

BILL NO.: 16-1034

ORDINANCE NO.: 16-

0513

INTRODUCED BY: COUNCIL MEMBER(s) Boyer

1 AN ORDINANCE RENEWING THE BID AWARDS FOR CERTAIN  
2 PRODUCTS AND SERVICES FOR LIQUID BITUMINOUS MATERIAL,  
3 DEPARTMENT OF PUBLIC WORKS.

4 WHEREAS, Jefferson County, Missouri, (hereafter, the "County") recommends  
5 the renewal of the following bid awards at the same terms and conditions as previously bid,  
6 as authorized by the original Invitation for Bid awarded by the County, for an additional  
7 one-year term:

8 BID NAME

9 Liquid Bituminous Material

10 AWARDED BIDDERS

11 Missouri Petroleum Products Co., LLC (A1)

12 N.B. West Contracting Company (A2)

13 ORDINANCE NUMBER

14 15-0639

15 WHEREAS, the Department of Public Works of Jefferson County, Missouri,  
16 Council finds it is in the best interest of the County to renew the bid award for Liquid  
17 Bituminous Material for the term of 12-28-16 to 12-27-17 with Missouri Petroleum  
18 Products Co., LLC and N.B. West Contracting Company with approval of the County

1 Council and County Executive up to the amount of **\$700,000.00** subject to budgetary  
2 limitations.

3 **BE IT ENACTED BY THE JEFFERSON COUNTY, MISSOURI, COUNCIL,**  
4 **AS FOLLOWS:**

5 Section 1. The County authorizes the renewal of the bid awards for an  
6 additional one-year term as follows:

7 BID NAME  
8 Liquid Bituminous Material

9 TERM  
10 12-28-16 to 12-27-17

11 Upon approval of the County Council and County Executive

12 AMOUNT  
13 Up to **\$700,000.00**  
14 subject to budgetary limitations

15 AWARDED BIDDERS  
16 Missouri Petroleum Products Co., LLC (A1)  
17 N.B. West Contracting Company (A2)

18 Section 2. The Jefferson County, Missouri, Council hereby authorizes the  
19 County Executive to execute a renewal agreement, incorporated herein by reference and  
20 attached as Exhibit A. The County Executive is further authorized to take any and all  
21 actions necessary to carry out the intent of this Ordinance.

1            Section 3.      Copies of all Invitations for Bid, Requests for Proposals, responses  
2    thereto, and any contracts or agreements shall be maintained by the Department of the  
3    County Clerk consistent with the rules and procedures for the maintenance and retention  
4    of records as promulgated by the Secretary of State.

5            Section 4.      This Ordinance shall be in full force and effect from and after its  
6    date of approval. If any part of this Ordinance is invalid for any reason, such invalidity  
7    shall not affect the remainder of this Ordinance.

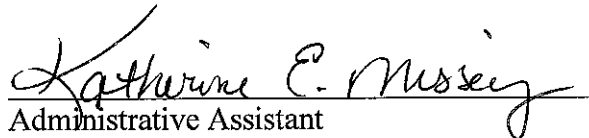
**THIS BILL BEING DULY INTRODUCED, THE MEMBERS OF THE  
JEFFERSON COUNTY, MISSOURI, COUNCIL VOTED AS FOLLOWS:**

|                                                  |               |
|--------------------------------------------------|---------------|
| Council Member District 1, Don Bickowski         | <u>Yes</u>    |
| Council Member District 2, Renee Reuter          | <u>Absent</u> |
| Council Member District 3, Robert Boyer          | <u>Yes</u>    |
| Council Member District 4, George Engelbach      | <u>Yes</u>    |
| Council Member District 5, Oscar J. "Jim" Kasten | <u>Yes</u>    |
| Council Member District 6, Cliff Lane            | <u>Yes</u>    |
| Council Member District 7, James Terry           | <u>Yes</u>    |

THE ABOVE BILL ON THIS 25<sup>th</sup> DAY OF October, 2016:

PASSED                       FAILED

  
Robert Boyer, County Council Vice Chair

  
Katherine E. Mussey  
Administrative Assistant

THIS BILL WAS ✓ APPROVED BY THE JEFFERSON COUNTY EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY, MISSOURI, THIS 26<sup>TH</sup> DAY OF OCTOBER, 2016.

