

0404

INTRODUCED BY: COUNCIL MEMBER(S) Hendrickson

1           **AN ORDINANCE RENEWING THE BID AWARDS FOR CERTAIN**  
2           **PRODUCTS AND SERVICES FOR 2019-2020 ON-CALL SNOW REMOVAL**  
3           **SERVICES, DEPARTMENT OF PUBLIC WORKS.**

4                   **WHEREAS**, Pursuant to Ordinance 19-0506 Jefferson County, Missouri entered  
5                   into a Contract, known as the 2019-2020 On-Call Snow Removal Services Contract, with  
6                   Snow Removal of St. Louis, Johannes Lawn Care, Cardinal Lawn Care, LLC, and  
7                   Precision Lawn Care & Landscaping, and

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

BID NAME

## 2019-2020 On-call Snow Removal Services

## AWARDED BIDDERS

### Snow Removal St. Louis (A1)

## Johannes Lawn Care (A2)

### Cardinal Lawn Care, LLC (A3)

## Precision Lawn Care & Landscaping (A4)

ORDINANCE NUMBER

卷之三

2200 NOV 1969

2           **WHEREAS**, the Department of Public Works of Jefferson County, Missouri,  
3    requested renewal from the awarded bidder, Snow Removal of St. Louis, Johannes Lawn  
4    Care, Cardinal Lawn Care, LLC, and Precision Lawn Care & Landscaping to renew the  
5    contract for the 2019-2020 On-Call Snow Removal Services with the County; and

6           **WHEREAS**, the Jefferson County, Missouri, County Council, finds it is in the best  
7    interest of the County to renew the bid award for 2019-2020 On-Call Snow Removal  
8    Services for the term of 11-10-20 to 11-9-21 with Snow Removal of St. Louis, Johannes  
9    Lawn Care, Cardinal Lawn Care, LLC, and Precision Lawn Care & Landscaping with  
10    approval of the County Council and County Executive up to **\$300,000.00 per term**, for  
11    **total amount not to exceed \$300,000.00 for the term**, subject to budgetary limitations.

12           **BE IT ENACTED BY THE JEFFERSON COUNTY, MISSOURI, COUNCIL,**  
13   **AS FOLLOWS:**

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

16                            BID NAME

17                            2019-2020 On-Call Snow Removal Services

18                            TERM

19                            11-10-20 to 11-9-21

20                            Upon approval of the County Council and County Executive

21                            AMOUNT

22                            Up to **\$300,000.00 per term**,

for total amount not to exceed \$300,000.00 for the term,

subject to budgetary limitations

## AWARDED BIDDERS

### Snow Removal St. Louis (A1)

## Johannes Lawn Care (A2)

### Cardinal Lawn Care, LLC (A3)

## Precision Lawn Care & Landscaping (A4)

Section 2. The Jefferson County, Missouri, Council hereby authorizes the County Executive to execute a renewal agreement, attached hereto and incorporated herein by reference and attached as Exhibit A1-A4. The County Executive is further authorized to take any and all actions necessary to carry out the intent of this Ordinance.

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

16            Section 4.     This Ordinance shall be in full force and effect from and after its  
17   date of approval. If any part of this Ordinance is invalid for any reason, such invalidity  
18   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, Brian Haskins    | <u>Yes</u> |
| Council Member District 2, Renee Reuter     | <u>Yes</u> |
| Council Member District 3, Phil Hendrickson | <u>Yes</u> |
| Council Member District 4, Charles Groeteke | <u>Yes</u> |
| Council Member District 5, Tracey Perry     | <u>Yes</u> |
| Council Member District 6, Daniel Stallman  | <u>Yes</u> |
| Council Member District 7, James Terry      | <u>Yes</u> |

**THE ABOVE BILL ON THIS 9th DAY OF November, 2020:**

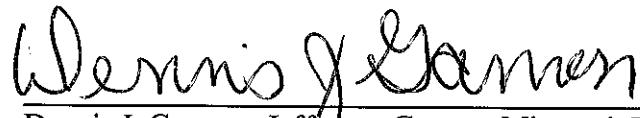
✓ PASSED        FAILED

  
Phil Hendrickson, County Council Chair

  
Pat Schlette, Council Executive Assistant

THIS BILL WAS X APPROVED BY THE JEFFERSON COUNTY EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY, MISSOURI, THIS 12<sup>th</sup> DAY OF November, 2020.

THIS BILL WAS \_\_\_\_\_ VETOED AND RETURNED TO THE JEFFERSON COUNTY, MISSOURI, COUNCIL WITH WRITTEN OBJECTIONS BY THE JEFFERSON COUNTY EXECUTIVE, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2020.



Dennis J. Gannon, Jefferson County, Missouri, Executive

ATTEST:



Ken Waller, County Clerk

BY: 

Reading Date: 11-09-2020



# County of Jefferson

State of Missouri

Administration Center  
729 Maple Street • PO Box 100  
Hillsboro, Missouri 63050

Dennis Gannon  
County Executive

## DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

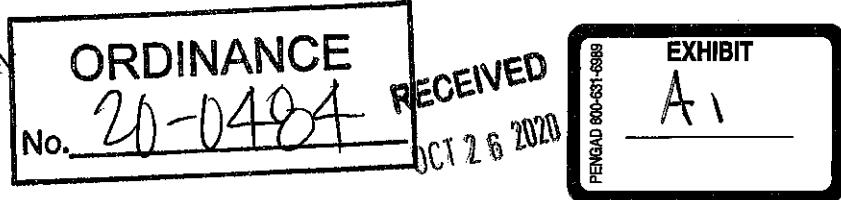
Dana Downs  
Human Resources Manager  
(636)797-5563 / Fax (636)797-5596

Web Address: [www.jeffcomo.org](http://www.jeffcomo.org)

Jackie TalarSKI  
General Services/Contracts & Grants Manager  
(636)797-5380 / Fax (636)797-5067

SNOW REMOVAL ST. LOUIS  
6000 TOWN AND COUNTRY LN  
HOUSE SPRINGS MO 63051

October 26, 2020



Attn: CONTRACTS

Your company was awarded a bid for **“2019-2020 ON-CALL SNOW REMOVAL”** for the County of Jefferson, Missouri in **November 2019**. 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 budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from **November 10, 2020 to November 9, 2021**.

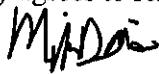
### PLEASE INCLUDE THE FOLLOWING ITEMS:

- 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.

