment have been provided for in the original contract.

1.9. Economy of Preparation

Bids should be prepared simply and economically, providing a straightforward, concise description of Respondent's abilities to satisfy the requirements of the solicitation. Emphasis

should be placed on completeness and clarity of content.

1.10. Verbal Communications

Discussions and/or interviews may be held with a Respondent(s) under final consideration prior to selection for award; however, an award may be issued without such discussions or interviews.

1.11. Oral Statements and Commitments

Respondent must clearly understand that any verbal representations made or assumed to be made during any oral discussions held between Respondent's representatives and any College personnel **are not** binding. Only the information issued in writing and added to the solicitation specifications filed by an official written addendum are binding.

1.12. Incurring Costs

Neither the College nor any of its employees or officers shall be held liable for any expenses incurred by any Respondent responding to this solicitation for expenses to prepare, deliver the proposal, or to attend any mandatory or non-mandatory pre-bid meeting or oral presentations.

1.13. Disclosure

All documents submitted in response to this solicitation and any documents created because of this solicitation are considered public record. All bids, proposals or offers submitted shall become public information and will be available for inspection during normal business hours at the College. The only exception for public records is disclosure information as provided in WV Code § 29B-1-4. Primarily, only trade secrets are considered exempt from public disclosure.

1.14. Bid Opening and Evaluation Process

At the date and time specified, each bid will be opened and read aloud. Once opened, each bid will be reviewed by the CFO/CPO to make any determination, if applicable, of the Resident Respondent and/or Small, Women-Owned, or Minority-Owned Preference; such preference is an evaluation method only and applies only to the cost in accordance with West Virginia State Code.

Evaluation: Preference

Resident Respondent

Respondent Preference may only be granted upon written request and only in accordance with the West Virginia Code §5A-3-37 and the West Virginia Code of State Rules. Respondent's failure to submit the Respondent Preference Certificate form, when applicable, with its bid will result in denial of Respondent Preference. Respondent Preference does not apply to construction projects.

Small, Women-Owned, or Minority-Owned Respondent (SWM)

For any solicitation publicly advertised for bid, in accordance with West Virginia Code §5A-3-37(a)(7) and W. Va. CSR §148-22-9, any non-resident Respondent certified as a small, women-owned, or minority-owned business under W. Va. CSR §148-22-9 shall be provided the same preference made available to any resident Respondent. Any non-resident small, women-owned, or minority-owned business must identify itself as such in writing by submitting Form WV-1 "Respondent Registration & Disclosure Statement and Small-, Women-, & Minority-Owned Business Certification" with its bid, and must be properly certified under W. Va. CSR §148-22-9 prior to contract award to receive the preferences made available to resident Respondents.

Applicable preference forms can be obtained from the State of WV Purchasing website <http://www.state.wv.us/admin/purchase/forms.html>.

1.15. Pre-Bid Meeting

A **MANDATORY** Pre-bid meeting will be held at the following place and time:

2001 Union Carbide Drive

South Charleston, WV 25303

Room 129

10/14/2025 1:00 p.m. EST

All vendors submitting a bid must attend the mandatory pre-bid meeting. Failure to attend the mandatory pre-bid meeting shall result in disqualification of the vendor's bid. No one individual is permitted to represent more than one vendor at the pre-bid meeting. Any individual that does attempt to represent two or more vendors will be required to select one vendor to which the individual's attendance will be attributed. The vendors not selected will be deemed to have not attended the pre-bid meeting unless another individual attended on their behalf. An attendance sheet provided at the pre-bid meeting shall serve as the official document verifying attendance. Any person attending the pre-bid meeting on behalf of a vendor must list on the attendance sheet his or her name and the name of the vendor he or she is representing. Additionally, the person attending the pre-bid meeting should include the vendor's e-mail address, phone number, and fax number on the attendance sheet. It is the vendor's responsibility to locate the attendance sheet and provide the required information. Failure to complete the attendance sheet as required may result in disqualification of vendor's bid. All vendors should arrive prior to the starting time for the pre-bid. Vendors who arrive after the starting time but prior to the end of the pre-bid will be permitted to sign in but are charged with knowing all matters discussed at the pre-bid. Questions submitted at least five business days prior to a scheduled pre-bid will be discussed at the pre-bid meeting if possible. Any discussions or answers to questions at the pre-bid meeting are preliminary in nature and are non-binding. Official and binding answers to questions will be published in a written addendum to the RFP/RFB prior to bid opening.

