

ORDINANCE NO.: 20-

0256

INTRODUCED BY: COUNCIL MEMBER(S) Hendrickson

**AN ORDINANCE RENEWING THE BID AWARDS FOR CERTAIN
PRODUCTS AND SERVICES FOR CONSTRUCTION EQUIPMENT PARTS &
SUPPLIES 2019, DEPARTMENT OF PUBLIC WORKS.**

WHEREAS, Pursuant to Ordinance 19-0280 Jefferson County, Missouri entered into a Contract, known as the Construction Equipment Parts & Supplies 2019, with Erb Equipment Company, Woody's Municipal, Wm. Nobbe & Co., Luby Equipment Services, and Key Equipment and Supply Co.; and

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

BID NAME

Construction Equipment Parts & Supplies 2019

AWARDED BIDDER

Erb Equipment Company (A1)

Woody's Municipal (A2)

Wm. Nobbe & Co. (A3)

Luby Equipment Services (A4)

Key Equipment and Supply Co. (A5)

FILED

MAY 15 2020

KEN WALLER
COUNTY CLERK, JEFFERSON COUNTY, MD

1

2

3

4

5

6

7

8

9

10

11

15

19

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

Council Member District 1, Brian Haskins

Yes

Council Member District 2, Renee Reuter

Yes

Council Member District 3, Phil Hendrickson

Yes

Council Member District 4, Charles Groeteke

Yes

Council Member District 5, Tracey Perry

Yes

Council Member District 6, Daniel Stallman

Yes

Council Member District 7, James Terry

Yes

THE ABOVE BILL ON THIS 11th DAY OF May, 2020:

✓ **PASSED** **FAILED**

Phil Hendrickson
Phil Hendrickson, County Council Chair


Pat Schlette
Pat Schlette, Council Executive Assistant

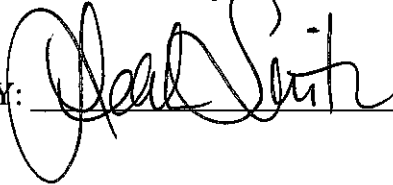
THIS BILL WAS X APPROVED BY THE JEFFERSON COUNTY
EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY,
MISSOURI, THIS 4th DAY OF May, 2020.

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


Dennis J. Gannon, Jefferson County, Missouri, Executive

ATTEST:


Ken Waller, County Clerk

BY: 

Reading Date: 05-11-2020



County of Jefferson

State of Missouri

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

Dennis Gannon

County Executive

DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcomo.org

Kristy Pedroti
Human Resources Manager
(636)797-5071 / Fax (636)797-5596

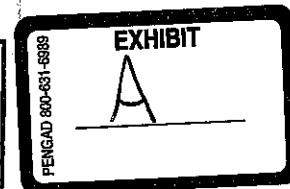
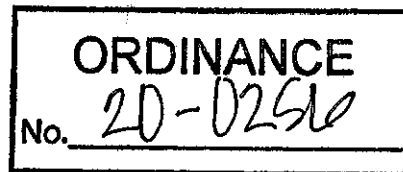
Jackie Talarski
General Services Contracts & Grants Manager
(636)797-5380 / Fax (636)797-5067

ERB EQUIPMENT CO INC
200 ERB IND DR
FENTON MO 63026

March 5, 2020

Attn: GREGG ERB

MAR 09 2020



RECEIVED

MAR 1 2020

Your company was awarded a bid for **"CONSTRUCTION EQUIPMENT PARTS & SUPPLIES 2019"** for the County of Jefferson, Missouri in **May 2019**. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions subject to budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from **May 11, 2020 through May 10, 2021**.

PLEASE INCLUDE THE FOLLOWING ITEMS:

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

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

GREGG R. ERB
Printed Name of Authorizing Agent

Gregg R. Erb
Signature

3/13/2020
Date

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

Respectfully,

Jackie Talarski
Jackie Talarski
Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this 13 day of MARCH 2020:

ERB EQUIPMENT CO. INC County of Jefferson, State of Missouri
Company Name

GREGG R. ERB
Signature
GREGG R. ERB
Print

Dennis J. Gannon
Dennis J. Gannon County Executive

Company Address: _____

200 ERB IND DR.
FENTON, MO. 63026

Phone: 636-349-0200

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

Kristy L. Appert
County Auditor

APPROVED AS TO FORM

[Signature]
County Counselor



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2019

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

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

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55080		CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: FEDERATED SERVICE INSURANCE COMPANY	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 0** **REVISION NUMBER: 1**


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 INSR	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	6119778	01/01/2020	01/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPIOP AGG \$2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	6119778	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION	N	N	6119780	01/01/2020	01/01/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
	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 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)
THIS COPY IS NOT TO BE REPRODUCED FOR ISSUANCE OF CERTIFICATES.