Mike Davis

Printed Name of Authorizing Agent

  
Signature

10/26/2020

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,

  
Jackie TalarSKI

Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this 26th day of October 2020:

Snow Removal St. Louis  
Company Name



Signature  
Mike Davis

Print

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

P.O. BOX 442

House Springs, MO 63051

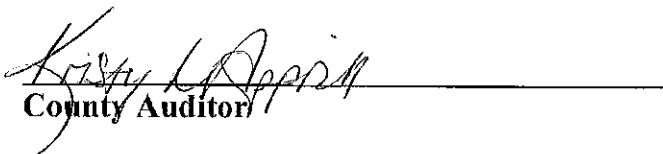
Phone: 636-288-6627

County of Jefferson, State of Missouri



Dennis J. Gannon County Executive

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



JEFFERSON COUNTY TAX RECEIPT  
2019 PERSONAL PROPERTY

11/21/2019 1:55 PM

ACCOUNT #: 574150

RECEIPT#: 2019003390

TOTAL VALUATION: 30,200

BETH MAHN, COLLECTOR  
729 MAPLE ST., STE 36  
HILLSBORO, MO 63050  
PHONE: (636) 797-5406  
Email: bmahn@jeffcomo.org

X STREAM POWER WASH & PAINT INC  
6000 TOWN AND COUNTRY LN  
HOUSE SPRINGS, MO 63051-3520

PROPERTY DESCRIPTION

|              |                    |                                       |   |        |
|--------------|--------------------|---------------------------------------|---|--------|
| 386084       | 4BXUH30214S001048  | 2004 GOOSENECK 30'2AX                 | 1 | 930    |
| 915656       | 5JW1D1423E2098991  | 2014 DUMP TRAILER 14FT                | 1 | 1,980  |
| 533555       | 1FT7X2B64BEC94807  | 2011 FORD TRUCK F250 SUPER DUTY-V8 SL | 1 | 3,680  |
| 001131       | 1FT7W2B67EEA46235  | 2014 FORD TRUCK F250 SUPER DUTY-V8 CI | 1 | 6,260  |
| 001168       | 1FT8F31L22EB50618  | 2002 FORD TRUCK F350 SUPER DUTY-V8 RI | 1 | 880    |
| 410368       | 1FTNX21L01EC35363  | 2001 FORD TRUCK F250 SUPER DUTY-V8 SI | 1 | 900    |
| 462711       | 1FT8W3DT7BEC39767  | 2011 FORD TRUCK F350 SUPER DUTY-V8 CF | 1 | 6,020  |
| 084387       | 1C4BJWWDG1HL673499 | 2017 JEEP WRANGLER UTILITY 4D UNLIMIT | 1 | 8,970  |
| 998024       | Z - Business Value |                                       | 1 | 580    |
| Total Value: |                    |                                       |   | 30,200 |

| TAX DISTRICT        | TAX             |
|---------------------|-----------------|
| BIG RIVER AMBULANCE | 93.92           |
| COUNTY TAX          | 1.36            |
| HEALTH UNIT TAX     | 32.40           |
| HIGH RIDGE FIRE     | 284.73          |
| JC DEV DISABILITIES | 27.48           |
| JEFFERSON COLLEGE   | 99.60           |
| LIBRARY / R1        | 84.20           |
| MENTAL HEALTH TAX   | 27.48           |
| NORTHWEST SCHOOL    | 1,355.88        |
| PARK TAX            | 8.21            |
| ROAD & BRIDGE TAX   | 72.60           |
| STATE TAX           | 9.06            |
| <b>TOTAL TAXES</b>  | <b>2,096.92</b> |
| <b>TOTAL PAID</b>   | <b>2,096.92</b> |

PAID

Validated By

BETH MAHN, Jefferson County Collector  
Kristy Apprill, Jefferson County Auditor

DATE: 11/21/2019 STATEMENT TOTAL: 2,096.92 TOTAL PAID: 2,096.92 RECEIPT#: 2019003390

PERSONAL PROPERTY

This card is for your convenience in licensing your vehicles. Please cut or tear it out, place it in your wallet, and take it with you to the License Bureau.

2019 Jefferson County Personal Property Tax Receipt  
I, BETH MAHN, Collector of Jefferson County, MO  
do hereby certify that 574150

X STREAM POWER WASH & PAINT INC  
6000 TOWN AND COUNTRY LN  
HOUSE SPRINGS, MO 63051-3520

Has Paid Personal Taxes For The Year 2019 On The  
Following Vehicles Described Below:

2011 FORD TRUCK F250 SUPER DUTY-V8 2014 FORD TRUCK F250 SUPER DUTY-V8  
2002 FORD TRUCK F350 SUPER DUTY-V8 2014 DUMP TRAILER 14FT TRAILER  
2001 FORD TRUCK F250 SUPER DUTY-V8 2011 FORD TRUCK F350 SUPER DUTY-V8  
2017 JEEP WRANGLER UTILITY 4D UNLIMIT 2004 GOOSENECK 30'2AX

JEFFERSON COUNTY TAX RECEIPT  
2019 PERSONAL PROPERTY

11/21/2019 1:54 PM

ACCOUNT #: 414011

RECEIPT #: 2019003388

TOTAL VALUATION: 8,350

DAVIS, MICHAEL G  
6000 TOWN AND COUNTRY LN  
HOUSE SPRINGS, MO 63051

PROPERTY DESCRIPTION

|              |                   |                                       |   |       |
|--------------|-------------------|---------------------------------------|---|-------|
| 144143       | 4X4FWCF286V012230 | 2006 WILDCAT CAMPFW 32FT 32FT         | 1 | 2,020 |
| 736052       | 5GAKVCKD6EJ179174 | 2014 BUICK ENCLAVE UTILITY 4D PREMIUM | 1 | 6,330 |
| Total Value: |                   |                                       |   | 8,350 |

BETH MAHN, COLLECTOR  
729 MAPLE ST., STE 36  
HILLSBORO, MO 63050  
PHONE: (636) 797-5406  
Email: bmahn@jeffcomo.org

| TAX DISTRICT        | TAX           |
|---------------------|---------------|
| BIG RIVER AMBULANCE | 25.97         |
| COUNTY TAX          | 0.38          |
| HEALTH UNIT TAX     | 8.96          |
| HIGH RIDGE FIRE     | 78.72         |
| JC DEV DISABILITIES | 7.60          |
| JEFFERSON COLLEGE   | 27.54         |
| LIBRARY / R1        | 23.28         |
| MENTAL HEALTH TAX   | 7.60          |
| NORTHWEST SCHOOL    | 374.88        |
| PARK TAX            | 2.27          |
| ROAD & BRIDGE TAX   | 20.07         |
| STATE TAX           | 2.51          |
| <b>TOTAL TAXES</b>  | <b>579.78</b> |
| <b>TOTAL PAID</b>   | <b>579.78</b> |

PAID

Validated By

BETH MAHN, Jefferson County Collector  
Kristy Apprill, Jefferson County Auditor

DATE: 11/21/2019 STATEMENT TOTAL: 579.78 TOTAL PAID: 579.78 RECEIPT #: 2019003388

PERSONAL PROPERTY

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2019 Jefferson County Personal Property Tax Receipt  
I, BETH MAHN, Collector of Jefferson County, MO  
do hereby certify that 414011