- 1.16.** The CFO/CPO will perform a final review and award based upon the overall services, qualifications, Respondent preference, if applicable and cost. ***Any contract resulting in an award from this solicitation is not valid until properly approved and executed by the CFO/CPO of the College and approved as to form, if required, by the Attorney General.***

The issued contract, by order of precedence, is the fee schedule, the solicitation and any addenda, and the Respondent's bid along with all required exhibits in response to the solicitation.

1.17. Term of Contract & Renewals

The term of the contract shall commence upon full execution and remain in effect until **01/31/2026**, by which date all work under this scope — including equipment delivery, installation, radiation shielding construction, system integration, calibration, and final radiation survey — must be fully completed and accepted by the College.

This is a one-time purchase and installation contract. No renewal options apply.

1.18. Contract Changes

Any changes to the original contract will be made via a Change Order issued by the College. No change is official until a signed Change Order is issued and received by the Respondent.

1.19. Contract Termination for Unavailability of Funds

If funds are not appropriated or allocated for the services provided under the contract, the College may terminate the contract at the end of the current affected fiscal period without charge or penalty. The College shall promptly give the Respondent written notice of such non-appropriation or non-allocation of funds once the College receives notice.

1.20. Contract Termination for Failure to Perform

The College may terminate the contract resulting from this solicitation immediately at any time the Respondent fails to meet the terms of the contract.

1.21. Invoices

Invoices will be submitted in arrears. Payment against invoices prior to receipt of services and an assessment of interest or late fees for late payments is prohibited by State law. Invoices properly prepared and submitted in accordance with the terms and conditions of the contract are typically paid within a thirty (30) day timeframe.

1.22. Governing Law

The contract shall be governed by the laws of the State of West Virginia.

SECTION 2 ELIGIBILITY REQUIREMENTS

2.1. Respondent Registration [WV Code § 5A-3-12]

The West Virginia Code requires that all Respondents be registered with the WV Department of Administration, Purchasing Division, prior to receiving a purchase order for competitive products and/or services exceeding \$25,000.

Additional Respondent registration information can be obtained at:

<https://www.state.wv.us/admin/purchase/VendorReg.html>

2.2. Debarment [WV Code §5A-3-33 through §5A-3-33F]

Respondents that have been debarred by the federal government are not eligible to offer on or receive contracts to supply goods or services to the state and its subdivision for a specified period of time.

2.3. West Virginia Secretary of State

The Respondent must comply with the requirements of the West Virginia Secretary of State and should provide a copy of their business license with the proposal. For more information, contact the WV Secretary of State or visit <https://sos.wv.gov/Pages/default.aspx>.

2.4. Taxpayer Identification Information

The Internal Revenue Service (IRS) requires the College to request a taxpayer identification number (TIN) for tax reporting purposes. IRS Form W-9 is used to obtain this information.

2.5. WV Agreement Addendum (WV-96)

The WV-96 is attached to demonstrate the State law and guidelines which must be adhered to in any contracts presented to the College for execution. A copy of additional terms and conditions that a firm wishes to offer for consideration should be enclosed with the proposal. The West Virginia Attorney General's Office must accept or reject proposed modifications to the WV-96.

2.6. Purchasing Affidavit [WV State Code §5A-3-10a]

WV State Code requires all Respondents to submit an affidavit regarding any debt owed to the State. The Affidavit should be completed, signed, and returned with the Respondent's proposal.

2.7. Bid and Performance Bond Requirements

The vendor shall include a Bid Bond up to 5% of the total bid with the proposal. A Performance Bond equal to 100% of the total bid will be required of the successful bidder upon Notice of Contract Award.

2.8. Addendum Acknowledgement

The Respondent must complete and submit the Addendum Acknowledgement form. This form confirms receipt of all addenda issued with this RFP. Respondents are responsible for ensuring all applicable addenda are acknowledged as part of their proposal submission.

2.9. Designated Contact

The Respondent must complete and submit the Designated Contract Form. This form requires the Respondent to provide the business name, business address, and telephone number; the contact's name and e-mail address; and the name(s) of site visit attendee(s), if applicable. The form must also include the signature and date of the individual authorized to obligate the business.

SECTION 3 Background Information

3.1. Location

The College is located at:
BridgeValley Community & Technical College
2001 Union Carbide Drive
South Charleston, WV 25303

Operating Hours: Monday – Friday, 8:00 a.m. – 5:00 p.m.

