

INTRODUCED BY: COUNCIL MEMBER(s) Kasten

1 **AN ORDINANCE RENEWING THE BID AWARDS FOR CERTAIN**
2 **PRODUCTS AND SERVICES FOR MAINTENANCE MATERIALS AND**
3 **SUPPLIES, DEPARTMENT OF PUBLIC WORKS.**

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

8 BID NAME

9 Maintenance Materials and Supplies

10 AWARDED BIDDERS

11 The Edelen Co. Inc. (A1)

12 Hamel & Rowe Inc. (A2)

13 Crescent Plumbing Supply (A3)

14 Hopson Lumber Co. (A4)

15 Brauer Supply Company (A5)

16 Atlas Supply Co. (A6)

17 The Sherwin Williams Company (A7)

18 Voss Lighting (A8)

19 Plumbmaster Inc. (A9)

FILED

NOV 18 2016

Butler Supply Inc. (A10)

ORDINANCE NUMBER

15-0597

WHEREAS, the Department of Public Works of Jefferson County, Missouri, Council finds it is in the best interest of the County to renew the bid award for Maintenance Materials and Supplies for the term of 11-23-16 to 11-22-17 with to The Edelen Co. Inc., Hamel & Rowe Inc., Crescent Plumbing Supply, Hopson Lumber Co., Brauer Supply Company, Atlas Supply Co., The Sherwin Williams Company, Voss Lighting, Plumbmaster Inc., and Butler Supply Inc. with approval of the County Council and County Executive up to the amount of **\$50,000.00** subject to budgetary limitations.

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

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

BID NAME

Maintenance Materials and Supplies

TERM

11-23-16 to 11-22-17

Upon approval of the County Council and County Executive

AMOUNT

Up to **\$50,000.00**

subject to budgetary limitations

1 AWARDED BIDDER

2 The Edelen Co. Inc. (A1)

3 Hamel & Rowe Inc. (A2)

4 Crescent Plumbing Supply (A3)

5 Hopson Lumber Co. (A4)

6 Brauer Supply Company (A5)

7 Atlas Supply Co. (A6)

8 The Sherwin Williams Company (A7)

9 Voss Lighting (A8)

10 Plumbmaster Inc. (A9)

11 Butler Supply Inc. (A10)

12 Section 2. The Jefferson County, Missouri, Council hereby authorizes the
13 County Executive to execute a renewal agreement, incorporated herein by reference and
14 attached as Exhibit A1 through A10. The County Executive is further authorized to take
15 any and all actions necessary to carry out the intent of this Ordinance.

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


20 Section 4. This Ordinance shall be in full force and effect from and after its
21 date of approval. If any part of this Ordinance is invalid for any reason, such invalidity
22 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 14th DAY OF November, 2016:

✓ PASSED FAILED



Renee Reuter, County Council Chair



Pat Schlette, Council Administrative Assistant

THIS BILL WAS ✓ APPROVED BY THE JEFFERSON COUNTY
EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY,
MISSOURI, THIS 16TH 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: Katherine E. Missey

Reading Date: 11-14-2016



County of Jefferson

State of Missouri

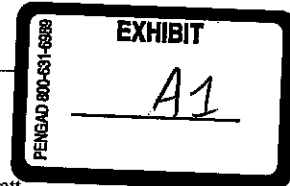
Administration Center
729 Maple Street - PO Box 100
Hillsboro, Missouri 63050

RECEIVED

OCT 04 2016

Ken Waller

County Executive



DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffco.mo.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

THE EDELEN CO. INC
6556 JONAS PLACE
ST LOUIS MO 63134

9/27/2016

Attn: JAMES ROBBERS

Your company was awarded a bid for "MAINTENANCE MATERIALS AND SUPPLIES" 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 an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from **November 23, 2016 through November 22, 2017**.

PLEASE INCLUDE THE FOLLOWING ITEMS:

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

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

JAMES ROBBERS
Printed Name of Authorizing Agent

James Robbers
Signature

9/30/2016
Date

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

Respectfully,

Vickie S. Pratt

Vickie S. Pratt
Department of Administrative Services

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

THE EDELEN Co., INC.
Company Name

County of Jefferson, State of Missouri

James Robbins
Signature
JAMES Robbins
Print

Kenneth B. Waller
Kenneth B. Waller County Executive

Company Address: _____

6556 JONAS PLACE
ST. LOUIS, MO 63134

Phone: 314-521-2060

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

[Signature]
County Auditor

APPROVED AS TO FORM

[Signature]
County Counselor



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/21/2016

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 The Cornerstone Insurance Group, LLC 721 Emerson Road, Ste. 500 P.O. Box 419151 St Louis MO 63141		CONTACT NAME: Gina Pohl PHONE (A/C, No, Ext): (314) 373-2900 FAX (A/C, No): (314) 373-2901 E-MAIL ADDRESS: ginap@cornerstoneinsurancegroup.com	
INSURED Edelen Company, Inc. 6556 Jonas Place St. Louis MO 63134		INSURER(S) AFFORDING COVERAGE INSURER A: Amerisure Insurance Company NAIC # 19488 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL15121709891

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CPP1384952	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY			CA1384951	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							Underinsured motorist \$ 100,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		CU1384953	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 2,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		WC1384954	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER

County of Jefferson
Administration Center
729 Maple Street
PO Box 100
Hillsboro, MO 63050

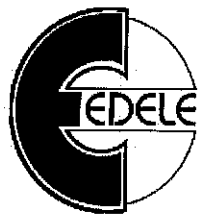
CANCELLATION

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

Cody Wilson/GINA

J. Cody Wilson /



EDELLEN DOOR & WINDOW

6556 JONAS PLACE
ST. LOUIS MO 63134
(314) 521-2060 FAX (314) 521-8512

2016 Service Hours and Rates

Hours:

Monday – Friday 7:00 am – 5:00 pm

Service Charge.....\$60.00

One Man Hourly Rate.....\$102.00

Additional Charges:

24 Hour Emergency Service

Overtime Rate.....\$153.00

Contact: Todd Edelen 314-713-5859

Jim Robbers 314-713-5861

Or 314-521-2060 and leave message



County of Jefferson

State of Missouri

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

Ken Waller

County Executive

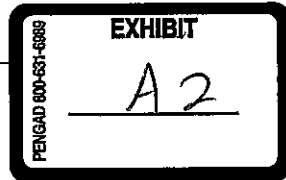
DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcomo.org

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



HAMEL & ROWE INC
210 N. MAIN ST
DESOTO MO 63020

9/27/2016

Attn: STEVE ROWE

Your company was awarded a bid for "MAINTENANCE MATERIALS AND SUPPLIES" 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 an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from November 23, 2016 through November 22, 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.

