

BILL NO.: 16-1116

ORDINANCE NO.: 16- 0534

INTRODUCED BY: COUNCIL MEMBER(s) Kaster

1           **AN ORDINANCE RENEWING THE BID AWARDS FOR CERTAIN**  
2           **PRODUCTS AND SERVICES FOR FOOD – DAIRY - BAKERY, DEPARTMENT**  
3           **OF THE SHERIFF.**

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 Food – Dairy - Bakery

## 10 AWARDED BIDDERS

11 Jackson Produce Co. (A1)

12 Good Source Solutions (A2)

13 ORDINANCE NUMBER

14 15-0573

15       **WHEREAS**, the Department of the Sheriff of Jefferson County, Missouri, Council  
16       finds it is in the best interest of the County to renew the bid award for Food – Dairy -  
17       Bakery for the term of 01-01-17 through 12-31-17 with Jackson Produce Co. and Good  
18       Source Solutions with approval of the County Council and County Executive up to the  
19       amount of **\$395,650.00** subject to budgetary limitations.

FILED

NOV 18 2016

1                   **BE IT ENACTED BY THE JEFFERSON COUNTY, MISSOURI, COUNCIL,**

2                   **AS FOLLOWS:**

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

5                   **BID NAME**

6                   Food – Dairy - Bakery

7                   **TERM**

8                   01-01-17 through 12-31-17

9                   Upon approval of the County Council and County Executive

10                   **AMOUNT**

11                   Up to **\$395,650.00**

12                   subject to budgetary limitations

13                   **AWARDED BIDDER**

14                   Jackson Produce Co. (A1)

15                   Good Source Solutions (A2)

16                   Section 2.     The Jefferson County, Missouri, Council hereby authorizes the  
17                   County Executive to execute a renewal agreement, incorporated herein by reference and  
18                   attached as Exhibit A1 through A2. The County Executive is further authorized to take  
19                   any and all actions necessary to carry out the intent of this Ordinance.

20                   Section 3.     Copies of all Invitations for Bid, Requests for Proposals, responses  
21                   thereto, and any contracts or agreements shall be maintained by the Department of the

1 County Clerk consistent with the rules and procedures for the maintenance and retention  
2 of records as promulgated by the Secretary of State.

3 Section 4. This Ordinance shall be in full force and effect from and after its  
4 date of approval. If any part of this Ordinance is invalid for any reason, such invalidity  
5 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>Yes</u>    |
| Council Member District 3, Robert Boyer          | <u>Yes</u>    |
| Council Member District 4, George Engelbach      | <u>Absent</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 14<sup>th</sup> DAY OF November, 2016:

✓ PASSED            FAILED



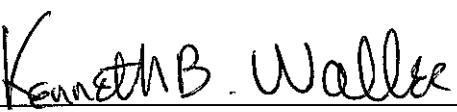
Renee Reuter, County Council Chair



Pat Schlette  
Pat Schlette, Council Administrative Assistant

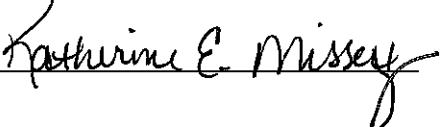
THIS BILL WAS  APPROVED BY THE JEFFERSON COUNTY EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY, MISSOURI, THIS 16<sup>th</sup> DAY OF November, 2016.

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: 

Reading Date: 11-14-2016

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as the 5th day of September, 2016:

RECEIVED

SEP 22 2016

EXHIBIT

PENGAD 600-631-5658

A1



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

Ken Waller  
County Executive

DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: [www.jeffcoMo.org](http://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

JACKSON PRODUCE CO  
3226 MCKELVEY RD  
BRIDGETON MO 63044

September 7, 2016

Attn: Gerald Jackson

Your company was awarded a bid for "FOOD – DAIRY-BAKERY" for the County of Jefferson, Missouri in **November 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 two 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 **January 1, 2017** through **December 31, 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.