3.2. About the College

BridgeValley assists students in achieving their educational goals. BridgeValley meets the higher education, workforce development, and training needs for industries ranging from healthcare to manufacturing.

Mission Statement

BridgeValley Community and Technical College promotes student success, prepares a skilled workforce, and builds tomorrow's leaders by providing access to quality education.

Vision Statement

BridgeValley Community and Technical College will be the college of opportunity for a diverse learner population, offering leading-edge technology, innovative ideas, and dynamic service to our students and our communities.

Value Statements

Faculty, staff, and administrators share a common set of values that guides the College in fulfilling its mission. These values influence our actions, guide our decisions, mold our policies, and determine our strategic planning.

1. Excellence in Education. We are dedicated to excellence in education and will develop and retain innovative and supportive faculty and staff; maintain facilities equipped with current technology; and deliver a variety of impactful academic and occupational programs based on tolerance of diverse cultural backgrounds and appreciation of divergent points of view.
2. Foster and Promote Achievement and Accessibility. We are committed to providing the skills and resources students need to achieve their educational, career and/or personal goals, and we are committed to open access and affordability of higher education for all our students.
3. Respect for Diversity. We are dedicated to fostering a learning community in which all individuals are valued and supported; promoting a culture of respect that honors the dignity of every individual; and allowing zero tolerance for disrespect. We believe that everyone should have the opportunity to learn and succeed in the classroom, in the workplace, and in the community.
4. Practice Accountability. We are committed to efficient and effective management of human and financial resources that will maintain public trust through professional integrity and fiscal responsibility.
5. Quality of Work and Learning Environment. As a college fostering and promoting the dignity of each person, BridgeValley strives to provide an environment that is free of harassment. We make a commitment to treat all members of our communities with mutual respect and nurture relationships within the college and community that allow us to grow our knowledge, aid personal progress, expand our reach, and strengthen our impact on those we serve. We believe that our community members are accountable for their actions and should be held to high standards.

6. **Contribution to Community and Economic Development.** We are committed to serving the academic, occupational, and enrichment needs of our communities; enhancing quality of life; and supporting economic development through effective business, government, community, and industry partnerships and collaborations.
7. **Commitment to Supporting Our Local Communities.** We strive to be a positive and transformative force in the places we call home by providing resources and programs that enable our neighbors to rejuvenate and reimagine our neighborhoods, interact with and understand our natural and built environments, and participate in and develop our local economy. Championing the arts, cultivating an entrepreneurial spirit, and collaborating with the new and existing industries, the college will be the primary convener and facilitator necessary to support a creative and enduring community.

SECTION 4 SCOPE OF SERVICES

4.1. Project

BridgeValley Community & Technical College is remodeling Room 129 in Building 2000 to establish a radiographic simulation lab for the Radiologic Technology program. The facility will house a DelMedical 50kW general radiographic system with a Canon wireless digital detector and associated equipment. This system will be used exclusively for phantom simulations and student training (no live patients).

The awarded contractor shall provide all labor, materials, equipment, and services necessary to:

- Install the specified x-ray system and components.
- Perform all electrical work required for the installation, including power distribution, conduit, wiring, grounding, and connections, in compliance with NEC, NFPA, and local codes.
- Construct radiation shielding strictly in accordance with the shielding design prepared by a certified medical physicist (dated May 12, 2025) and already approved by the West Virginia Radiological Health Program.
- Ensure compliance with NCRP Report No. 147, NCRP Report No. 168, and all applicable state and federal regulations.

Equipment Specifications

The following equipment is included within the project scope and shall be furnished, installed, and made operational by the contractor in accordance with the approved plans:

1. Radiographic Generator – DelMedical 50kW
2. X-Ray Tube – compatible with generator and shielding design parameters (150 kVp max, 1000 mA max)
3. Collimator – integrated with tube stand
4. Tube Stand – floor-mounted
5. Wall Stand (Upright Bucky) – with digital detector integration
6. Elevating Table – designed for student simulation training
7. Digital Detector – Canon wireless detector system
8. Control Console – located within the shielded control booth as specified
9. Accessories – all required cabling, mounting hardware, and components

Contractor Responsibilities

Regulatory & Plan Compliance

- Abide by the approved shielding design and equipment layout without modification unless written authorization is provided by the College and the medical physicist.
- Maintain compliance with all federal, state, and local regulations for radiation safety and construction.