STEVE ROWE
Printed Name of Authorizing Agent

[Signature]
Signature

12-03-2016
Date

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

Respectfully,

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

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

HANUEL F. ROWE FNC
Company Name

County of Jefferson, State of Missouri

Steve Rowe
Signature
STEVE ROWE
Print

Kenneth B. Waller
Kenneth B. Waller County Executive

Company Address: _____

210 N. MAIN ST
DESO TO, MO 63020

Phone: 636 586-3230

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

[Signature]
County Auditor

APPROVED AS TO FORM

[Signature]
County Counselor



CERTIFICATE OF LIABILITY INSURANCE

HAMEL-1

OP ID: BD

DATE (MM/DD/YYYY)

11/01/2016

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 DeWitt - Nick Evola 10733 Sunset Office Dr, #255 St. Louis, MO 63127 Nick Evola	CONTACT NAME: Barbara Dumoulin PHONE (A/C, No., Ext.): 314-287-6177 FAX (A/C, No.): 314-287-6181 E-MAIL ADDRESS: bmdumoulin@dewittins.com														
INSURED Hamel & Rowe, Inc. Steve Rowe 210 N. Main Desoto, MO 63020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: State Auto P&C Ins Co</td> <td>25127</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: State Auto P&C Ins Co	25127	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: State Auto P&C Ins Co	25127														
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PBP2462189	07/14/2016	07/14/2017	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	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	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$
EACH OCCURRENCE	\$ 1,000,000																										
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																										
COMBINED SINGLE LIMIT (Ea accident)	\$																										
BODILY INJURY (Per person)	\$																										
BODILY INJURY (Per accident)	\$																										
PROPERTY DAMAGE (Per accident)	\$																										
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$												
COMBINED SINGLE LIMIT (Ea accident)	\$																										
BODILY INJURY (Per person)	\$																										
BODILY INJURY (Per accident)	\$																										
PROPERTY DAMAGE (Per accident)	\$																										
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$																
EACH OCCURRENCE	\$																										
AGGREGATE	\$																										
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCP2136306	08/28/2016	08/28/2017	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>100,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>100,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>500,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$	100,000	E.L. DISEASE - EA EMPLOYEE	\$	100,000	E.L. DISEASE - POLICY LIMIT	\$	500,000								
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																										
E.L. EACH ACCIDENT	\$	100,000																									
E.L. DISEASE - EA EMPLOYEE	\$	100,000																									
E.L. DISEASE - POLICY LIMIT	\$	500,000																									

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

CERTIFICATE HOLDER**CANCELLATION**

To Whom It May Concern
 Fax: 636-586-4913

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

Nick Evola

PAID

----- 2015 REAL ESTATE -----

2015 REAL ESTATE

TWARA SECT Q BLK PARCEL EXT

24-1.2-02.2-2-034-007.

VALUE

0 RESI

0 AGRI

16,300 COMM

16,300 TOTL

TAX RT 6.399100

BOOK 001

PAGE 001

OLD TOWN

E1/3 LOTS 21,22,23,23

BLOCK 3

ACRES TWN 39 RNG 4

DOCUMENT #

HAMEL & ROWE INC

210 N MAIN ST

DESOTO, MO 63020

TAX DISTRICT

CITY OF DESOTO

COUNTY TAX

DESOTO SCHOOL

HEALTH UNIT TAX

JC DEV DISABILITIES

JEFFERSON COLLEGE

MENTAL HEALTH TAX

MERCHANT SUR TAX

PARK TAX

ROAD & BRIDGE TAX

STATE TAX

VALLE AMBULANCE

TAX

122.30

0.15

705.11

12.24

15.31

55.45

15.31

39.12

4.56

34.47

4.89

73.27

TOTAL TAXES**1,082.18****TOTAL PAID****1,082.18**

** DATE PAID 12/28/2015 **

PAID

2015 REAL ESTATE

----- 2015 REAL ESTATE -----

TWARA SECT Q BLK PARCEL EXT

24-1.2-02.2-2-034-006.

VALUE

0 RESI

0 AGRI

23,900 COMM

23,900 TOTL

TAX RT 6.399100

BOOK 001

PAGE 001

OLD TOWN

LOTS 1 & 2

BLOCK 3

ACRES TWN 39 RNG 4

DOCUMENT #

HAMEL & ROWE INC

210 N MAIN ST

DESOTO, MO 63020

TAX DISTRICT

CITY OF DESOTO

COUNTY TAX

DESOTO SCHOOL

HEALTH UNIT TAX

JC DEV DISABILITIES

JEFFERSON COLLEGE

MENTAL HEALTH TAX

MERCHANT SUR TAX

PARK TAX

ROAD & BRIDGE TAX

STATE TAX

VALLE AMBULANCE

TAX

179.32

0.22

1,033.87

17.95

22.44

81.31

22.44

57.36

6.69

50.55

7.17

107.43

TOTAL TAXES**1,586.75****TOTAL PAID****1,586.75**

** DATE PAID 12/28/2015 **

MISSOURI

PAID

2015 REAL ESTATE

ESTATE -----
SECT Q BLK PARCEL EXT

24-1.2-02.2-2-034-004.

VALUE

0 RESI

0 AGRI

72,500 COMM

72,500 TOTL

TAX RT 6.399100

BOOK 001

PAGE 001

OLD TOWN
LOTS 3,4,5,6,7
BLOCK 3

ACRES TWN 39 RNG 4

DOCUMENT #

HAMEL & ROWE INCORPORATED
210 N MAIN ST
DESOTO, MO 63020TAX DISTRICT

<u>TAX</u>	
543.97	CITY OF DESOTO
0.65	COUNTY TAX
3,136.21	DESOTO SCHOOL
54.45	HEALTH UNIT TAX
68.08	JC DEV DISABILITIES
246.65	JEFFERSON COLLEGE
68.08	MENTAL HEALTH TAX
174.00	MERCHANT SUR TAX
20.30	PARK TAX
153.34	ROAD & BRIDGE TAX
21.75	STATE TAX
325.89	VALLE AMBULANCE

TOTAL TAXES 4,813.37

TOTAL PAID 4,813.37

** DATE PAID 12/28/2015 **

MISSOURI

PAID

2015 REAL ESTATE

ESTATE -----
SECT Q BLK PARCEL EXT

24-1.2-02.2-2-034-003.01

VALUE

0 RESI

0 AGRI

14,100 COMM

14,100 TOTL

TAX RT 6.399100

BOOK 001

PAGE 001

OLD TOWN
LOTS 18,19,20
BLOCK 3

ACRES TWN 39 RNG 4

DOCUMENT #

HAMEL & ROWE INCORPORATED
210 N MAIN ST
DESOTO, MO 63020TAX DISTRICT

<u>TAX</u>	
105.79	CITY OF DESOTO
0.13	COUNTY TAX
609.94	DESOTO SCHOOL
10.59	HEALTH UNIT TAX
13.24	JC DEV DISABILITIES
47.97	JEFFERSON COLLEGE
13.24	MENTAL HEALTH TAX
33.84	MERCHANT SUR TAX
3.95	PARK TAX
29.82	ROAD & BRIDGE TAX
4.23	STATE TAX
63.38	VALLE AMBULANCE