CERTIFICATE HOLDER

CANCELLATION

A CERTIFICATE HAS BEEN FILED WITH EACH OF YOUR CERTIFICATE HOLDERS.	0 1	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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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

PRODUCER
4448 MICHAEL J PINCUS
FEDERATED MUTUAL INSURANCE COMPANY
HOME OFFICE: P.O. BOX 328
OWATONNA, MN 55060

CONTACT
NAME: CLIENT CONTACT CENTER

PHONE
(A/C, No, Ext): 888-333-4949

FAX
(A/C, No): 507-446-4664

E-MAIL
ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: FEDERATED SERVICE INSURANCE COMPANY

28304

INSURED
ERB EQUIPMENT CO., INC.
200 ERB INDUSTRIAL DR
FENTON, MO 63026-4640

203-704-2

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 0

REVISION NUMBER: 1

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 INSR	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:	N	N	6119778	01/01/2020	01/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	6119778	01/01/2020	01/01/2021	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 <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION	N	N	6119780	01/01/2020	01/01/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
	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)
RENEW? (Y/N):

CERTIFICATE HOLDER

CANCELLATION

01

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

Michael G Ken



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/04/2020

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

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

PRODUCER Sentry Insurance 1800 North Point Drive Stevens Point, WI 54481	CONTACT NAME: Sentry Customer Service PHONE (A/C, No, Ext): 800-473-6879 FAX (A/C, No): 800-514-7191 EMAIL ADDRESS: businessproducts_direct@sentry.com
INSURED Erb Equipment CO Inc 200 Erb Industrial Dr Fenton, MO 63026-4640	INSURER(S) AFFORDING COVERAGE INSURER A: Middlesex Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1361596

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 RETENTION \$						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	2555530013	02/01/2020	02/01/2021	X PER STATUTE 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

Erb Equipment CO Inc
200 Erb Industrial Dr
Fenton, MO 63026-4640

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

John Hayland

ACORD 25 (2016/03)

Page 1 of 2

© 1988-2015 ACORD CORPORATION. All rights reserved.

2555530

Middlesex Insurance Company

The ACORD name and logo are registered marks of ACORD

02/04/2020

1 00001 0000000000 20035 0 N

9e5f8e84-f37a-432e-99cf-40d7738e904b

0027020044354342161163026464000



AGENCY CUSTOMER ID: XXXXXX8305

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 2 of 2

AGENCY Sean Odneal		NAMED INSURED Erb Equipment CO Inc	
POLICY NUMBER 2555530013			
CARRIER Middlesex Insurance Company	NAIC CODE 23434	EFFECTIVE DATE: 02/01/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

2019 PERSONAL PROPERTY

<u>TAX DISTRICT</u>	<u>TAX</u>
COUNTY TAX	8.93
HEALTH UNIT TAX	212.98
HIGH RIDGE FIRE	1,871.36
JC DEV DISABILITIES	180.63
JEFFERSON COLLEGE	654.62
LIBRARY / R1	553.39
MENTAL HEALTH TAX	180.63
NORTH JEFFERSON AMB	647.28
NORTHWEST SCHOOL	8,911.64
PARK TAX	53.99
ROAD & BRIDGE TAX	477.17
STATE TAX	59.55