THIS BILL WAS \_\_\_\_\_ VETOED AND RETURNED TO THE JEFFERSON COUNTY, MISSOURI, COUNCIL WITH WRITTEN OBJECTIONS BY THE JEFFERSON COUNTY EXECUTIVE, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2016.

Kenneth B. Waller  
Kenneth B. Waller, Jefferson County, Missouri, Executive

**ATTEST:**

Wes Wagner  
Wes Wagner, County Clerk

BY: Katherine E. Missey

Reading Date: 10-25-2016



County of Jefferson

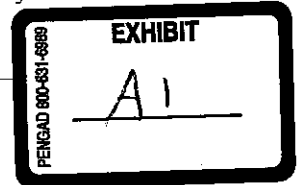
State of Missouri  
Administration Center  
729 Maple Street - PO Box 100  
Hillsboro, Missouri 63050

RECEIVED

SEP 19 2016

Ken Waller

County Executive



DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcomo.org

Nicole Crawford  
Human Resources Manager  
(636)797-5071 / Fax (636)797-5596

Vickie Pratt  
General Services/Contracts & Grants Manager  
(636)797-5380 / Fax (636)797-5067

MISSOURI PETROLEUM PRODUCTS CO, LLC  
1620 WOODSON RD  
ST LOUIS MO 63114

September 8, 2016

Attn: Michael Harman



Your company was awarded a bid for "LIQUID BITUMINOUS MATERIAL" for the County of Jefferson, Missouri in **December 2015**. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from **December 28, 2016 through December 27, 2017**.

**PLEASE INCLUDE THE FOLLOWING ITEMS:**

- 1) **This executed renewal letter**
- 2) **Updated insurance certificates**
- 3) **Current paid tax receipts for any real or personal property owned in Jefferson County OR a notarized letter on company letterhead stating that your company does not own any real or personal property in Jefferson County.**
- 4) **Company Name, Signature, Print, Company Address and Phone completed on next page.**

Please sign and return as soon as possible if your company agrees to renew this contract.


  
 Printed Name of Authorizing Agent                      Signature

9/12/16  
Date

If your company does not wish to renew this agreement, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully,

Vickie S. Pratt  
Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this  
13 day of September 2016:

Missouri Petroleum Products Co., LLC  
Company Name

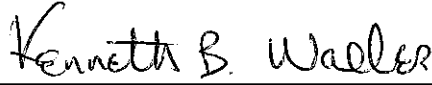
County of Jefferson, State of Missouri



Signature

MICHAEL HARTMAN

Print



Kenneth B. Waller  
County Executive

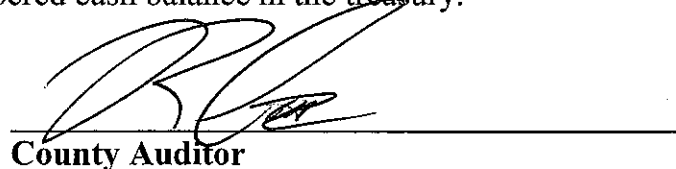
Company Address: \_\_\_\_\_

1620 Woodson Rd.

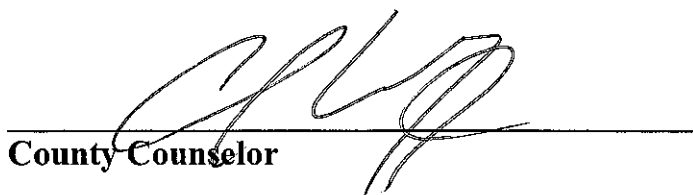
St. Louis, MO 63114

Phone: 314-219-7305

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

  
County Auditor

APPROVED AS TO FORM

  
County Counselor



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/07/2016

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).

|                                                                                                |                                                                                |               |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------|
| <b>PRODUCER</b><br>MCGRIFF, SEIBELS & WILLIAMS, INC.<br>P.O. Box 10265<br>Birmingham, AL 35202 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): 800-476-2211      FAX (A/C, No): |               |
|                                                                                                | <b>E-MAIL ADDRESS:</b>                                                         |               |
| <b>INSURER(S) AFFORDING COVERAGE</b>                                                           |                                                                                | <b>NAIC #</b> |
| INSURER A :National Fire & Marine Insurance Company                                            |                                                                                | 20079         |
| INSURER B :Travelers Property Casualty Company of America                                      |                                                                                | 25874         |
| INSURER C :Arch Insurance Company                                                              |                                                                                | 11150         |
| INSURER D :                                                                                    |                                                                                |               |
| INSURER E :                                                                                    |                                                                                |               |
| INSURER F :                                                                                    |                                                                                |               |