DAVIS, MICHAEL G  
6000 TOWN AND COUNTRY LN  
HOUSE SPRINGS, MO 63051

Has Paid Personal Taxes For The Year 2019 On The  
Following Vehicles Described Below:  
2014 BUICK ENCLAVE UTILITY 4D PREMIUM 2006 WILDCAT CAMPFW 32FT 32FT



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/29/2020

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  |  | CONTACT<br>NAME: Michael Caples       |                                |
| Michael Caples Agency<br>810 Jeffco Blvd<br>Arnold Mo 63010               |  | PHONE<br>(A/C, NO, EXT): 636-282-7000 | FAX<br>(A/C, NO): 636-287-8769 |
|   |  | E-MAIL<br>ADDRESS:                    |                                |
|   |  | INSURER(S) AFFORDING COVERAGE         |                                |
| INSURED   |  | INSURER A: Atlantic                   |                                |
| X-Stream Power Wash & Paint Inc<br>7119 Valley Drive<br>Barnhart Mo 63012 |  | INSURER B:                            |                                |
|   |  | INSURER C:                            |                                |
|   |  | INSURER D:                            |                                |
|   |  | INSURER E:                            |                                |
|   |  | INSURER F:                            |                                |
| COVERAGES   |  | CERTIFICATE NUMBER:                   |                                |
|   |  | REVISION NUMBER:                      |                                |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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  |  | ADDTL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------|--|--|------------|----------|---------------|-------------------------|-------------------------|---|--------------|
| A        | COMMERCIAL GENERAL LIABILITY   |  | X          | X        | M287000041    | 11/16/2019              | 11/16/2021              | EACH OCCURRENCE                           | \$ 1,000,000 |
|          | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |  |            |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea Occurrence) | \$ 100,000   |
|          | 1000 ded   |  |            |          |               |                         |                         | MED EXP (Any one person)                  | \$ 5,000     |
|          |  |  |            |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |  |            |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          | POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC<br>OTHER: |  |            |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|          | AUTOMOBILE LIABILITY   |  |            |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$           |
|          | ANY AUTO   |  |            |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|          | OWNED AUTOS ONLY   |  |            |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          | HIRED AUTOS ONLY   |  |            |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          |  |  |            |          |               |                         |                         |   | \$           |
|          |  |  |            |          |               |                         |                         |   | \$           |
| A        | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR  |  |            |          | 7628J180ALI   | 11/16/2019              | 11/16/2021              | EACH OCCURRENCE                           | \$ 1,000,000 |
|          | EXCESS LIAB  |  |            |          |               |                         |                         | AGGREGATE                                 | \$ 2,000,000 |
|          | DED <input type="checkbox"/> RETENTION \$  |  |            |          |               |                         |                         |   | \$           |
|          |  |  |            |          |               |                         |                         |   | \$           |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |  | N/A        |          |               |                         |                         | PER STATUTE                               | \$           |
|          | ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                         |  |            |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |  |            |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|          |  |  |            |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
|          |  |  |            |          |               |                         |                         |   | \$           |

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

County of Jefferson, Missouri Owner and any other persons or entities required by written contract or agreement and their respective officers, directors, agents, and employees are additional insureds to the Commercial General Liability Coverage is primary and non-contributory over any insurance available to additional insureds. Insurer(s) will send 30 days notice of cancellation to the Certificate Holder.

#### CERTIFICATE HOLDER

|   |  |  |  |
|---|--|--|--|
| County of Jefferson, Missouri<br>Hillsboro Mo 63050 |  | CANCELLATION<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. |  |
|   |  | AUTHORIZED REPRESENTATIVE<br>  |  |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/08/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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

Michael Caples Agency  
810 Jeffco Blvd  
Arnold Mo 63010

CONTACT  
NAME: Michael Caples

PHONE  
(A/C, NO, EXT): 636-282-7000

FAX  
(A/C, NO): 636-287-8769

E-MAIL  
ADDRESS:

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Atlantic

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## INSURED

X-Stream Power Wash & Paint Inc  
7119 Valley Drive  
Barnhart Mo 63012

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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   | ADDTL INSD                          | SUBR WVD        | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------|---|-------------------------------------|-----------------|---------------|-------------------------|-------------------------|---|--------------|
| A        | COMMERCIAL GENERAL LIABILITY  |                                     |                 | M287000041    | 11/16/2019              | 11/16/2020              | EACH OCCURRENCE                           | \$ 1,000,000 |
|          | CLAIMS-MADE   | <input checked="" type="checkbox"/> | OCCUR           |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea Occurrence) | \$ 100,000   |
|          | 1000 ded  |                                     |                 |               |                         |                         | MED EXP (Any one person)                  | \$ 5,000     |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |                                     |                 |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|          | POLICY  | <input checked="" type="checkbox"/> | PROJECT         |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          | LOC   |                                     |                 |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|          | OTHER:  |                                     |                 |               |                         |                         |   | \$           |
|          | AUTOMOBILE LIABILITY  |                                     |                 |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$           |
|          | ANY AUTO  |                                     |                 |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|          | OWNED AUTOS ONLY  | <input checked="" type="checkbox"/> | SCHEDULED AUTOS |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          | HIRED AUTOS ONLY  |                                     |                 |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          | NON-OWNED AUTOS ONLY  |                                     |                 |               |                         |                         |   | \$           |
| A        | UMBRELLA LIAB   | <input checked="" type="checkbox"/> | OCCUR           | 7628J180ALI   | 11/16/2019              | 11/16/2020              | EACH OCCURRENCE                           | \$ 1,000,000 |
|          | EXCESS LIAB   |                                     | CLAIMS-MADE     |               |                         |                         | AGGREGATE                                 | \$ 2,000,000 |
|          | DED   |                                     | RETENTION \$    |               |                         |                         |   | \$           |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                               |                                     |                 |               |                         |                         | PER STATUTE                               | OTHER \$     |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/>            |                 |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                      |                                     |                 |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|          |   |                                     |                 |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |

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

County of Jefferson, Missouri Owner and any other persons or entities required by written contract or agreement and their respective officers, directors, agents, and employees are additional insureds to the Commercial General Liability Coverage is primary and non-contributory over any insurance available to additional insureds. Insurer(s) will send 30 days notice of cancellation to the Certificate Holder.