TOTAL TAXES 936.12

TOTAL PAID 936.12

** DATE PAID 12/28/2015 **

MISSOURI

PAID

2015 REAL ESTATE

REAL ESTATE -----

W ARA SECT Q BLK PARCEL EXT

17-7.0-35.0-3-013-001.01

VALUE

0 RESI

0 AGRI

16,500 COMM

16,500 TOTL

TAX RT 6.399100

BOOK 001

PAGE 051

O
E
B

RATHBUNS ADD

PT BLK 24 &

PT VACATED STREET

A
D

ACRES TWN 40 RNG 4

DOCUMENT # P001-0051

H/
21
DE

HAMELAND ROWE INC

210 N MAIN

DESOTO, MO 63020

TAX DISTRICT

TAX

CITY OF DESOTO

123.80

COUNTY TAX

0.15

DESOTO SCHOOL

713.76

HEALTH UNIT TAX

12.39

JC DEV DISABILITIES

15.49

JEFFERSON COLLEGE

56.13

MENTAL HEALTH TAX

15.49

MERCHANT SUR TAX

39.60

PARK TAX

4.62

ROAD & BRIDGE TAX

34.90

STATE TAX

4.95

VALLE AMBULANCE

74.17

TOTAL TAXES

1,095.45

TOTAL PAID

1,095.45

** DATE PAID 12/28/2015 **

NTY, MISSOURI

PAID

2015 PERSONAL PROPERTY

UCT # 013321

VALUE 2,040

TAX RT 6.399100

HAMEL & ROWE

210 N MAIN

DESOTO, MO 63020

TAX DISTRICT

TAX

CITY OF DESOTO

15.31

COUNTY TAX

0.02

DESOTO SCHOOL

88.24

HEALTH UNIT TAX

1.53

JC DEV DISABILITIES

1.92

JEFFERSON COLLEGE

6.94

MENTAL HEALTH TAX

1.92

PARK TAX

0.57

ROAD & BRIDGE TAX

4.31

STATE TAX

0.61

VALLE AMBULANCE

9.17

** DATE PAID 12/28/2015 **

TOTAL TAXES

130.54

TOTAL PAID

130.54

RET



County of Jefferson

State of Missouri

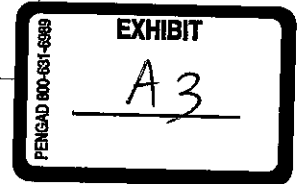
Administration Center
729 Maple Street · PO Box 100
Hillsboro, Missouri 63050

RECEIVED

NOV 02 2016

Ken Waller

County Executive



DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcomo.org

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

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

CRESCENT PLUMBING SUPPLY
640 ROSEDALE AVE
ST LOUIS MO 63112

9/27/2016

Attn: JOSEPH ROBKOFF

Your company was awarded a bid for "MAINTENANCE MATERIALS AND SUPPLIES" 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 an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from **November 23, 2016 through November 22, 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.

Joseph D. Robkoff VP
Printed Name of Authorizing Agent

[Signature]
Signature

10/26/16
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,

[Signature]

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:

Company Name

County of Jefferson, State of Missouri

Signature

Kenneth B. Waller
Kenneth B. Waller County Executive

Print

Company Address: _____

Phone: _____

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, MISSOURI

PAID

2015 PERSONAL PROPERTY

ACCT # 120530
VALUE 6,910
TAX RT 6.485500

CRESCENT SUPPLY INC
640 ROSEDALE AVE
ST LOUIS, MO 63112

<u>TAX DISTRICT</u>	<u>TAX</u>
CITY OF HERCULANEUM	51.53
COUNTY TAX	0.06
DUNKLIN SCHOOL	327.96
FESTUS SPECIAL	12.67
HEALTH UNIT TAX	5.19
JC DEV DISABILITIES	6.49
JEFFERSON COLLEGE	23.51
JOACHIM-PLATTIN AMB	10.24
MENTAL HEALTH TAX	6.49
PARK TAX	1.93
STATE TAX	2.07
TOTAL TAXES	448.14
TOTAL PAID	448.14

** DATE PAID 12/29/2015 **

000584 2011 GMC 3/4 TON PU	1	5,020
000651 2001 CHEV 3/4 TON PU	1	950
Total Value:		5,970

Z - Business Value	1	940
Total Value:		940

BETH MAHN
COUNTY COLLECTOR
HILLSBORO, MO 63050

Phone: 797-5406 (LOCAL)

JEFFERSON COUNTY, MISSOURI

PAID

----- 2015 REAL ESTATE -----

TW ARA SECT Q BLK PARCEL EXT

10-9.0-30.0-1-001-003.01

PT US SURVEY 2977

ACRES TWN 41 RNG 6

DOCUMENT #

MOSLEY FINANCIAL SERVICES

C/O CRESCENT PLUMBING

640 ROSEDALE AVE

ST LOUIS. MO 63112

VALUE

0 RESI

0 AGRI

155,500 COMM

155,500 TOTL

TAX RT 6.485500

BOOK

PAGE

2015 REAL ESTATE

TAX DISTRICT

CITY OF HERCULANEUM

COUNTY TAX

DUNKLIN SCHOOL

FESTUS SPECIAL

HEALTH UNIT TAX

JC DEV DISABILITIES

JEFFERSON COLLEGE

JOACHIM-PLATTIN AMB

MENTAL HEALTH TAX

MERCHANT SUR TAX

PARK TAX

STATE TAX

TAX

1,159.56

1.40

7,380.34

285.19

116.78

146.01

529.01

230.45

146.01

373.20

43.54

46.65

TOTAL TAXES

10,458.14

TOTAL PAID

10,458.14

**** DATE PAID 12/29/2015 ****

BETH MAHN
COUNTY COLLECTOR
HILLSBORO, MO 63050

Phone: 797-5406 (LOCAL)



CERTIFICATE OF LIABILITY INSURANCE

CRESPLU-01

KNIGJUL

DATE (MM/DD/YYYY)

10/26/2016

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 Missouri General Insurance Agency The Crump Group 1227 Fern Ridge Parkway Saint Louis, MO 63141	CONTACT NAME: PHONE (A/C, No, Ext): (314) 432-6464 FAX (A/C, No): (314) 993-2837 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Casualty Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Crescent Plumbing Supply Co. Joe Rotskoff 640 Rosedale St. Louis, MO 63112	NAIC # 28665

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ECP 0348521	09/01/2016	09/01/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ECP 0348521	09/01/2016	09/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ECP 0348521	09/01/2016	09/01/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER 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)

Certificate Holder Note:

Jefferson County MO is listed as additional insured as respects General Liability coverage.

