



Professional Business Interiors, Inc.
 123 Sweeten Creek Road, Suite A
 Asheville, North Carolina 28803
 Phone: 828.277.7001 • Fax: 828.277.7003

Date Proposed: Original Bid-September 12th-Revised 10-26-11
 Date Valid Through:11-26-11

Proposals: tbd

Moving Services-Haywood County DSS/Health Dpeartment Project

Original Bid: \$33,500 Add Alterante 1-\$3250.00, Contract 2 Add: \$4690	\$41,440.00
New Negotiated reduction for turnkey service-Inlcudes donation for Meals on Wheels portion-breakdown below	\$32,376.00
Pricing Breakdown	
Offices to include 3 boxes per for 199 offices, 1 file cabinet each, storage rooms, closets, etc.	\$6,766.00
Casegoods based on 108 pieces	\$3,780.00
Seating based on 317 chairs	\$3,170.00
Tables, Bookcases, misc based on 92 pieces	\$1,840.00
Additional File Cabinets based on 200 total files	\$2,400.00
Morg Basement file storage	\$1,220.00
Health Department File Rooms with carts and shelf moving	\$4,200.00
CPU's based on 1 per office	\$3,250.00
Project management, nights and weekends, truck overhead, equipment, etc.	\$5,750.00
Total	\$32,376.00

Notes: All pricing is figured based on total quantities specified.



Accepted:

By:

Date:



Fax: 277-7003

Attachment C



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2011

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 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 WILLIAM GILLIAM 200 WHITE ST HENDERSONVILLE NC 28739-5238 INSURED PROFESSIONAL BUSINESS INTERIORS, INC. 123 SWEETEN CREEK RD ASHEVILLE NC 28803-1549		CONTACT NAME: PHONE (A/C No., Ext): FAX (A/C No.): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY NAIC # 23767 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INBR LTR	TYPE OF INSURANCE	ADOL. SUBR. (INSR) (W/O)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		ACP BPRM 2233354198	07/01/2011	07/01/2012	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED. EXP. (Any one person) \$ 5,000 PERSONAL & ADV. INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPROP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ACP BA 2233354198	07/01/2011	07/01/2012	COMBINED SINGLE LIMIT (Per person) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB. EXCESS LIAB.	<input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ACP WC 2233354198	07/01/2011	07/01/2012	<input checked="" type="checkbox"/> WC STAT. TORY LIMITS <input type="checkbox"/> OTH. ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER Haywood County Government 215 N. Main Street Waynesville NC 28786	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 Lora Patton <i>Lora Patton</i>
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Haywood County
MOVING Services
Waynesville, NC

PERFORMANCE BOND

Date of Execution of this Bond: November 7, 2011

Project Haywood County - Moving Services for D.S.S. : Health Dept. Name:

Name and Address of
of Principal (Contractor): PBI Inc.
123 Sweeten Creek Rd. suite A
Asheville, N.C. 28803

Name and Address of
Surety: The Continental Insurance Company
333 S Wabash
Chicago, IL 60604

Name and Address
of Contracting Body: Haywood County
215 North Main Street
Waynesville, NC 28786

Amount of Bond: thirty two thousand three hundred and seventy six
dollars (\$32,376)

Contract That certain contract by and between the Principal and the Contracting
Body above named, dated
November 7th, 2011

for moving existing items from D.S.S. and Health Department
as noted in description.

KNOW ALL MEN BY THESE PRESENTS, that we, the PRINCIPAL and SURETY above named, are held and firmly bound unto the above named Contracting Body, hereinafter called the Contracting Body, in the penal sum of the amount stated above for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal entered into a certain contract with the Contracting Body, as identified, as shown above and hereto

Haywood County
MOVING Services
Waynesville, NC
attached:

NOW, THEREFORE, if the Principal shall perform the Construction Contract, the Surety and the Principal shall have no obligation under this Bond and this obligation shall be null and void; otherwise it shall remain in full force and effect.