**INSURED**  
Missouri Petroleum Products Company, LLC  
1620 Woodson Road  
St. Louis, MO 63114

### COVERAGES

CERTIFICATE NUMBER:MDB5FNKL

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                   | ADDL SUBR INSD WVD | POLICY NUMBER                                                                         | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                          |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                    | ZAGLB9215500                                                                          | 07/01/2016              | 10/01/2016              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| C        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS<br><input checked="" type="checkbox"/>                                                                   |                    | ZACAT9238800                                                                          | 07/01/2016              | 10/01/2016              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                 |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                    |                    | 42UMO10018503                                                                         | 03/31/2016              | 03/31/2017              | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$                                                                                                                                                                                    |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N <input type="checkbox"/> N/A                                                                                   |                    | ZAWC19382600<br>Part I WC excludes ND,OH,WA, WY;<br>Part II EL includes ND,OH,WA, WY. | 07/01/2016              | 10/01/2016              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                       |
| B        | <b>CONTRACTOR'S EQUIPMENT</b>                                                                                                                                                                                                                                                                                       |                    | QT6307583P834TIL16                                                                    | 03/31/2016              | 03/31/2017              | Leased/Rented Eqpt \$ 675,000<br>Owned Eqpt Scheduled-On File with Company \$<br>Deductible-Per Occurrence \$ 10,000                                                                                                                            |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Jefferson County Missouri is Additional Insured with respects to General Liability, Auto Liability and Umbrella coverage as required by written contract.

### CERTIFICATE HOLDER

Jefferson County Missouri  
Department of the County Clerk  
729 Maple Street/ PO Box 100  
Hillsboro, MO 63050-0100

### 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



1620 Woodson Road  
St. Louis, Missouri 63114

(314) 219-7305  
FAX: (314) 991-9624

September 13, 2016

To Whom It May Concern:

This letter is to affirm that Missouri Petroleum Products Co., LLC does not own any real estate or personal property in Jefferson County, Missouri.

Sincerely,

Mike Hartman

Sales Manager

Subscribed and sworn to me before this 13<sup>th</sup> day of September, 2016. I am commissioned as a notary public within the County of St. Louis, State of Missouri and my commission expires on 1/27/2020.

Signature of Notary

9-13-16

Date







# County of Jefferson

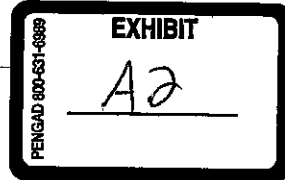
State of Missouri  
Administration Center  
729 Maple Street · PO Box 100  
Hillsboro, Missouri 63050

RECEIVED

OCT 17 2016

Ken Waller

County Executive



## DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcomo.org

Nicole Crawford  
Human Resources Manager  
(636)797-5071 / Fax (636)797-5596

Vickie Pratt  
General Services/Contracts & Grants Manager  
(636)797-5380 / Fax (636)797-5067

NB WEST CONTRACTING COMPANY  
2780 MARY AVE  
BRENTWOOD MO 63144

October 5, 2016

## SECOND REQUEST

Attn: Larry West

Your company was awarded a bid for **“LIQUID BITUMINOUS MATERIAL”** for the County of Jefferson, Missouri in **December 2015**. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from **December 28, 2016 through December 27, 2017**.

### PLEASE INCLUDE THE FOLLOWING ITEMS:

- 1) **This executed renewal letter**
- 2) **Updated insurance certificates**
- 3) **Current paid tax receipts for any real or personal property owned in Jefferson County OR a notarized letter on company letterhead stating that your company does not own any real or personal property in Jefferson County.**
- 4) **Company Name, Signature, Print, Company Address and Phone completed on next page.**

Please sign and return as soon as possible if your company agrees to renew this contract.