CERTIFICATE HOLDER**CANCELLATION**

Jefferson County
P.O. Box 100
729 Maple Street
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

James W. Baxendale



County of Jefferson

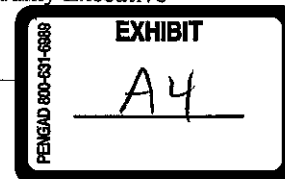
State of Missouri
Administration Center
729 Maple Street · PO Box 100
Hillsboro, Missouri 63050

RECEIVED

OCT 24 2016

Ken Waller

County Executive



DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcomo.org

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

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

HOPSON LUMBER CO.
918 S MAIN ST
DESOTO MO 63020

9/27/2016

Attn: STOKES WISCHMEIER

Your company was awarded a bid for "MAINTENANCE MATERIALS AND SUPPLIES" 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 an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from **November 23, 2016 through November 22, 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.

Stokely R. Wischmeier
Printed Name of Authorizing Agent

Stokely R. Wischmeier
Signature

10/12/2016
Date

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

Respectfully,

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

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

Hopson Lumber Co.
Company Name

County of Jefferson, State of Missouri

Stokely R. Wischmeier
Signature
Stokely R. Wischmeier
Print

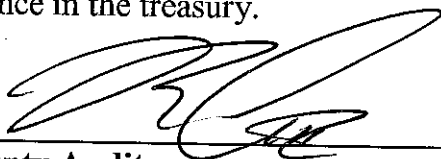
Kenneth B. Waller
Kenneth B. Waller County Executive

Company Address: _____

918 South Main St
DeSoto, MO 63020

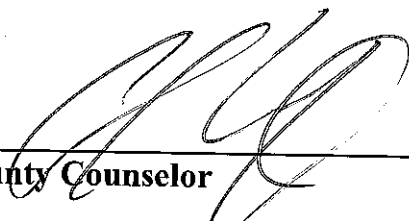
Phone: 636-586-3311

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



HOPSLUM-01

MRITCHIE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2015

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 Member Insurance Agency, Inc. 800 Hart Road Suite 200 Barrington, IL 60010	CONTACT NAME:	FAX (A/C, No): (847) 277-2600	
	PHONE (A/C, No, Ext): (800) 323-0131		
INSURED Hopson Lumber Company 918 S. Main Street De Soto, MO 63020	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Hartford Insurance Co of the Midwest		37478
	INSURER B: Property & Casualty Ins Co of Hartford		34690
	INSURER C: Hartford Casualty Insurance Company		29424
	INSURER D: Trumbull Insurance Company		27120
	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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		83UUNSY0563	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		83UUNSY0563	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		83RHUSY0563	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 2,000,000
						AGGREGATE \$ 2,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	83WBSY0563	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

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
729 Maple Street
Hillsboro, MO 63050

© 1988-2014 ACORD CORPORATION. All rights reserved.

JEFFERSON COUNTY MISSOURI

Online Property Inquiry

Information for Account 013442, Tax Year 2015

Property 1 of 2 See All

Next >>

Last >|

Account Information

Tax Year 2015	Return Status Completed	Date Returned 01/15/2015
Tax Code 73VADS - 73VADS	City DESDO	Account Type BUSINESS
Owner Name and Address HOPSON LUMBER CO 918 SOUTH MAIN DESDO, MO 63020	Tax Rate 6.3991	Total Tax \$1,249.10
Site Address	Mailing Name and Address	

Item Information

Item	Quantity	Assessed Value	Tax Amount
2002 GMC 3/4 TON PU	1	1,100	\$70.39
1992 FORD FB 26LBS 2AX	1	120	\$7.68
2012 UTIL TRLR 12	1	250	\$16.00
2007 CHEV 3/4 TON PU	1	1,940	\$124.14
2000 FORD FB 18LBS	1	1,150	\$73.59
2005 FORD FB 26LBS 2AX	1	2,440	\$156.14
2012 CHEV TAHOE 4WD	1	8,610	\$550.96
1995 FORD FB 26LBS 2AX	1	120	\$7.68
Z - Business Value	1	3,010	\$192.61
1998 FORD FB 26LBS 2AX	1	780	\$49.91
Total		19,520	\$1,249.10

Payment History

Tax Year	Total Due	Total Paid
2015	\$1,249.10	\$1,249.10
2014	\$1,475.38	\$1,475.38
2013	\$1,651.65	\$1,651.65
2012	\$1,469.94	\$1,469.94
2011	\$0.00	\$0.00
2010	\$1,841.93	\$1,841.93
2009	\$1,942.15	\$1,942.15
2008	\$2,357.75	\$2,357.75

I Want To...

Start a New Search
Go to the Assessor Website
Go to the Collector Website
Go to the County Website

View:

Billing & Collection
Payment History
Taxing Bodies

Print:

Full Report
Parcel Information Sheet

Shop:

Pay Taxes
View Cart (empty)

JEFFERSON COUNTY MISSOURI

Online Property Inquiry

Information for Parcel 24-1.2-02.1-2-011-001., Tax Year 2015 Payable December 31, 2015

Property Information		
Tax Year 2015	Class Commercial	Images/Sketches No Images found.
Tax Code 73VADS - 73VADS	Land Use P-Lumberyard / Building Supply	
Owner Name and Address HOPSON LUMBER COMPANY 918 S MAIN ST DE SOTO, MO 63020	Mailing Name and Address HOPSON LUMBER COMPANY 918 S MAIN ST DE SOTO, MO 63020	
Site Address 800 S MAIN ST DE SOTO, MO 63020	Legal Description OLD TOWN LOTS 1,2,3,4,5,6,7,8,9,10,11, 12 BLOCK 38	Mapped Acres 0.8600
Assessed Value 43,700	Tax Rate 6.6391	Total Tax \$2,901.28

Payment History		
Tax Year	Total Due	Total Paid
2015	\$2,901.28	\$2,901.28
2014	\$2,930.92	\$2,930.92
2013	\$2,914.31	\$2,914.31
2012	\$2,822.79	\$2,822.79
2011	\$2,818.58	\$2,818.58
2010	\$2,795.91	\$2,795.91
2009	\$2,795.34	\$2,795.34
2008	\$2,778.90	\$2,778.90
2007	\$2,714.25	\$2,714.25
2006	\$2,637.33	\$2,637.33

I Want To...

- Start a New Search
- Go to the Assessor Website
- Go to the Collector Website
- Go to the County Website

View:

- Billing & Collection
- Payment History
- Legal Description
- Names
- Site Addresses
- Taxing Bodies
- Tax Receipt

CAMA

Print:

- Full Report
- Parcel Information Sheet

Shop:

- Pay Taxes
- View Cart (empty)



WSC

110 200

JEFFERSON COUNTY MISSOURI

Online Property Inquiry

Information for Parcel 24-1.2-02.1-2-016-004., Tax Year 2015 Payable December 31, 2015

Property Information		
Tax Year 2015	Class Commercial	Images/Sketches No images found.
Tax Code 73VADS - 73VADS	Land Use P-Lumberyard / Building Supply	
Owner Name and Address HOPSON LUMBER COMPANY 918 S MAIN ST DESOTO, MO 63020	Mailing Name and Address HOPSON LUMBER COMPANY 918 S MAIN ST DESOTO, MO 63020	
Site Address 904 S MAIN ST DE SOTO, MO 63020	Legal Description OLD TOWN LOTS 9,10,11 & N1/2 LOT 8 BLOCK 37	Mapped Acres 0.2900
Assessed Value 12,500	Tax Rate 6.6391	Total Tax \$829.91

Payment History			
Tax Year	Total Due	Total Paid	
2015	\$829.91	\$829.91	\$829.91
2014	\$847.00	\$847.00	\$847.00
2013	\$842.20	\$842.20	\$842.20
2012	\$815.76	\$815.76	\$815.76
2011	\$814.56	\$814.56	\$814.56
2010	\$808.01	\$808.01	\$808.01
2009	\$807.85	\$807.85	\$807.85
2008	\$803.06	\$803.06	\$803.06
2007	\$784.39	\$784.39	\$784.39
2006	\$804.61	\$804.61	\$804.61

I Want To...