## CERTIFICATE HOLDER

County of Jefferson, Missouri  
Hillsboro Mo 63050

## 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



# County of Jefferson

## State of Missouri

Administration Center  
729 Maple Street • PO Box 100  
Hillsboro, Missouri 63050

Dennis Gannon  
County Executive

### DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: [www.jeffcromo.org](http://www.jeffcromo.org)

Dana Downs  
Human Resources Manager  
(636)797-5563 / Fax (636)797-5596

Jackie Talarski  
General Services Contracts & Grants Manager  
(636)797-5380 / Fax (636)797-5067

JOHANNES LAWN CARE  
5337 GLOUCESTER RD  
HIGH RIDGE MO 63049

RECEIVED  
OCT 26 2020



October 26, 2020

Attn: CONTRACTS

Your company was awarded a bid for **“2019-2020 ON-CALL SNOW REMOVAL”** for the County of Jefferson, Missouri in **November 2019**. 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 budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from **November 10, 2020 to November 9, 2021**.

#### **PLEASE INCLUDE THE FOLLOWING ITEMS:**

- 5) This executed renewal letter
- 6) Updated insurance certificates
- 7) 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.
- 8) 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.

Quentin Johannes  
Printed Name of Authorizing Agent

*Quentin Johannes*  
Signature

10/26/20  
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,

*Jackie Talarski*  
Jackie Talarski  
Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this \_\_\_\_\_ day of \_\_\_\_\_ 2020:

Johannes Lawn Care  
Company Name

Quentin Johannes  
Signature  
Quentin Johannes  
Print

County of Jefferson, State of Missouri

Dennis J. Gannon  
Dennis J. Gannon County Executive

Company Address: \_\_\_\_\_  
5337 Gloucester Rd  
High Ridge MO 63049  
Phone: 636-465-4037

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.

Kathy L. Appling  
County Auditor

APPROVED AS TO FORM

John H. Gannon  
County Counselor



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/14/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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   |  | CONTACT NAME: Angela Haas                           |        |
| Michael Beiser Agency<br>1830 Jeffco Blvd<br>A<br>Arnold |  | PHONE (A/C. No. Ext.): 636/296.3320                 |        |
|  |  | E-MAIL (A/C. No.): angela.mbeiser@farmersagency.com |        |
|  |  | ADDRESS:  |        |
|  |  | INSURER(S) AFFORDING COVERAGE                       | NAIC # |
|  |  | INSURER A: Hiscox                                   | 10200  |
| INSURED  |  | INSURER B:  |        |
|  |  | INSURER C:  |        |
|  |  | INSURER D:  |        |
|  |  | INSURER E:  |        |
|  |  | INSURER F:  |        |

| COVERAGES  |   | CERTIFICATE NUMBER: 20200514 |               |                            | REVISION NUMBER: 000001    |                                     |  |
|--|---|------------------------------|---------------|----------------------------|----------------------------|-------------------------------------|--|
| 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<br>LTR  | TYPE OF INSURANCE   | ADDL/SUBR<br>INSD/WVD        | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                              |  |
| A  | COMMERCIAL GENERAL LIABILITY<br><br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   | X                            | X             | UDC 4499005 CCL 20         | 05/14/2020                 | 05/14/2021                          | EACH OCCURRENCE \$ 2,000,000                         |
|  | GENL. AGGREGATE LIMIT APPLIES PER:<br><br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER:        |                              |               |                            |                            |                                     | DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 100,000 |
|  | AUTOMOBILE LIABILITY<br><br>ANY AUTO<br>OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY |                              |               |                            |                            | PERSONAL & ADV INJURY \$ 2,000,000  |  |
|  | GENERAL AGGREGATE \$ 2,000,000  |                              |               |                            |                            |                                     |  |
|  | UMBRELLA LIAB<br><br>EXCESS LIAB  |                              |               |                            |                            | PRODUCTS - COMP/OP AGG \$ 2,000,000 |  |
|  | OCCUR<br>CLAIMS-MADE  |                              |               |                            |                            | EACH OCCURRENCE \$                  |  |
|  | DED RETENTION \$  |                              |               |                            |                            | AGGREGATE \$                        |  |
|  |   |                              |               |                            |                            |                                     |  |
|  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>                             | Y/N<br>N/A                   |               |                            |                            | PER STATUTE \$                      |  |
|  | If yes, describe under DESCRIPTION OF OPERATIONS below  |                              |               |                            |                            | OTHER \$                            |  |
|  |   |                              |               |                            |                            | E.L. EACH ACCIDENT \$               |  |
|  |   |                              |               |                            |                            | E.L. DISEASE - EA EMPLOYEE \$       |  |
|  |   |                              |               |                            |                            | E.L. DISEASE - POLICY LIMIT \$      |  |
|  |   |                              |               |                            |                            |                                     |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)   |   |                              |               |                            |                            |                                     |  |
| operations: snow removal, lot sweeping and/or landscaping-advanced service solutions, inc its affiliates, directors, officers, and employees shall be named as additional insured for ongoing operations/products and completed operations on the subcontractors and any subcontractors commercial general liability policy which must be primary and non-contributory with respect to the additional insureds. this insurance shall remain in effect to the fullest extent permitted by applicable state law. a waiver of subrogation clause shall be added to the general liability, auto, and WC policies in favor of the contractor and owner and this clause shall apply to the contractors, agents, and employees with respect to all projects |   |                              |               |                            |                            |                                     |  |

|                    |  |              |  |
|--------------------|--|--------------|--|
| CERTIFICATE HOLDER |  | CANCELLATION |  |
|--------------------|--|--------------|--|

|   |  |  |
|---|--|--|
| Advanced Service Solutions<br>P.O. Box 573<br>Hammonton |  | 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  |
| NJ 08037  |  |  |

## Account Information

|                |  |              |         |
|----------------|--|--------------|---------|
| Account Number | 577531   | Tax Code     | R1HRNJ  |
| Tax Year       | 2020   | Account Type | PRIVATE |
| Return Status  | Mailed   | Tax Rate     | 0       |
| Date Returned  |  |              |         |
| City           | Entire County  |              |         |
| Owner Name     | JOHANNES, QUENTIN E 5337<br>GLOUCESTER RD HIGH RIDGE, MO.<br>63049 |              |         |

## Items

| Item  | Quantity | Assessed Value | Tax Amount    |
|---|----------|----------------|---------------|
| 2011 FORD TRUCK F250 SUPER DUTY-V8 CREWCAB XL 4WD 6.7L V8 | 1        | 0              | \$0.00        |
| <b>Total</b>  |          | <b>0</b>       | <b>\$0.00</b> |

## Billing Details

|                     |               |
|---------------------|---------------|
| Tax Billed          | \$0.00        |
| Penalty Billed      | \$0.00        |
| Cost Billed         | \$0.00        |
| Total Billed        | \$0.00        |
| Amount Paid         | \$0.00        |
| <b>Total Unpaid</b> | <b>\$0.00</b> |

## Tax Due Amounts

| If paid in... | Amount due is... |
|---------------|------------------|
| October 2020  | \$0.00           |
| November 2020 | \$0.00           |
| December 2020 | \$0.00           |

Tax Due amounts are for all unpaid years.