JAMES P FITZGERALD  
Printed Name of Authorizing Agent

Jan Fitzgerald  
Signature

10/10/16  
Date

If your company does not wish to renew this agreement, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully,  
Vickie S Pratt  
Vickie S. Pratt  
Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this \_\_\_\_\_ day of \_\_\_\_\_ 2016:

N-B WEST CONTRACTING CO.  
Company Name

County of Jefferson, State of Missouri

Jim Fitzgerald  
Signature  
JAMES P FITZGERALD  
Print

Kenneth B. Waller  
Kenneth B. Waller County Executive

Company Address: \_\_\_\_\_

2780 MARY AVE

ST LOUIS, MO. 63144

Phone: 314-962-3145

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

[Signature]  
County Auditor

APPROVED AS TO FORM

[Signature]  
County Counselor

**Jefferson County Missouri**  
**Jefferson County Administration Center**  
**729 Maple Street**  
**Hillsboro, MO 63050**

**Information for Personal Property Account 079013, Tax Year 2015**

Generated 10/17/16 at 16:40:48

| Account Information                                                                       |                                   |                                    |
|-------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------|
| <b>Tax Year</b><br>2015                                                                   | <b>Return Status</b><br>Completed | <b>Date Returned</b><br>02/13/2015 |
| <b>Tax Code</b><br>R1HRBR - R1HRBR                                                        | <b>City</b><br>Entire County      | <b>Account Type</b><br>BUSINESS    |
| <b>Owner Name and Address</b><br>SULLIVAN ASPHALT<br>2780 MARY AVE<br>BRENTWOOD, MO 63144 | <b>Tax Rate</b><br>6.7806         | <b>Total Tax</b><br>\$5,143.09     |
| <b>Site Address</b>                                                                       | <b>Mailing Name and Address</b>   |                                    |

| Item Information        |          |                |                   |
|-------------------------|----------|----------------|-------------------|
| Item                    | Quantity | Assessed Value | Tax Amount        |
| Z - Business Value      | 1        | 67,510         | \$4,577.58        |
| 1997 CAT 966E WHEELLOAD | 1        | 7,500          | \$508.55          |
| 1990 GMC DUMP 54LBS 3AX | 1        | 840            | \$56.96           |
| <b>Total</b>            |          | <b>75,850</b>  | <b>\$5,143.09</b> |

| Payment History |            |            |
|-----------------|------------|------------|
| Tax Year        | Total Due  | Total Paid |
| 2015            | \$5,143.09 | \$5,143.09 |
| 2014            | \$2,617.54 | \$2,617.54 |
| 2013            | \$3,169.54 | \$3,169.54 |
| 2012            | \$4,035.67 | \$4,035.67 |
| 2011            | \$2,992.41 | \$2,992.41 |
| 2010            | \$3,127.12 | \$3,127.12 |
| 2009            | \$3,348.77 | \$3,348.77 |
| 2008            | \$3,535.71 | \$3,535.71 |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/28/2016

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).

|                                                                                                              |                                                                                                                                           |                                      |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>PRODUCER</b><br>AssuredPartners of Missouri, LLC<br>11975 Westline Industrial Dr<br><br>St Louis MO 63146 | <b>CONTACT NAME:</b> Katie Manlove, CISR<br><b>PHONE (A/C, No, Ext):</b> (314) 523-8800<br><b>E-MAIL ADDRESS:</b> kmanlove@APMissouri.com | <b>FAX (A/C, No):</b> (314) 453-7555 |
|                                                                                                              | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                      |                                      |
| <b>INSURED</b><br>N.B. West Contracting Company<br>2780 Mary Avenue<br><br>St. Louis MO 63144-2726           | <b>INSURER A:</b> Zurich American Insurance Company NAIC # 16535                                                                          |                                      |
|                                                                                                              | <b>INSURER B:</b>                                                                                                                         |                                      |
|                                                                                                              | <b>INSURER C:</b>                                                                                                                         |                                      |
|                                                                                                              | <b>INSURER D:</b>                                                                                                                         |                                      |
|                                                                                                              | <b>INSURER E:</b>                                                                                                                         |                                      |

**COVERAGES** CERTIFICATE NUMBER: 16/17 NB West: REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                  | ADDL/SUBR INSD WVD                               | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                          |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                                                  | GLO9809369-02 | 3/1/2016                | 3/1/2017                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS                                                   |                                                  | BAP9809370-02 | 3/1/2016                | 3/1/2017                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                 |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                                                                                               |                                                  |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                        |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                             | Y/N<br><input checked="" type="checkbox"/> N N/A | WC9809368-02  | 3/1/2016                | 3/1/2017                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                       |

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

RE: For Bidding Purposes

**INTEREST**  
4-8-16 A.D.

|                                                                                              |                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>Jefferson County<br>729 Maple Street<br>Hillsboro, MO 63050 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                                                              | <b>AUTHORIZED REPRESENTATIVE</b><br><br>J Mentel, JD/KATIE                                                                                                                                |

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