- Start a New Search
- Go to the Assessor Website
- Go to the Collector Website
- Go to the County Website

View:

- Billing & Collection
- Payment History
- Legal Description
- Names
- Site Addresses
- Taxing Bodies
- Tax Receipt
- CAMA

Print:

- Full Report
- Parcel Information Sheet

Shop:

- Pay Taxes
- View Cart (empty)



County of Jefferson

State of Missouri

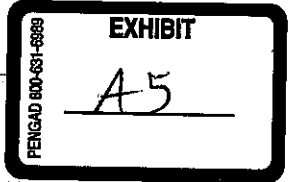
Administration Center
729 Maple Street · PO Box 100
Hillsboro, Missouri 63050

RECEIVED

OCT 19 2016

Ken Waller

County Executive



DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcomo.org

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

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

BRAUER SUPPLY COMPANY
1218 SO. VANDEVENTER AVE.
ST LOUIS MO 63110

9/27/2016

Attn: TERI CHASTAIN

Your company was awarded a bid for "MAINTENANCE MATERIALS AND SUPPLIES" 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 an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from **November 23, 2016 through November 22, 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.

Teri Chastain
Printed Name of Authorizing Agent

Teri Chastain
Signature

10-14-16
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
Vickie S. Pratt
Department of Administrative Services

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

Brauer Supply Company
Company Name

County of Jefferson, State of Missouri

Jeri Chastain
Signature
Jeri Chastain
Print

Kenneth B. Waller
Kenneth B. Waller County Executive

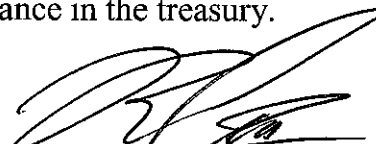
Company Address: _____

1218 So. Vandeventer Ave

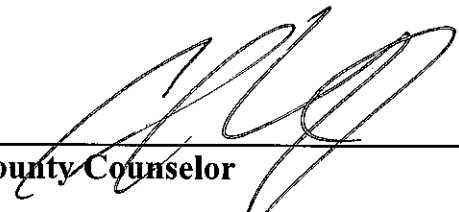
St. Louis, Mo 63110

Phone: 314-534-7150

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



BRAUSUP-01

KGIBBS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/5/2016

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 Charles L. Crane Agency Co. Charles L. Crane Agency 500 Chesterfield Ctr, Ste 200 Chesterfield, MO 63017		CONTACT NAME: PHONE (A/C, No, Ext): (314) 241-8700 FAX (A/C, No): (314) 444-4970 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Amerisure Mutual Insurance Company	
		NAIC # 23396	
INSURED Brauer Supply Company Jim Truesdell 1218 S. Vandeventer Ave. St. Louis, MO 63110		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPP2088881	09/01/2016	09/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 EMPLOYEE BENEFIT \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA20888800201	09/01/2016	09/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CU20888820202	09/01/2016	09/01/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			WC209264302	09/01/2016	09/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

CERTIFICATE HOLDER

CANCELLATION

Jefferson County Department of Administrative Services 729 Maple St PO 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 
--	--

© 1988-2014 ACORD CORPORATION. All rights reserved.

PAID

2015 PERSONAL PROPERTY

ACCT # 0M5602
VALUE 450
TAX RT 5.618400

BRAUER SUPPLY CO
1218 S VANDEVENTER AVE
ST LOUIS, MO 63110

<u>TAX DISTRICT</u>	<u>TAX</u>
HEALTH UNIT TAX	0.34
JC DEV DISABILITIES	0.42
JEFFERSON COLLEGE	1.53
JEFFERSON SCHOOL	20.68
JOACHIM-PLATTIN AMB	0.67
MENTAL HEALTH TAX	0.42
PARK TAX	0.13
ROAD & BRIDGE TAX	0.95
STATE TAX	0.14
TOTAL TAXES	25.28
TOTAL PAID	25.28

** DATE PAID 12/30/2015 **

Z - Business Value 1 450
Total Value: 450

BETH MAHN
COUNTY COLLECTOR
HILLSBORO, MO 63050

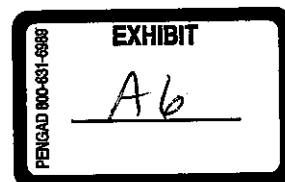
Phone: 797-5406 (LOCAL)



County of Jefferson

State of Missouri

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



Ken Waller

County Executive

RECEIVED

OCT 05 2016

DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcomo.org

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

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

ATLAS SUPPLY CO.
3820 DR.M. L. KING DR
ST LOUIS MO 63113

9/27/2016

Attn: NICHOLAS HUMMEL

Your company was awarded a bid for **"MAINTENANCE MATERIALS AND SUPPLIES"** 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 an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from **November 23, 2016 through November 22, 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.

Nicholas Hummel
Printed Name of Authorizing Agent

Nicholas Hummel
Signature

9/29/2016
Date

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

Respectfully,

Vickie S Pratt
Vickie S. Pratt
Department of Administrative Services

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

Atlas Supply Co.
Company Name

County of Jefferson, State of Missouri

Nicholas Hummel
Signature
Nicholas Hummel
Print

Kenneth B. Waller
Kenneth B. Waller County Executive

Company Address: _____

3820 Dr. M.L. King Drive
St. Louis, Mo. 63113

Phone: 314-533-1500

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

[Signature]
County Auditor

APPROVED AS TO FORM

[Signature]
County Counselor



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2016

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 The Cornerstone Insurance Group, LLC 721 Emerson Road, Ste. 500 P.O. Box 419151 St Louis MO 63141	CONTACT NAME: Jessica Foster PHONE (314) 373-2960 FAX (314) 373-2961 E-MAIL: jessief@cornerstoneinsurancegroup.com ADDRESS: jessief@cornerstoneinsurancegroup.com
INSURED Atlas Supply Company, Inc. 3820 Martin Luther King Dr. St. Louis MO 63113	INSURER(S) AFFORDING COVERAGE INSURER A: Chubb & Sons - Great Northern - A++ INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 2016-2017

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		3600-10-01	1/31/2016	1/31/2017	EACH OCCURRENCE \$ 1,000,000 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 Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		7358-30-33	1/31/2016	1/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		7989-15-08	1/31/2016	1/31/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

CERTIFICATE HOLDER

CANCELLATION

County of Jefferson, Missouri
PO 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

Cody Wilson/JESS

J. Cody Wilson /



09/30/2016

County of Jefferson, Missouri
PO Box 100
Hillsboro, MO 63050
RE: Real and/or personal property

To Whom It May Concern:

Atlas Supply Co., Inc. does not own real or personal property in Jefferson County, Missouri.