See Payment History section for year-by-year details.

## Payment History

| Tax Year | Total Due | Total Paid | Amount Unpaid | Date Paid  |
|----------|-----------|------------|---------------|------------|
| 2019     | \$528.06  | \$528.06   | \$0.00        | 9/29/2020  |
| 2018     | \$252.61  | \$252.61   | \$0.00        | 11/27/2018 |
| 2017     | \$254.44  | \$254.44   | \$0.00        | 12/4/2017  |
| 2016     | \$304.45  | \$304.45   | \$0.00        | 12/14/2016 |
| 2015     | \$285.45  | \$285.45   | \$0.00        | 12/31/2015 |
| 2014     | \$367.88  | \$367.88   | \$0.00        | 1/27/2015  |
| 2013     | \$454.88  | \$454.88   | \$0.00        | 4/17/2014  |

## No Taxing Bodies

© 2020 DEINET Inc.  
 Data updated: 2020-10-28 11:10:00  
 wEdge Version 4.0.7541 (8720)



# County of Jefferson

## State of Missouri

Administration Center  
729 Maple Street • PO Box 100  
Hillsboro, Missouri 63050

Dennis Gannon  
County Executive

### DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: [www.jeffcromo.org](http://www.jeffcromo.org)

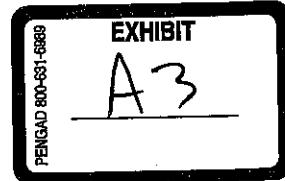
Dina Downs  
Human Resources Manager  
(636)797-5563 / Fax (636)797-5596

Jackie Talarski  
General Services/Contracts & Grants Manager  
(636)797-5380 / Fax (636)797-5067

CARDINAL LAWN CARE LLC  
3427 JARVIS RD  
HILLSBORO MO 63050

October 26, 2020

Attn: CONTRACTS



Your company was awarded a bid for "2019-2020 ON-CALL SNOW REMOVAL" for the County of Jefferson, Missouri in November 2019. 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 budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from **November 10, 2020 to November 9, 2021**.

#### 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.

Mike Werschne  
Printed Name of Authorizing Agent

JK  
Signature

11/2/20  
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,

Jackie Talarski  
Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this 7<sup>th</sup> day of November 2020:

Central Hawk Corp LLC  
Company Name

Signature

Mike Wersching

Print

County of Jefferson, State of Missouri

Dennis J. Gannon  
Dennis J. Gannon County Executive

Company Address:

3427 Jarvis Rd.  
Hillsboro, MO 63050

Phone: 314-888-7669

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.

Kristy L. Appling  
County Auditor

APPROVED AS TO FORM

County Counselor



CARDLAW-01

TBODEN

DATE (MM/DD/YYYY)

10/30/2020

## CERTIFICATE OF LIABILITY INSURANCE

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   | CONTACT NAME:                        |                               |        |
|  | PHONE (A/C, No, Ext): (833) 275-8046 | FAX (A/C, No): (920) 208-8425 |        |
| Acuity, A Mutual Insurance Company<br>2800 South Taylor Drive<br>Sheboygan, WI 53081 | E-MAIL ADDRESS:                      | service@acuity.com            |        |
|  | INSURER(S) AFFORDING COVERAGE        |                               | NAIC # |
| INSURER A: Acuity, A Mutual Insurance Company  |                                      | 14184                         |        |
| INSURED  | INSURER B:                           |                               |        |
|  | INSURER C:                           |                               |        |
|  | INSURER D:                           |                               |        |
|  | INSURER E:                           |                               |        |
|  | INSURER F:                           |                               |        |
|  |                                      |                               |        |

| COVERAGES   |   | CERTIFICATE NUMBER: |               | REVISION NUMBER:            |   |              |  |                            |            |
|---|---|---------------------|---------------|-----------------------------|---|--------------|--|----------------------------|------------|
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |   |                     |               |                             |   |              |  |                            |            |
| INSR LTR  | TYPE OF INSURANCE   | ADDL SUBR<br>INSD   | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY)  | POLICY EXP<br>(MM/DD/YYYY)                | LIMITS       |  |                            |            |
| A   | COMMERCIAL GENERAL LIABILITY  | ZE3801              | 11/8/2020     | 11/8/2021                   | EACH OCCURRENCE                           | \$ 1,000,000 |  |                            |            |
|   | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |                     |               |                             | DAMAGE TO RENTED PREMISES (Ex occurrence) | \$ 100,000   |  |                            |            |
|   |   |                     |               |                             | MED EXP (Any one person)                  | \$ 5,000     |  |                            |            |
|   |   |                     |               |                             | PERSONAL & ADV INJURY                     | \$ 1,000,000 |  |                            |            |
|   |   |                     |               |                             | GENERAL AGGREGATE                         | \$ 2,000,000 |  |                            |            |
|   |   |                     |               |                             | PRODUCTS - COMP/CP AGG                    | \$ 2,000,000 |  |                            |            |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |   |                     |               |                             |   | \$           |  |                            |            |
|   | POLICY <input checked="" type="checkbox"/> PRO-<br>JECT <input checked="" type="checkbox"/> LOC |                     |               |                             |   |              |  |                            |            |
|   | OTHER:  |                     |               |                             |   |              |  |                            |            |
| A   | AUTOMOBILE LIABILITY  | ZE3801              | 11/8/2020     | 11/8/2021                   | COMBINED SINGLE LIMIT (Ex accident)       | \$ 1,000,000 |  |                            |            |
|   | ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS                   |                     |               |                             | BODILY INJURY (Per person)                | \$           |  |                            |            |
|   | Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                  |                     |               |                             | BODILY INJURY (Per accident)              | \$           |  |                            |            |
|   |   |                     |               |                             | PROPERTY DAMAGE (Per accident)            | \$           |  |                            |            |
|   |   |                     |               |                             |   | \$           |  |                            |            |
|   |   |                     |               |                             |   | \$           |  |                            |            |
|   | UMBRELLA LIAB   | CLAIMS-MADE         |               |                             | EACH OCCURRENCE                           | \$           |  |                            |            |
|   | EXCESS LIAB   |                     |               |                             | AGGREGATE                                 | \$           |  |                            |            |
|   | DED   |                     |               |                             | RETENTION \$                              |              |  |                            |            |
|   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |                     |               |                             |   |              |  | PER STATUTE                | OTHE-<br>R |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>              |                     |               |                             | N/A                                       |              |  | E.L. EACH ACCIDENT         | \$         |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below  |                     |               |                             |   |              |  | E.L. DISEASE - EA EMPLOYEE | \$         |
|   |   |                     |               | E.L. DISEASE - POLICY LIMIT | \$  |              |  |                            |            |

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

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| County of Jefferson Missouri<br>729 Maple St<br>Hillsboro, MO 63050 | 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<br><i>Tiffany Baley</i>  |



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/30/2020

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.