Gerald Jackson  
Printed Name of Authorizing Agent

Vickie S. Pratt  
Signature

9-17-16  
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

65

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this  
15<sup>th</sup> day of September 2016:

Jackson Produce Co.  
Company Name

Gerald Jackson  
Signature  
Gerald Jackson  
Print

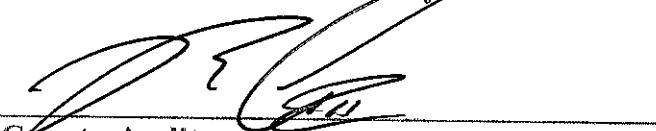
County of Jefferson, State of Missouri

Kenneth B. Waller  
Kenneth B. Waller County Executive

Company Address: 3226  
McKelvey Road  
Bridgeton, Mo. 63044

Phone: 314-291-1080

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

GJ



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/3/2016

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).

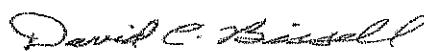
|   |  |                                      |
|---|--|--------------------------------------|
| PRODUCER  |  | CONTACT NAME: MAGGIE WARREN          |
| Insurance Advisors of Saint Louis<br>8050 Watson Road, Suite #190 |  | PHONE (A/C No. Excl): (314) 842-0960 |
|   |  | FAX (A/C No.): (314) 842-5285        |
| St. Louis MO 63119  |  | E-MAIL ADDRESS:                      |
|   |  | INSURER(S) AFFORDING COVERAGE        |
|   |  | INSURER A TRAVELERS INSURANCE CO     |
| INSURED   |  | NAIC #:                              |
| Jackson Supply Inc<br>3226 McElvey Rd                             |  | INSURER B:                           |
|   |  | INSURER C:                           |
|   |  | INSURER D:                           |
|   |  | INSURER E:                           |
|   |  | INSURER F:                           |

|           |                              |                  |
|-----------|------------------------------|------------------|
| COVERAGES | CERTIFICATE NUMBER: ORIGINAL | 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>INSR WVD | POLICY NUMBER        | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  |              |
|----------|--|-----------------------|----------------------|----------------------------|----------------------------|---|--------------|
|          | GENERAL LIABILITY  |                       |                      |                            |                            | EACH OCCURRENCE   | \$ 1,000,000 |
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |                       | I-680-6300R178-16-42 | 8/5/2016                   | 8/5/2017                   | DAMAGE TO RENTED PREMISES (EA occurrence)               | \$ 300,000   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC  |                       |                      |                            |                            | MED EXP (Any one person)                                | \$ 5,000     |
| A        | AUTOMOBILE LIABILITY   |                       |                      |                            |                            | PERSONAL & ADV INJURY                                   | \$ 1,000,000 |
| A        | <input checked="" type="checkbox"/> ANY AUTO<br>ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                                     |                       | BA-6303R630-16       | 8/5/2016                   | 8/5/2017                   | GENERAL AGGREGATE                                       | \$ 2,000,000 |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  |                       |                      |                            |                            | PRODUCTS - COMPIOP AGG                                  | \$ 2,000,000 |
| A        | DED <input checked="" type="checkbox"/> RETENTIONS \$ 5,000  |                       | CUP6508R518-16-42    | 8/5/2016                   | 8/5/2017                   |   | \$           |
| A        | WORKERS COMPENSATION AND EMPLOYERS LIABILITY<br>Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N<br>(Mandatory in NY)<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS below | N/A                   | IHUB-4612R93-6-16    | 8/5/2016                   | 8/5/2017                   | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTHR         |
|          |  |                       |                      |                            |                            | EL. EACH ACCIDENT                                       | \$ 500,000   |
|          |  |                       |                      |                            |                            | EL. DISEASE - EA EMPLOYEE                               | \$ 500,000   |
|          |  |                       |                      |                            |                            | EL. DISEASE - POLICY LIMIT                              | \$ 500,000   |

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

|  |  |
|--|--|
| CERTIFICATE HOLDER   | CANCELLATION   |
| (636) 797-5067<br><br>JEFFERSON COUNTY<br>ATTN: CONTRACTS<br>P.O. BOX 100<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  |
|  | DAVID BISSELL/STACY   |

Jackson Supply Inc.  
3226 McKelvey Road  
Bridgeton, Mo. 63044  
314-291-1080 or 314-381-5252  
jacksonproduce1@gmail.com

09/22/16

To whom this may concern,

My name is Gerald Jackson and I do not own and real or personal property in Jefferson County, Missouri. I do not owe and form of taxes in Jefferson County, Missouri.