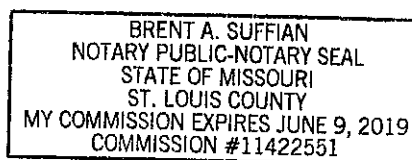
Please contact me at the number below with any questions.

Thank you,

A handwritten signature in black ink, appearing to read "Jennie Malott".

Jennie Malott
Accounting & Office Manager

A handwritten signature in black ink, appearing to read "Brent A. Suffian".





County of Jefferson

State of Missouri

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

RECEIVED
OCT 29 2016

Ken Waller

County Executive

DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffco.mo.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

PEMGAD 900-681-6889

EXHIBIT

A7

THE SHERWIN WILLIAMS COMPANY
506 BAILEY RD
CRYSTAL CITY MO 63019

9/27/2016

Attn: KEVIN J. MCCOY

Your company was awarded a bid for "MAINTENANCE MATERIALS AND SUPPLIES" 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 an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from November 23, 2016 through November 22, 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.

CHAIL MACRAY
Printed Name of Authorizing Agent

[Signature]
Signature

Oct 12, 2016
Date

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

Respectfully,

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

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this
12th day of October 2016:

The Sherwin-Williams Co County of Jefferson, State of Missouri
Company Name

Emile Mackey
Signature
Emile Mackey
Print

Kenneth B. Waller
Kenneth B. Waller County Executive

Company Address: 506 Bailey Rd
Crystal City, Mo 63019

Phone: (636) 931-0766

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

[Signature]
County Auditor

APPROVED AS TO FORM

[Signature]
County Counselor

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that The Sherwin-Williams Company (the "Company"), an Ohio corporation with its corporate headquarters located at 101 W. Prospect Avenue, Cleveland, Ohio 44115, hereby grants to each of Michael J. May and Craig Mackay, a limited power of attorney to sign on behalf of this Company, The Americas Group, any papers or documents in the nature of bids, contracts or bonds relating to the purchase or sale of paint and coatings, or other supplies, goods or services, by any individual, corporation, partnership or other legal entity, or by any federal, state, county or municipal or other governmental body, domestic or foreign, and any agency or instrumentality thereof, not exceeding Five Hundred Thousand United States Dollars (U.S. \$500,000) for each individual bid, contract or bond. The limited power of attorney granted herein shall expire and terminate on December 31, 2017.

IN WITNESS WHEREOF, the Company has caused this Limited Power of Attorney to be executed this 3 day of January, 2016.

The Sherwin-Williams Company

By: [Signature]
Sean P. Hennessy, Senior Vice President -
Finance and Chief Financial Officer

STATE OF OHIO)
) ss:
COUNTY OF CUYAHOGA)

I, Irene Holifield, a Notary Public in and for the aforesaid County and State, hereby certify that Sean P. Hennessy, Chief Financial Officer of The Sherwin-Williams Company, known to me to be the same person whose name is subscribed to the above instrument as Senior Vice President - Finance and Chief Financial Officer, appeared before me this day in person and acknowledged that he signed and delivered the said instrument as his free and voluntary act and as the free and voluntary act of said corporation, for the purposes therein set forth.

Sworn to and subscribed in my presence this 3 day of January, 2016.

My Commission Expires:

[Signature]
(Notary Public)

IRENE HOLIFIELD
Notary Public - State of Ohio
My Commission Expires Dec. 25, 2019



SHERWIN-WILLIAMS.

EVIDENCE OF LIABILITY INSURANCE

DATE: 04/28/15

PRODUCER

Hylant Group - Cleveland
6000 Freedom Square Drive, Suite 400
Cleveland, OH 44131
Phone: 216-447-1050, Fax: 216-447-4088

THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC#

INSURED

The Sherwin-Williams Company and its Listed Subsidiaries and Businesses
101 W. Prospect Ave.
Cleveland, OH 44115

INSURER A: ACE American Insurance Company

22667

INSURER B: Indemnity Insurance Co. of North America

43575

INSURER C: Qualified Self-Insurance

INSURER D: ACE Fire Underwriters

20702

COVERAGES

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 Evidence of Insurance 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.

INSTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY Occurrence Form General Aggregate Limit Applies Per Policy PRODUCTS COMPLETED OPERATIONS Occurrence Form Products Completed Operations Aggregate Applies Per Policy	HDO G27394164	05/01/15	05/01/17	EACH OCCURENCE	\$2,000,000
		HDO G27394176	05/01/15	05/01/17	DAMAGE TO RENTED PREMISES (Each Occurrence)	\$2,000,000
					PERSONAL & ADV INJURY	\$2,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS COMPL OPS EACH OCCURENCE	\$2,000,000
					PRODUCTS/COMP. OPS. AGGREGATE	\$2,000,000
A	AUTOMOBILE LIABILITY All Owned, Non-Owned and Hired Autos	ISA H08857453	05/01/15	05/01/17	COMBINED SINGLE LIMIT (Each Accident)	\$2,000,000
B A D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLR C48151905 - AOS WLR C48151917 - AZ SCF C48151929 - WI	05/01/15	05/01/16	X WC-STATUTORY LIMITS	
					BI BY ACCIDENT - EACH ACCIDENT	\$2,000,000
					BI BY DISEASE - POLICY LIMIT	\$2,000,000
					BI BY DISEASE - EACH EMPLOYEE	\$2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	SELF-INSURED STATES: AL, AR, CA, FL, GA, IL, IN, KS, KY, LA, MD, MA, MI, MO, NJ, NY, NC, NV, OH, PA, SC, TN, TX, VA	05/01/15	05/01/16	X WC-STATUTORY LIMITS	
					BI BY ACCIDENT - EACH ACCIDENT	\$2,000,000
					BI BY DISEASE - POLICY LIMIT	\$2,000,000
					BI BY DISEASE - EACH EMPLOYEE	\$2,000,000
A	EXCESS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCU C48151930	05/01/15	05/01/16	X WC-STATUTORY SPECIFIC LIMIT	
					EMPLOYERS LIABILITY	\$2,000,000

DESCRIPTION OF OPERATIONS

As respects to General Liability, Product Liability and Automobile Liability policies listed above, you are included as an Additional Insured, only if such provision is required by a duly executed written contract between you and the Named Insured and/or any wholly subsidiary or business of the Named Insured, but only with respect to specific operations of the Named Insured covered by such contract.