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## PRODUCER

Acuity, A Mutual Insurance Company  
2800 South Taylor Drive  
Sheboygan, WI 53081

## CONTACT

NAME:  
PHONE (A/C, No, Ext): (833) 275-8046  
E-MAIL: service@acuity.com

FAX (A/C, No): (920) 208-8425

## INSURED

Cardinal Lawn Care LLC  
3427 Jarvis Rd  
Hillsboro, MO 63050

|   |        |
|---|--------|
| INSURER(S) AFFORDING COVERAGE                 | NAIC # |
| INSURER A: Acuity, A Mutual Insurance Company | 14184  |
| INSURER B:                                    |        |
| INSURER C:                                    |        |
| INSURER D:                                    |        |
| INSURER E:                                    |        |
| INSURER F:                                    |        |

## COVERS

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSD WYD           | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------|--|------------------------------|---------------|-------------------------|-------------------------|---|--------------|
| A        | COMMERCIAL GENERAL LIABILITY   |                              | ZE3801        | 11/8/2020               | 11/8/2021               | EACH OCCURRENCE                           | \$ 1,000,000 |
|          | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                      |                              |               |                         |                         | DAMAGE TO RENTED PREMISES (EA occurrence) | \$ 100,000   |
|          |  |                              |               |                         |                         | MED EXP (Any one person)                  | \$ 5,000     |
|          |  |                              |               |                         |                         | PERSONAL & ADV. INJURY                    | \$ 1,000,000 |
|          |  |                              |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          |  |                              |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |                              |               |                         |                         |   | \$           |
|          | POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC |                              |               |                         |                         |   |              |
|          | OTHER:   |                              |               |                         |                         |   |              |
| A        | AUTOMOBILE LIABILITY   |                              | ZE3801        | 11/8/2020               | 11/8/2021               | COMBINED SINGLE LIMIT                     | \$ 1,000,000 |
|          | ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS              |                              |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|          | HIRED AUTOS ONLY   | NON-OWNED AUTOS ONLY         |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          |  |                              |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          |  |                              |               |                         |                         |   | \$           |
|          | UMBRELLA LIAB  | OCCUR                        |               |                         |                         | EACH OCCURRENCE                           | \$           |
|          | EXCESS LIAB  | CLAIMS-MADE                  |               |                         |                         | AGGREGATE                                 | \$           |
|          | DED  | RETENTION \$                 |               |                         |                         |   | \$           |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |                              |               |                         |                         | PER STATUTE                               | OTHR         |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                | <input type="checkbox"/> Y/N | N/A           |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                     |                              |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|          |  |                              |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |

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

## CERTIFICATE HOLDER

## CANCELLATION

Panda Restaurant Group, Inc.  
1683 Walnut Grove Ave  
Rosemead, CA 91770

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

*Tiffany Boley*

# Payment Receipt

**Jefferson County Tax Collector**

Jefferson County Administration Center  
729 Maple St., Suite 36  
Hillsboro, MO 63050  
Phone: 636-797-5406  
Fax: 636-797-5079  
[bmahn@jeffcomo.org](mailto:bmahn@jeffcomo.org)

**Bill****To: d0194cf93e1deb11944fac162d7acf3**

Stephanie Werschign  
1916 Magnolia Way

Pevely, MO 63070  
[mike@Cardinal-Lawn.com](mailto:mike@Cardinal-Lawn.com)

| Source | Year | Property Key | Tax   | Penalty |
|--------|------|--------------|-------|---------|
| PP     | 2019 | 504000       | 72.57 | 20.77   |
| PP     | 2020 | 504000       | 72.59 | 0.00    |

**Single Payment**

Transaction Date: 11/02/2020 11:15 AM Pacific Time Payment Amount: \$165.93  
Service Fee: \$1.50  
Pay Method:  \*\*\*\*\*3198  
Approval #: 24434347 Total: \$167.43  
Trace Number: 2e6a0e5f-95f6-4553-9c41-00b19e4d07d9  
Amount: \$167.43

Thank you for your payment.

| Account Information |                                 |              |          |
|---------------------|---------------------------------|--------------|----------|
| Account Number      | 504000                          | Tax Code     | R5DFJPPV |
| Tax Year            | 2021                            | Account Type | BUSINESS |
| Return Status       |                                 |              |          |
| Date Returned       |                                 |              |          |
| City                | PEVELY                          |              |          |
| Owner Name          | CARDINAL LAWN CARE LLC          |              |          |
| Address             | PO BOX 251<br>PEVELY, MO, 63070 |              |          |

| Items                             |          |                |            |  |
|-----------------------------------|----------|----------------|------------|--|
| Item                              | Quantity | Assessed Value | Tax Amount |  |
| 2016 UTILITY TRL12FT TRAILER 12FT | 1        |                |            |  |
| 2016 UTILITY TRL12FT TRAILER 12FT | 1        |                |            |  |
| Z - Business Value                | 1        |                |            |  |
| <b>Total</b>                      |          |                |            |  |

| No Billing Details |  |  |  |  |
|--------------------|--|--|--|--|
|--------------------|--|--|--|--|

| Payment History |           |            |               |            |  |
|-----------------|-----------|------------|---------------|------------|--|
| Tax Year        | Total Due | Total Paid | Amount Unpaid | Date Paid  |  |
| 2019            | \$93.34   | \$0.00     | \$93.34       |            |  |
| 2018            | \$70.96   | \$70.96    | \$0.00        | 4/22/2019  |  |
| 2017            | \$61.71   | \$61.71    | \$0.00        | 12/31/2017 |  |
| 2016            | \$109.09  | \$109.09   | \$0.00        | 3/8/2017   |  |
| 2015            | \$143.98  | \$143.98   | \$0.00        | 5/17/2016  |  |
| 2014            | \$129.97  | \$129.97   | \$0.00        | 5/20/2015  |  |
| 2013            | \$74.55   | \$74.55    | \$0.00        | 1/31/2014  |  |
| 2012            | \$110.28  | \$110.28   | \$0.00        | 12/31/2012 |  |
| 2011            | \$116.98  | \$116.98   | \$0.00        | 12/16/2011 |  |

| No Taxing Bodies |  |  |  |  |
|------------------|--|--|--|--|
|------------------|--|--|--|--|

| Waivers     |          |                  |               |                                      |
|-------------|----------|------------------|---------------|--------------------------------------|
| Waiver ID   | Date     | Tax Years Waived | Waiver Reason | Print                                |
| 2010-008795 | 9/8/2010 | 2009, 2010       |               | <input type="button" value="Print"/> |
| 2009-023254 | 9/8/2010 | 2009             |               | <input type="button" value="Print"/> |



County of Jefferson  
State of Missouri  
Administration Center  
729 Maple Street • PO Box 100  
Hillsboro, Missouri 63050

Dennis Gannon  
County Executive

DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: [www.jeffcomo.org](http://www.jeffcomo.org)

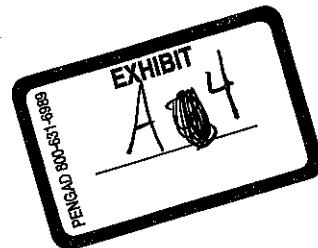
Dana Dowling  
Human Resources Manager  
(636)797-5563 / Fax (636)797-5596

Jackie TalarSKI  
General Services Contracts & Grants Manager  
(636)797-5380 / Fax (636)797-5067

PRECISION LAWN CARE & LANDSCAPING  
8417 STATE RTE 30  
DITMMER MO 63023

October 26, 2020

Attn: CONTRACTS



Your company was awarded a bid for **“2019-2020 ON-CALL SNOW REMOVAL”** for the County of Jefferson, Missouri in **November 2019**. 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 budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from **November 10, 2020 to November 9, 2021**.