Gerald Jackson - President

*Angela Kay Miller*  
9/22/2016

|   |
|---|
| ANGELA KAY MILLER                       |
| Notary Public - Notary Seal             |
| State of Missouri                       |
| Commissioned for St. Louis City         |
| My Commission Expires: January 28, 2019 |
| Commission Number: 15633017             |



# County of Jefferson

## State of Missouri

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

Ken Waller

County Executive

EXHIBIT

A2

### DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

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

GOOD SOURCE COLUTIONS  
3115 MELROSE DRIVE #160  
CARLSBAD CA 92010

September 7, 2016

Attn: Anna Tulino

Your company was awarded a bid for "FOOD – DAIRY-BAKERY" for the County of Jefferson, Missouri in November 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.

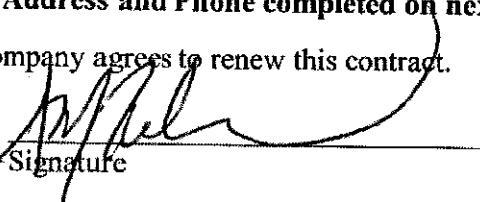
The County of Jefferson, Missouri may desire to renew this bid award for two additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from January 1, 2017 through December 31, 2017.

#### 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.

Anna Tulino  
Printed Name of Authorizing Agent

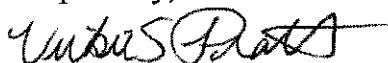
  
Signature

9/14/16

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,

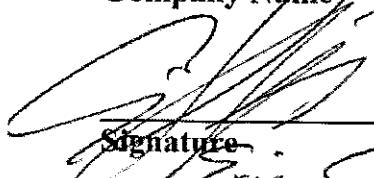


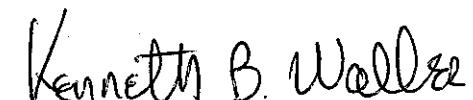
Vickie S. Pratt

Department of Administrative Services

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

Good Source Solutions, Inc. County of Jefferson, State of Missouri  
Company Name

  
Signature  
Eric Shirring  
Print

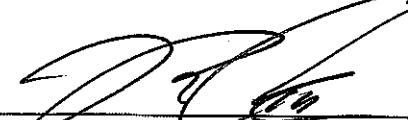
  
Kenneth B. Waller  
County Executive

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

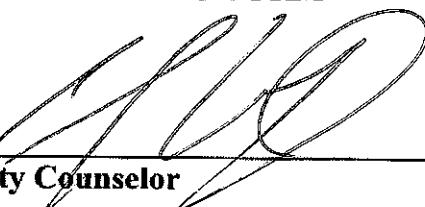
3115 Melrose Drive #160  
Carlsbad, CA 92010

Phone: 760-522-5151

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



3115 Melrose Drive, Suite 160 • Carlsbad, CA 92010 • 800.776.6758 | [goodsource.com](http://goodsource.com)

To: David Courtney  
Department of Administrative Services  
Jefferson County Missouri  
729 Maple Street, PO Box 100  
Hillsboro, Missouri 63050-0100

From: Eric Shiring  
CFO – Good Source Solutions, Inc  
3115 Melrose Drive, Suite 160  
Carlsbad, CA 92010

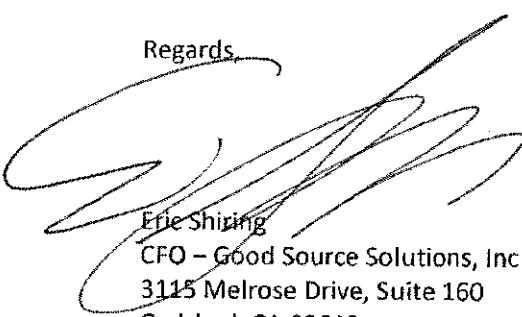
Re: BOX MEAL 2015 BID

Date: October 26, 2016

Please accept this letter in response to item 7 of your required items for inclusion in submission for the "Dood-Dairy-Bakery" bid for the county of Jefferson per your letter dated September 7, 2016. Good Source Solutions, Inc. does not own any real or personal property in Jefferson County.