DISCLAIMER

This Evidence of Insurance does not constitute or create a contract between the issuing insurer(s), authorized representative or producer and anyone viewing the Evidence of Insurance. This Evidence of Insurance does not affirmatively or negatively amend, alter or extend the coverage afforded by the policies listed thereon.

HOLDER

NOTEPAD

Named Insureds

Subsidiaries

165 Kirkwood Road Corp.
Color Wheel Holdings, Inc.
Color Wheel Paints & Coatings, Inc.
Comex Environmental Group, Inc.
Comex IP, Inc.
Comex North American, Inc.
Comex USA, Inc.
Contract Transportation Systems Co.
CTS National Corporation
Duckback Acquisition Corp.
Duckback Holdings, Inc.
Frazee Franchise Corp.
Frazee Franchise Holdings, Inc.
Frazee Industries Holdings, Inc.
Frazee Industries, Inc.
General Paint, Inc.
Geocel Corporation
Kwal-Howells Holdings, Inc.
Kwal-Howells, Inc.
Life Shield Engineered Systems LLC
Omega Specialty Products & Services LLC Parker Paint Mfg.
Co., Inc.
Parker Paint Mfg. Holdings, Inc.
Purdy International Corporation
Sherwin-Williams International Holdings LLC
Sherwin-Williams Leasing, Inc.
Sherwin-Williams Ohio LLC
Sherwin-Williams Realty Holdings, Inc. Sherwin-Williams
Russia LLC
SMC Acquisition Corp.
Sophir Morris Holdings, Inc.
Stellar Acquisition Corp.
Stellar Holdings, Inc.
SWACE LLC
SWC Acquisition Corp.
SWIMC, Inc.
The Sherwin-Williams Acceptance Corporation The
Sherwin-Williams Women's Club

Trade Names

Accurate Dispersions Acme Quality Paints Baltimore Paint
Group Bestt Liebco
Brod-Dugan Company
C Transportation Systems Co. C Transportation Systems, Inc.
CBD Group
CBD Group Inc. CTE Meetings
CTS Transportation Colorado Car Colors Columbia Paint &
Coatings Conco Paints
Con-Lux Coatings Consumer Brands Div. Contract Systems
Co. Cover the Earth Media Cover the Earth Meetings Cuprino! Group
Custom Aerosols
Custom Paint Products Group Deshler Products
Diversified Brands Dobco
Dupli-Color Canada Division Dupli-Color Products
Duracoat Powder Manufacturing Duron
Duron Paint & Wallcoverings Dutch Boy
Dutch Boy Group Dutch Boy Paints Fabulon Products
Fabulon Wood and Floor Finishes Flex Bon Paints
Formby's
General Polymers
H&C Concrete Coatings H&C Concrete Stain H&C Products
Group Homeline Products Group Illinois Bronze Independent
Dealer Group
Kool Seal
Krylon Products Group Landmark Office Towers
Landmark Office Towers Management
M.A.B. Paints
M.A.B. Paints, Inc.
M.L. Campbell
Martin-Senour Company Martin-Senour Paints Mautz Paints Mercury
Paints Minwax
Minwax Company Minwax, Wood Care Group
Moly-White Pigments Group National Aerosol Products
Company Norfolk Paint Company
Old Quaker Paint
Paint City Auto Supplies Paint-Safe
PQ Products Group Pratt & Lambert
Pratt & Lambert Company
Pratt & Lambert Industrial Maintenance Pratt & Lambert Paints
Pratt & Lambert United Pro Line Paint
Purdy
Purdy Brushes Ress Realty
Ress Realty Company Rogers Paint Rubberset Company
Sherwin-Williams Automotive Finishes Sherwin-Williams Diversified
Brands Sherwin-Williams Stores Group, Canada Sprayon Products
The Design Fair The Interiors Guild
The Terminal Garage Company The Thompson Minwax Company The
Thompson's Company Uniflex Coatings
United Coatings United Paint

JEFFERSON COUNTY, MISSOURI

PAID

2015 PERSONAL PROPERTY

ACCT # 047570
VALUE 11,510
TAX RT 6.711300

SHERWIN WILLIAMS COMPANY 3144
PO BOX 6027
CLEVELAND, OH 44101

<u>TAX DISTRICT</u>	<u>TAX</u>
COUNTY TAX	0.10
FOX SCHOOL	538.30
HEALTH UNIT TAX	8.64
JC DEV DISABILITIES	10.81
JEFFERSON COLLEGE	39.16
LIBRARY / C1 & C6	20.30
MENTAL HEALTH TAX	10.81
PARK TAX	3.22
ROAD & BRIDGE TAX	24.34
ROCK AMBULANCE	24.02
ROCK COMM FIRE	89.32
STATE TAX	3.45

** DATE PAID 12/11/2015 **

TOTAL TAXES 772.47

TOTAL PAID 772.47

2 - Business Value 1 11,510
Total Value: 11,510

BETH MAHN
COUNTY COLLECTOR
HILLSBORO, MO 63050

Phone: 797-5406 (LOCAL)



County of Jefferson

State of Missouri

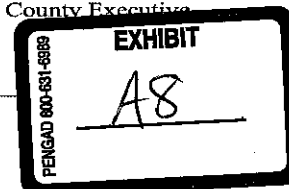
Administration Center
729 Maple Street · PO Box 100
Hillsboro, Missouri 63050

RECEIVED

OCT 17 2016

Ken Waller

County Executive



DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcomo.org

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

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

VOSS LIGHTING
1840 FENPARK DR
FENTON MO 63026

9/27/2016

Attn: JOSH AKSAMIT

Your company was awarded a bid for "MAINTENANCE MATERIALS AND SUPPLIES" 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 an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from **November 23, 2016 through November 22, 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.

Steven Crockett
Printed Name of Authorizing Agent

[Signature]
Signature

10/13/16
Date

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

Respectfully,

Vickie S. Pratt

Vickie S. Pratt
Department of Administrative Services

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

Voss lighting
Company Name

County of Jefferson, State of Missouri

[Signature]
Signature
Steven Crockett
Print

Kenneth B. Waller
Kenneth B. Waller County Executive

Company Address: _____

1840 Fairbank Dr
Fenton, MO 63026

Phone: (636) 660-0088

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

[Signature]
County Auditor

APPROVED AS TO FORM

[Signature]
County Counselor



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/13/2016

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
Union Agency, Inc.
4719 Prescott Avenue
Lincoln NE 68506

CONTACT NAME:
PHONE (A/C, No, Ext): 402-483-4527 **FAX (A/C, No):** 402-483-0075
E-MAIL ADDRESS: dawn.hanson@unionagency.com

INSURED
Voss Electric Co.
dba Voss Lighting
P. O. Box 22159
Lincoln NE 68542

VOSSE-1

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: National Union Fire Ins Co	19445
INSURER B: Liberty Insurance Corporation	42404
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 983912576

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GL 5180260	3/1/2016	3/1/2017	EACH OCCURRENCE \$1,000,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA 2961690	3/1/2016	3/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000		EUO(16)56161019	3/1/2016	3/1/2017	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	WC 012016025	3/1/2016	3/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

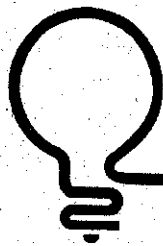
CERTIFICATE HOLDER

Jefferson County Courthouse
PO Box 100
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

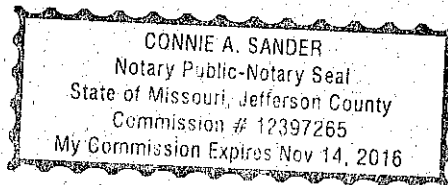


Voss Lighting

Specialists in Lighting Since 1939

1840 Fenpark Dr.
Fenton, MO 63026
(636)-660-0088 office
(636)-660-0086 fax
www.vosslighting.com

Voss lighting does not own any real or personal property in Jefferson County.