General Construction

- Provide all construction necessary to achieve the approved design, which may include removal of existing walls, relocation of doors, and other modifications needed to accommodate equipment placement, shielding, and the operator's control booth.

Shielding Construction

- Install lead-lined walls, doors, frames, and observation windows exactly as detailed in the approved design.
- Extend shielding from floor to a minimum of 7 feet.
- Provide shielding equivalence for all penetrations, doors, and windows.

- Construct the operator's control booth in accordance with the approved plan, ensuring required protection, visibility, and exposure switch location.

Equipment Installation

- Deliver, assemble, and install all equipment listed according to the approved plans.
- Provide full system integration, calibration, and operational verification.
- Ensure placement of equipment matches the approved layout.

Quality Control

- Coordinate with BVCTC and the medical physicist for inspection of installed shielding and equipment.
- Support post-installation radiation survey and shielding integrity verification.
- Correct any deficiencies identified during acceptance testing.

Deliverables

- As-built drawings confirming compliance with approved plans.
- Certificates of conformance for all shielding materials and equipment.
- Documentation required by the State of West Virginia for shielding approval and equipment registration.

4.2. Bid Requirements

Respondent shall coordinate with the President or his/her designee on all aspects of the grant award.

Required service times during the contract period may vary, but Respondent must be capable of providing both in-person and virtual services between the hours of 7 o'clock a.m. and 10 o'clock p.m. (EST) Monday through Friday, except for holidays observed by the State of West Virginia or days designated by the College where the College is closed.

4.3. Equipment and Supplies

Respondent will be responsible for providing all equipment and supplies needed to satisfy all aspects of the project scope.

4.4. Personnel

Respondent must assign qualified personnel with demonstrated expertise in radiation shielding construction and medical imaging equipment installation to manage and carry out the project. Assigned personnel shall serve as the primary point of contact for the College, coordinate with the certified medical physicist, ensure compliance with the approved plans, and oversee the project schedule to guarantee completion by the deadline.

4.5. Deficient Performance and Resolution Process

Resolution, through mutual consideration between the College and Respondent, of any specification deficiencies is of the most importance to the College. The following outlines the approved process to resolve any such deficiencies, including the potential termination of an existing contract.

- The President or his/her designee shall determine, through investigation, the validity of given deficiency; and, if valid, provide notice of such deficiency in writing to Respondent.
- Respondent shall correct, either by the end of the following business day the College is open OR the end of a mutually agreed-upon period, any specification as outlined in Section 4 labeled as deficient. Should Respondent fail to correct such deficiencies within the

timeframe agreed upon, one or all of the following actions may be taken:

- a. Deficiency will be corrected by the College and billed to Respondent or deducted from the monthly billing;
- b. Deficiency will be corrected from other sources and hold Respondent responsible for any costs incurred;
- c. Termination of contract.

4.6. Special Terms and Conditions

4.6.1. Insurance Requirements

Respondent shall be solely liable for the acts and omissions of its employees and agents. The successful Respondent shall maintain and furnish proof of coverage of liability insurance for loss, damage, or injury (including death) of third parties arising from acts and omissions on the part of Respondent, its agents, and employees. Insurance policy must remain in effect for the term of the contract.

BridgeValley Community and Technical College shall be named as an additional insured on all policies. A Statement of Insurability at the following levels:

a) Worker's Compensation	Statutory Limit
b) Employer's Liability	\$ 1,000,000
c) Comprehensive, General Liability, Bodily Injury and Property Damage	\$ 2,000,000 each occurrence

Contractual liability coverage including the indemnification provisions of these conditions must be fully insured under this policy for the liability limits set forth above.

- d) Fire insurance and extended coverage, actual cash value with reasonable deductible.

The College shall not be liable for the loss or damage to any of the Respondent's goods, merchandise, furniture, or any other property. The Respondent shall be responsible for all damages to the premises resulting from the negligent or willful acts of the Respondent's agents or employees.

4.6.2. Subcontracts/Joint Ventures

Respondent is solely responsible for all work performed under the contract and shall assume prime Respondent responsibility for all services offered and products delivered under the terms of this contract. The College will consider Respondent to be the sole point of contact regarding all contractual matters. Respondent may, with the prior written consent of the College, enter into written subcontracts during performance of work under this contract; however, Respondent is responsible for payment to subcontractor(s).