**PLEASE INCLUDE THE FOLLOWING ITEMS:**

- 13) This executed renewal letter
- 14) Updated insurance certificates
- 15) 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.
- 16) 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.

Melissa Dennis  
Printed Name of Authorizing Agent

Melissa Dennis  
Signature

10-27-2020  
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,

Jackie TalarSKI  
Jackie TalarSKI  
Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this 20th day of October 2020:

Precision Lawn Care & Landscaping  
Company Name

County of Jefferson, State of Missouri

Yelissa Dennis  
Signature  
Yelissa Dennis  
Print

Dennis J. Gannon  
Dennis J. Gannon County Executive

Company Address: \_\_\_\_\_  
8417 State Route 36  
Dittemer, Mo 63023  
Phone: (1036) 274-4800

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.

Kathy W. Appling  
County Auditor

APPROVED AS TO FORM

County Counselor



PRECLAW-01

JKEEVEN

DATE (MM/DD/YYYY)  
**10/27/2020**

## **CERTIFICATE OF LIABILITY INSURANCE**

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

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

|  |  |                                       |
|--|--|---------------------------------------|
| <b>PRODUCER</b><br>Charles L. Crane Agency Co.<br>100 N Broadway, Ste 900<br>Saint Louis, MO 63102       | <b>CONTACT NAME:</b>                                     | <b>FAX (A/C, No.):</b> (314) 444-4970 |
|  | <b>PHONE (A/C, No. Ext.):</b> (314) 241-8700             |                                       |
| <b>INSURED</b><br><br>Precision Lawn Care & Landscaping, LLC<br>8417 State Route 30<br>Dittmer, MO 63023 | <b>E-MAIL ADDRESS:</b>                                   |                                       |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>                     |                                       |
|  | <b>INSURER A :</b> <b>Owners Insurance Company</b>       | <b>NAIC #</b><br><b>32700</b>         |
|  | <b>INSURER B :</b> <b>Missouri Employers Mutual Ins.</b> | <b>10191</b>                          |
|  | <b>INSURER C :</b>                                       |                                       |
|  | <b>INSURER D :</b>                                       |                                       |
|  | <b>INSURER E :</b>                                       |                                       |
| <b>INSURER F :</b>   |  |                                       |

## COVERAGES

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

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

| INSR<br>LTR   | TYPE OF INSURANCE  |  | ADDL<br>INSD | SUBR<br>WWD                                    | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                    |  |              |
|---|--|--|--------------|--|---------------|----------------------------|----------------------------|---|--|--------------|
|   | COMMERCIAL GENERAL LIABILITY   |  |              |  |               |                            |                            | EACH OCCURRENCE                           | \$ 1,000,000   |              |
| A   | <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR              |  |              |  | 75172866      | 9/8/2020                   | 9/8/2021                   | DAMAGE TO RENTED PREMISES (EA occurrence) | \$ 300,000   |              |
|   |  |  |              |  |               |                            |                            | MED EXP (Any one person)                  | \$ 10,000  |              |
|   |  |  |              |  |               |                            |                            | PERSONAL & ADV INJURY                     | \$ 1,000,000   |              |
|   |  |  |              |  |               |                            |                            | GENERAL AGGREGATE                         | \$ 2,000,000   |              |
|   |  |  |              |  |               |                            |                            | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000   |              |
|   |  |  |              |  |               |                            |                            |   | \$   |              |
|   |  |  |              |  |               |                            |                            |   |  |              |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |  |  |              |  |               |                            |                            |   |  |              |
| <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC |  |  |              |  |               |                            |                            |   |  |              |
| OTHER:  |  |  |              |  |               |                            |                            |   |  |              |
| A   | AUTOMOBILE LIABILITY   |  |              |  | 5300992400    | 9/8/2020                   | 9/8/2021                   | COMBINED SINGLE LIMIT (EA accident)       | \$ 1,000,000   |              |
|   | <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS |  |              |  |               |                            |                            | BODILY INJURY (Per person)                | \$   |              |
|   | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                |  |              |  |               |                            |                            | BODILY INJURY (Per accident)              | \$   |              |
|   |  |  |              |  |               |                            |                            | PROPERTY DAMAGE (Per accident)            | \$   |              |
|   |  |  |              |  |               |                            |                            |   | \$   |              |
|   |  |  |              |  |               |                            |                            |   | \$   |              |
|   |  |  |              |  |               |                            |                            |   | \$   |              |
| A   | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR            |  |              |  | 5300992401    | 9/8/2020                   | 9/8/2021                   | EACH OCCURRENCE                           | \$ 1,000,000   |              |
|   | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                              |  |              |  |               |                            |                            | AGGREGATE                                 | \$ 1,000,000   |              |
|   |  |  |              |  |               |                            |                            |   | \$   |              |
|   |  |  |              |  |               |                            |                            |   | \$   |              |
| B   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |  |              | Y / N<br><input checked="" type="checkbox"/> N | N / A         | MEM200951707               | 9/8/2020                   | 9/8/2021                                  | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |              |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                            |  |              |  |               |                            |                            |   | E.L. EACH ACCIDENT   | \$ 1,000,000 |
|   |  |  |              |  |               |                            |                            |   | E.L. DISEASE - EA EMPLOYEE   | \$ 1,000,000 |
|   |  |  |              |  |               |                            |                            |   | E.L. DISEASE - POLICY LIMIT  | \$ 1,000,000 |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below   |  |              |  |               |                            |                            |   |  |              |
|   |  |  |              |  |               |                            |                            |   |  |              |
|   |  |  |              |  |               |                            |                            |   |  |              |