Connie A. Sander
Notary Public



PHILIPS

1



Divisions of Philips Electronics North American Corporation.



County of Jefferson

State of Missouri

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

RECEIVED

OCT 11 2016

Ken Waller

County Executive



DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcommo.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

PLUMMASTER, INC.
PO BOX 850
CONCORDVILLE PA 19331

9/27/2016

Attn: TRACY BROWN

Your company was awarded a bid for "MAINTENANCE MATERIALS AND SUPPLIES" 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 an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from **November 23, 2016 through November 22, 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.

Tracy Brown

Printed Name of Authorizing Agent

10/4/16

Date

[Signature]
Signature

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

Respectfully,

Vickie S Pratt

Vickie S. Pratt

Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this
4th day of October 2016:

Plumbmaster, Inc.
Company Name

County of Jefferson, State of Missouri

Tracy Brown
Signature
Tracy Brown
Print

Kenneth B. Waller
Kenneth B. Waller County Executive

Company Address: _____

P.O. Box 850
Concordville, PA 19331

Phone: 800-422-4489

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

[Signature]
County Auditor

APPROVED AS TO FORM

[Signature]
County Counselor



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/09/2016

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 Marsh USA Inc. 550 South Main Street, Suite 525 Greenville, SC 29601	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:
902282-GAWX-Crime-16-17	INSURER(S) AFFORDING COVERAGE INSURER A : Hartford Fire Insurance Co INSURER B : Sentinel Insurance Company INSURER C : Hartford Casualty Ins Co INSURER D : Twin City Insurance Company INSURER E : N/A INSURER F :
INSURED Professional Plumbing Group, Inc. Wolverine Brass, Inc. PlumbMaster, Inc. 51 Lacrue Avenue P. O. Box 850 Concordville, PA 19331	NAIC # 19682 29424 N/A

COVERAGES

CERTIFICATE NUMBER:

ATL-003764480-16

REVISION NUMBER: 20

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		10UENZE2432	05/31/2016	05/31/2017	EACH OCCURRENCE \$ 1,000,000 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 - COM/PO/ AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		10UENZE2432	05/31/2016	05/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000 <input type="checkbox"/> CLAIMS-MADE			10XHUVN8183	05/31/2016	05/31/2017	EACH OCCURRENCE \$ 123,456,789 AGGREGATE \$ 10,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	10WBAJ6903	05/31/2016	05/31/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

COUNTY OF JEFFERSON IS AN ADDITIONAL INSURED ON THE GENERAL LIABILITY POLICY AS RESPECTS OPERATIONS OF THE NAMED INSURED WHEN REQUIRED BY A WRITTEN CONTRACT.

CERTIFICATE HOLDER

CANCELLATION

County of Jefferson State of Missouri 729 Maple Street 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 of Marsh USA Inc. <i>Shawn A. Hawthorne</i>
---	---

© 1988-2014 ACORD CORPORATION. All rights reserved.



PlumbMaster, Inc.

ATTN: Department of Public Works
County of Jefferson
PO Box 100
Hillsboro, MO 63050-0100

RE: ITB "MAINTENANCE MATERIALS AND SUPPLIES"

Please be advised that Plumbmaster, Inc. does not have any real or personal property in Jefferson County, MO.

Thank you,

Tracy Brown
Bids Coordinator

RECEIVED

OCT 31 2016



County of Jefferson

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

Ken Waller

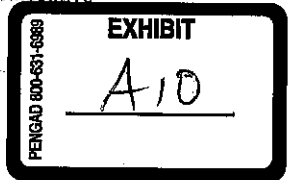
County Executive

DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director
Web Address: www.jeffco.mo.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



BUTLER SUPPLY, INC.
4106 HUNT RD.
FARMINGTON MO 63640

9/27/2016

Attn: BILL BERRY

Your company was awarded a bid for "MAINTENANCE MATERIALS AND SUPPLIES" 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 an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from November 23, 2016 through November 22, 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.

Michael R Porten II
Printed Name of Authorizing Agent

M. R. Porten II
Signature

10-31-16
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

2015 PERSONAL PROPERTY

ACCT # 0A2090
VALUE 480
TAX RT 5.517700

BUTLER SUPPLY INC - CRYSTAL
965 HORAN DRIVE
FENTON, MO 63026

<u>TAX DISTRICT</u>	<u>TAX</u>
CITY OF CRYSTAL	3.76
FESTUS SCHOOL	17.98
FESTUS SPECIAL	0.88
HEALTH UNIT TAX	0.36
JC DEV DISABILITIES	0.45
JEFFERSON COLLEGE	1.63
JOACHIM-PLATTIN AMB	0.71
MENTAL HEALTH TAX	0.45
PARK TAX	0.13
STATE TAX	0.14

** DATE PAID 12/30/2015 **

TOTAL TAXES	26.49
TOTAL PAID	26.49

984965 2007 FB TRLR 12

	1	110
Total Value:		110

Z - Business Value	1	370
Total Value:		370

BETH MAHN
COUNTY COLLECTOR
HILLSBORO, MO 63050

Phone: 797-5406 (LOCAL)



CERTIFICATE OF LIABILITY INSURANCE

BUTLE-1

OP ID: LZ

DATE (MM/DD/YYYY)

10/31/2016

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 Johnson-Ruebsam The Daniel & Henry Company 1001 Highlands Plaza Dr West St. Louis, MO 63110 Johnson-Ruebsam-Preis	CONTACT NAME: Lisa Holliday PHONE (A/C, No, Ext): 314-444-5072 FAX (A/C, No): 314-444-1990 E-MAIL ADDRESS: hollidayl@danielandhenry.com
INSURED Butler Supply, Inc. 965 Horan Dr. Fenton, MO 63026	INSURER(S) AFFORDING COVERAGE INSURER A: Allied Property & Casualty Ins NAIC #: 42579 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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ACP3027485537	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTH-ER 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)

CERTIFICATE HOLDER

CANCELLATION

Jefferson County, Missouri 729 Maple Street PO Box 100 Hillsboro, MO 63050	FJEFFCO 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
---	--