Please do not hesitate to contact me should you have any further questions.

Regards,

  
Eric Shiring  
CFO – Good Source Solutions, Inc  
3115 Melrose Drive, Suite 160  
Carlsbad, CA 92010

\*please see attachment/Notary





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2016

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).

|          |   |   |                 |
|----------|---|---|-----------------|
| PRODUCER | Lockton Insurance Brokers, LLC<br>725 S. Figueroa Street, 35th Fl.<br>CA License #0F15767<br>Los Angeles CA 90017<br>(213) 689-0065 | CONTACT NAME:<br>PHONE (A/C. No. Ext):<br>E-MAIL ADDRESS: | FAX (A/C. No.): |
| INSURED  | 1361523 Good Source Holdings, LLC<br>dba: Good Source Solutions, Inc.<br>3115 Melrose Drive, Suite 160<br>Carlsbad, CA 92010        | INSURER(S) AFFORDING COVERAGE                             | NAIC #          |
|          |   | INSURER A: Unigard Insurance Company                      | 25747           |
|          |   | INSURER B: RSUI Indemnity Company                         | 22314           |
|          |   | INSURER C: Everest National Insurance Company             | 10120           |
|          |   | INSURER D:  |                 |
|          |   | INSURER E:  |                 |
|          |   | INSURER F:  |                 |

COVERAGES GOOS003 CERTIFICATE NUMBER: 12649889 REVISION NUMBER: XXXXXXXX

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        | X COMMERCIAL GENERAL LIABILITY<br><br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   | N N   | CCI1258068              | 12/21/2015               | 12/21/2016               | EACH OCCURRENCE                           | \$ 1,000,000  |
|          |   |   |                         |                          |                          | DAMAGE TO RENTED PREMISES (Ex occurrence) | \$ 100,000    |
|          |   |   |                         |                          |                          | 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  |
|          |   |   |                         |                          |                          |   | \$            |
|          | GENL AGGREGATE LIMIT APPLIES PER:<br><br>X POLICY <input type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC<br><br>OTHER:  |   |                         |                          |                          |   |               |
| A        | AUTOMOBILE LIABILITY<br><br>X ANY AUTO<br>ALL OWNED AUTOS<br>X HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS<br>NON-OWNED AUTOS   | N N   | CCI1258068              | 12/21/2015               | 12/21/2016               | COMBINED SINGLE LIMIT (Ex accident)       | \$ 1,000,000  |
|          |   |   |                         |                          |                          | BODILY INJURY (Per person)                | \$ XXXXXXXX   |
|          |   |   |                         |                          |                          | BODILY INJURY (Per accident)              | \$ XXXXXXXX   |
|          |   |   |                         |                          |                          | PROPERTY DAMAGE (Per accident)            | \$ XXXXXXXX   |
|          |   |   |                         |                          |                          | Comp/Coll Ded.                            | \$ 1,000      |
| A        | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><br>X EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE   | N N   | CCU1258068<br>NHA239307 | 12/21/2015<br>12/21/2015 | 12/21/2016<br>12/21/2016 | EACH OCCURRENCE                           | \$ 11,000,000 |
|          |   |   |                         |                          |                          | AGGREGATE                                 | \$ 11,000,000 |
|          |   |   |                         |                          |                          |   | \$ XXXXXXXX   |
| B        | DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |   |                         |                          |                          |   |               |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N<br><input checked="" type="checkbox"/> N<br>N/A | CA10001450151           | 12/21/2015               | 12/21/2016               | X PER STATUTE                             | OTHR-         |
|          |   |   |                         |                          |                          | E.L. EACH ACCIDENT                        | \$ 1,000,000  |
|          |   |   |                         |                          |                          | E.L. DISEASE - EA EMPLOYEE                | \$ 1,000,000  |
|          |   |   |                         |                          |                          | 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)

*PAYERED  
4/8/16 CT*

## CERTIFICATE HOLDER

12649889  
County of Jefferson  
Vickie Pratt  
General Services/Contracts & Grants Manager  
729 Maple Street  
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

*Markie J. Pratt*

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