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

## **CERTIFICATE HOLDER**

## CANCELLATION

Jefferson County  
Attn: Contracts  
P.O. Box 100  
Hillsboro, MO 63050

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**

Joel Karsten

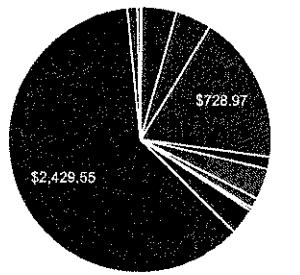
| Tax Due Amounts |               |                  |
|-----------------|---------------|------------------|
|                 | If paid in... | Amount due is... |
| October 2020    |               | \$3,977.36       |
| November 2020   |               | \$3,977.36       |
| December 2020   |               | \$3,977.36       |

Tax Due amounts are for all unpaid years.  
See Payment History section for year-by-year details.

| Payment History |            |            |               |            |
|-----------------|------------|------------|---------------|------------|
| Tax Year        | Total Due  | Total Paid | Amount Unpaid | Date Paid  |
| 2020            | \$3,977.36 | \$0.00     | \$3,977.36    |            |
| 2019            | \$3,218.36 | \$3,218.36 | \$0.00        | 12/31/2019 |
| 2018            | \$3,078.55 | \$3,078.55 | \$0.00        | 12/31/2018 |
| 2017            | \$1,954.73 | \$1,954.73 | \$0.00        | 12/13/2017 |
| 2016            | \$2,059.50 | \$2,059.50 | \$0.00        | 12/15/2016 |
| 2015            | \$1,620.56 | \$1,620.56 | \$0.00        | 12/7/2015  |
| 2014            | \$1,073.22 | \$1,073.22 | \$0.00        | 12/1/2014  |
| 2013            | \$1,143.34 | \$1,143.34 | \$0.00        | 11/27/2013 |
| 2012            | \$1,189.36 | \$1,189.36 | \$0.00        | 11/30/2012 |
| 2011            | \$951.98   | \$951.98   | \$0.00        | 12/9/2011  |
| 2010            | \$620.92   | \$620.92   | \$0.00        | 11/29/2010 |
| 2009            | \$946.20   | \$946.20   | \$0.00        | 11/18/2009 |
| 2008            | \$301.24   | \$301.24   | \$0.00        | 11/17/2008 |

## Taxing Bodies

| District            | Tax Rate | Extension  |
|---------------------|----------|------------|
| BIG RIVER AMBULANCE | 0.313300 | \$169.53   |
| JEFFERSON COLLEGE   | 0.329800 | \$178.45   |
| COUNTY TAX          | 0.004500 | \$2.43     |
| CEDAR HILL FIRE     | 1.347200 | \$728.97   |
| HEALTH UNIT TAX     | 0.107300 | \$58.06    |
| LIBRARY / R1        | 0.278800 | \$150.86   |
| MENTAL HEALTH TAX   | 0.091000 | \$49.24    |
| PARK TAX            | 0.027200 | \$14.72    |
| ROAD & BRIDGE TAX   | 0.240400 | \$130.08   |
| NORTHWEST SCHOOL    | 4.490000 | \$2,429.55 |
| JC DEV DISABILITIES | 0.091000 | \$49.24    |
| STATE TAX           | 0.030000 | \$16.23    |



- BIG RIVER AMBULANCE
- JEFFERSON COLLEGE
- CEDAR HILL FIRE
- HEALTH UNIT TAX
- LIBRARY / R1
- MENTAL HEALTH TAX
- PARK TAX
- ROAD & BRIDGE TAX
- NORTHWEST SCHOOL
- JC DEV DISABILITIES

▲ 1/2 ▼

| Account Information |  |              |          |
|---------------------|--|--------------|----------|
| Account Number      | 332116   | Tax Code     | R1CHBR   |
| Tax Year            | 2020 <input type="button" value="▼"/>  | Account Type | BUSINESS |
| Return Status       | Completed  | Tax Rate     | 7.350500 |
| Date Returned       | 1/16/2020  |              |          |
| City                | Entire County  |              |          |
| Owner Name          | PRECISION LAWN CARE & LANDSCAPING LLC, 9050 SUNSET VALLEY DR ROBERTSVILLE, MO, 63072 |              |          |
| Site Address        | 8417 STATE RT 30 DITTMER, MO, 63023  |              |          |

| Items  |          |                |                   |  |
|--|----------|----------------|-------------------|--|
| Item   | Quantity | Assessed Value | Tax Amount        |  |
| 2002 FORD (F450SD) CAB & CHASSIS 4X4 4X4 15.4GVW C&C         | 1        | 1,910          | \$140.39          |  |
| 2005 FORD (F550SD) CAB & CHASSIS 4X4 4X4 18GVW C&C           | 1        | 3,860          | \$283.73          |  |
| 2006 GMC\CHEVY (C8C064) CAB & CHASSIS 6X4 46GVW C&C          | 1        | 4,510          | \$331.51          |  |
| 2006 FORD (F550SD) CAB & CHASSIS 4X2 4X2 17.5GVW C&C         | 1        | 4,190          | \$307.99          |  |
| 2016 FORD (F550) CAB & CHASSIS 4X4 4X4 19.0GVW C&C           | 1        | 11,270         | \$828.40          |  |
| 2004 FLATBED TRL16FT TRAILER 16FT                            | 1        | 50             | \$3.68            |  |
| 2007 CARGO TRL20FTENCTA TRL 20FT ENCLSD TNDM AXLE            | 1        | 660            | \$48.51           |  |
| 2015 CARGO TRL18FTENCTA TRL 18FT ENCLSD TNDM AXLE            | 1        | 1,070          | \$78.65           |  |
| 2016 CARGO TRL18FTENCTA TRL 18FT ENCLSD TNDM AXLE            | 1        | 1,110          | \$81.59           |  |
| 2017 DUMP TRAILER 16FT TRAILER 16FT                          | 1        | 2,650          | \$194.79          |  |
| 2017 UTILITY TRL20FT TRAILER 20FT                            | 1        | 410            | \$30.14           |  |
| 2003 FORD TRUCK F250 SUPER DUTY-V8 SUPERCAB XL 4WD 6L DIESEL | 1        | 1,880          | \$138.19          |  |
| 2016 FORD TRUCK F350 SUPER DUTY CREW CAB XL 4WD              | 1        | 8,480          | \$623.32          |  |
| 2019 FORD TRUCK F350 SUPER DUTY SUPERCAB XL 4WD              | 1        | 9,820          | \$721.82          |  |
| Z - Business Value   | 1        | 2,240          | \$164.65          |  |
| <b>Total</b>   |          | <b>54,110</b>  | <b>\$3,977.36</b> |  |

| Billing Details     |                   |
|---------------------|-------------------|
| Tax Billed          | \$3,977.36        |
| Penalty Billed      | \$0.00            |
| Cost Billed         | \$0.00            |
| <b>Total Billed</b> | <b>\$3,977.36</b> |
| Amount Paid         | \$0.00            |
| <b>Total Unpaid</b> | <b>\$3,977.36</b> |