THIS PERFORMANCE BOND is made and given pursuant to the requirements and provisions of Section 129 of Chapter 143 of the General Statutes of North Carolina and pursuant to Article 3 of Chapter 44-A of the General Statutes of North Carolina, and each and every provision set forth and contained in Article 3 of Chapter 44-A of the General Statutes of North Carolina is incorporated herein, made a part hereof, and deemed to be conclusively written into this Bond.

IN WITNESS WHEREOF, the Principal and Surety have executed this instrument under their several seals on the date indicated above, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Witness:

(Proprietorship or Partnership)

Attest: (Corporation)

By: _____

Title: _____
(Corporation Secretary or
Assist. Secretary Only)

Principal (Name of individual, individual & trade
Name, partnership, corporation, or joint venture)

By: Dawn P. Hunter (Seal)

Title: Owner / VP Sales
(Owner, Partner, Office held in
corporation, joint venture)

(Corporate Seal)

Witness: _____

Countersigned:

(N. C. Licensed Resident Agent)

Surety (Name of Surety Company)

By: _____

Title: Attorney in Fact

(Corporate Seal of Surety)

(Address of Attorney in Fact)

Haywood County
MOVING Services
Waynesville, NC

PAYMENT BOND

Date of Execution of this Bond: November 7, 2011

Project Name: Haywood County - Moving Services for D.S.S. and Health Dept.

Name and Address of
of Principal (Contractor): PBI Inc.
123 Sweeten Creek Rd. Suite A
Asheville N.C. 28803

Name and Address of
Surety: The Continental Insurance Company
333 S. Wabash
Chicago, IL 60604

Name and Address
of Contracting Body: Haywood County
215 North Main Street
Waynesville, NC 28786

Amount of Bond: thirty two thousand three hundred and seventy six
dollars (# 32,376)

Contract That certain contract by and between the Principal and the Contracting
Body above named, dated

November 7, 2011
for moving of existing items from D.S.S. and Health Dept.
as noted in description

KNOW ALL MEN BY THESE PRESENTS, that we, the PRINCIPAL and SURETY above named, are held and firmly bound unto the above named Contracting Body, hereinafter called the Contracting Body, in the penal sum of the amount stated above for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal entered into a certain contract with the Contracting Body, as identified, as shown above and hereto

Haywood County
MOVING Services
Waynesville, NC
attached:

NOW, THEREFORE, if the Principal shall promptly make payment to all persons supplying labor/material in the prosecution of the work provided for in said contract, and any and all duly authorized modifications of said contract that may hereafter be made, notice of which modifications to the surety being hereby waived, then this obligation to be null and void; otherwise it shall remain in full force and effect.

THIS PAYMENT BOND is made and given pursuant to the requirements and provisions of Section 129 of Chapter 143 of the General Statutes of North Carolina and pursuant to Article 3 of Chapter 44-A of the General Statutes of North Carolina, and each and every provision set forth and contained in Article 3 of Chapter 44-A of the General Statutes of North Carolina is incorporated herein, made a part hereof, and deemed to be conclusively written into this Bond.

IN WITNESS WHEREOF, the Principal and Surety have executed this instrument under their several seals on the date indicated above, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Witness:

(Proprietorship or Partnership)

Attest: (Corporation)

By: _____

Title: _____

(Corporation Secretary or
Assist. Secretary Only)

Principal (Name of individual, individual & trade
Name, partnership, corporation, or joint venture)

By: Dawn Puhuta _____ (Seal)

Title: VP Sales/Owner _____
(Owner, Partner, Office held in
corporation, joint venture)

(Corporate Seal)

Witness: _____

Countersigned:

(N. C. Licensed Resident Agent)

Surety (Name of Surety Company)

By: _____

Title: Attorney in Fact

(Corporate Seal of Surety)

(Address of Attorney in Fact)