4.6.3. Record Retention

Respondent shall comply with applicable Federal and State of West Virginia rules and regulations, and requirements governing the maintenance of documentation to verify

any cost of services or commodities rendered under this contract by Respondent. Respondent shall maintain such records for a minimum of five (5) years and make such records to the College personnel at Respondent's location during normal business hours upon written request by the College within ten (10) days after receipt of the request.

SECTION 5 RESPONDENT RESPONSES AND EVALUATION CRITERIA

5.1. Table of Contents

Clearly identify the material by sections and page number(s).

5.2. Letter of Transmittal

Limit to one or two pages.

- Briefly state Respondent's understanding of the scope of services to be provided and the commitment to meet all grant deliverables.
- Provide a list of team member names that will be authorized to make representations for Respondent, their respective titles, and contact information.

5.3. Respondent Profile

- Provide a general summary of your business operations, including how long your company has been in business, areas of specialization, and your general approach to completing radiation shielding construction and radiographic equipment installation projects. Explain why your company is best suited to complete this project.
- Provide a list of successful assignments of similar scope completed within the last five (5) years, including projects that involved radiation shielding construction, installation of radiographic/x-ray systems, and compliance with NCRP and state regulatory requirements.
- Provide examples of prior projects where deliverables (such as shielding installations, equipment integrations, and compliance documentation) were completed within targeted timelines and regulatory deadlines.
- Provide at least three (3) references from prior projects of similar scope, preferably involving higher education institutions, medical training facilities, or healthcare environments requiring radiation shielding and diagnostic imaging equipment installation.
- Provide examples of proven expertise and qualifications of team members who will be assigned to this project, including certifications, licensure, and demonstrated experience with radiation shielding construction and medical imaging equipment installation.

5.4. Pricing

Pricing information is to be provided in a separate sealed envelope and labeled as "Fee Schedule". Services should be billed at an hourly rate per position, clearly identifying the rate for each position involved in the project.

5.5. Evaluation Process

Proposals will be evaluated and scored by a committee of college stakeholders and the CFO/CPO. Evaluations will be scored on overall services, qualifications, and costs/commission with a maximum score of 100 points. The recommendation of the successful Respondent will be made to the President by a consensus of the Evaluation Committee and the CFO/CPO. The criteria and the assigned weight factors are provided in Part 5, Section 5.4 and Section 5.5 of this solicitation.

5.6. Evaluation Criteria

The following are the factors and point values:

Profiles and Expertise	25 Points Possible
Experience	25 Points Possible
Assessment of Capability	25 Points Possible
Price	<u>25 Points Possible</u>
Total	100 Points Possible

Each cost/commission proposal will be evaluated by use of the following formula:

$$\frac{\text{Lowest Cost Proposal}}{\text{Price of Proposal being Evaluated}} \times 25 = \text{Price Score}$$

5.7. Minimum Acceptable Score

Excluding the 25 possible points for price, a respondent must achieve a minimum score of 64 out of the 75 possible remaining points in order to be considered for further evaluation. Respondents who do not meet this minimum score will be disqualified and removed from the evaluation process.

The College may select Respondent's proposal based on best value purchasing, which is not necessarily the lowest price submitted by Respondent. Cost/Commission is considered but is not the sole determining factor for award; discussions or interviews may be held to promote understanding of the College's requirements and the offerors' proposals, and to facilitate arriving at a contract that will be most advantageous to the College. The College does reserve the right to accept or reject any or all proposals, in whole or in part, if to do so is in the best interests of the College.

Respondent's failure to provide complete and accurate information may be considered grounds for disqualification. The College reserves the right to ask Respondents for additional information to clarify their proposals. Nothing may be added to alter the written solution or method contained in the original proposal after bid opening. Presentations may be requested, at the discretion of the Evaluation Committee

SECTION 6 ADDITIONAL INFORMATION

- 6.1.** By submitting a proposal in response to this RFP, Respondent shall be deemed to have accepted all the terms, conditions, and requirements set forth herein unless otherwise clearly noted and explained in writing. Any exception(s) or additional terms and conditions a Respondent wishes to offer for consideration must be clearly itemized and explained. Otherwise, the RFP in total shall be incorporated into the contract by reference. The College may accept or reject Respondent's proposed exceptions as it deems appropriate and in the best interests of the College.