TOTAL TAXES 13,812.17

TOTAL PAID 13,812.17

** DATE PAID 12/09/2019 **

ACCT # 093839
 VALUE 198,490
 TAX RT 6.958600
 ERB EQUIPMENT CO INC
 200 ERB INDUSTRIAL DR
 FENTON, MO 63026

007570	2G4GK5EX0G9112949	2016 BUICK REGAL SEDAN 4D	1	3,930
074432	2NKH7M7X1JM215766	2018 KENWORTH (T300) CAB & CHASSIS 4X	1	7,040
074432	2NKH7M7X3JM215767	2018 KENWORTH (T300) CAB & CHASSIS 4X	1	7,040
079721	1GB4CYC87GF287423	2016 GMC/CHEVY (C3500) CAB & CHASSIS 4	1	6,170
074432	2NKM7H7X55M086688	2005 KENWORTH (T300) CAB & CHASSIS 4X	1	1,240
079721	1GB3CZCZG3CF179271	2012 GMC/CHEVY (C3500) CAB & CHASSIS 4	1	5,030
123006	1FDRF3F68BEA05144	2011 FORD (F350) CAB & CHASSIS 4X4 4X4	1	5,270
074432	2NKM7H7X55M130546	2006 KENWORTH (T300) CAB & CHASSIS 4X	1	1,820
211806	1GBJG31UX41115891	2004 GMC/CHEVY (G31) CAB & CHASSIS VAI	1	1,520
074432	2NKH7M7XXCM33555	2012 KENWORTH (T300) CAB & CHASSIS 4X	1	2,910
676033	1XKDP47X87J204768	2007 KENWORTH (T800) TRACTOR 8X4 8X4	1	3,350
074439	2NKH7M7X7GM113946	2016 KENWORTH (T370) CAB & CHASSIS 4X	1	5,200
211745	1GDE5C1237F415616	2007 GMC/CHEVY (C3500) CAB & CHASSIS	1	2,470
079721	1GB4CZC82DF153551	2013 GMC/CHEVY (C3500) CAB & CHASSIS 4	1	5,470
074432	2NKH7M7X9FM468535	2015 KENWORTH (T300) CAB & CHASSIS 4X	1	4,910
074432	2NKH7M7X7FM468534	2015 KENWORTH (T300) CAB & CHASSIS 4X	1	4,910
079721	1GB4CYC84FF166422	2015 GMC/CHEVY (C3500) CAB & CHASSIS 4	1	7,110
211745	1GDE5C1215F528011	2005 GMC/CHEVY (C3500) CAB & CHASSIS	1	2,030
074432	2NKM7H7X36M130544	2006 KENWORTH (T300) CAB & CHASSIS 4X	1	1,820
676033	1XKDP47X85J087889	2005 KENWORTH (T800) TRACTOR 8X4 8X4	1	1,900
Total Value:				80,840

BETH MAHN
 COUNTY COLLECTOR
 HILLSBORO, MO 63050

Phone: 636-797-5406

2019 PERSONAL PROPERTY

<u>TAX DISTRICT</u>	<u>TAX</u>
COUNTY TAX	8.93
HEALTH UNIT TAX	212.98
HIGH RIDGE FIRE	1,871.36
JC DEV DISABILITIES	180.63
JEFFERSON COLLEGE	654.62
LIBRARY / R1	553.39
MENTAL HEALTH TAX	180.63
NORTH JEFFERSON AMB	647.28
NORTHWEST SCHOOL	8,911.64
PARK TAX	53.99
ROAD & BRIDGE TAX	477.17
STATE TAX	59.55

TOTAL TAXES 13,812.17

TOTAL PAID 13,812.17

** DATE PAID 12/09/2019 **

ACCT # 093839

VALUE 198,490

TAX RT 6.958600

ERB EQUIPMENT CO INC
200 ERB INDUSTRIAL DR
FENTON, MO 63026

893413	1TKJ05339FM105217	2015 LOWBOY UNSP	1	11,850
893413	1TKJ05338EM044523	2014 LOWBOY UNSP	1	10,670
030542	4YMCL1622BM004675	2011 CARGO TRLR UNSP	1	770
008077	1YGUS1416EB106695	2014 UTILITY TRL14FT TRAILER 14FT	1	130
000000	TR112	1953 UTILITY TRLUN TRAILER UNSPECIFIC	1	50
000000	16HGB2025RH023317	1994 UTILITY TRLUN TRAILER UNSPECIFIC	1	50
030541	4YMCL1624BT023928	2011 CARGO TRL20FTENCTA TRL 20FT ENCL	1	1,020
726445	4YMCL1620BM004674	2011 FLATBED TRL20FT TRAILER 20FT	1	200
000000	4001017	1970 CARGO TRL20FTENCTA TRL 20FT ENC	1	100
005618	1TKJ05338DM051808	2013 UTILITY TRLUN TRAILER UNSPECIFIC	1	160
472430	1GNSC4K4HR393609	2017 CHEVROLET TRUCK TAHOE UTILITY 4E	1	10,490
952314	1GCHC24U61E22825	2001 CHEVROLET TRUCK SILVERADO 2500 I	1	680
515918	1GC1KYEG2CF192249	2012 CHEVROLET TRUCK SILVERADO 2500 I	1	7,480
472430	1GNSCAE07DR109126	2013 CHEVROLET TRUCK TAHOE UTILITY 4E	1	5,380
833379	1GCZGTBG7C1165010	2012 CHEVROLET COMMERCIAL MEDIUM DI	1	3,110
515121	1GCPCEA0AZ268107	2010 CHEVROLET TRUCK SILVERADO 1500 I	1	2,170
515940	1GCOUJEG8GZ285010	2016 CHEVROLET TRUCK SILVERADO 2500 I	1	5,740
515940	1GCOUJEG8GZ281433	2016 CHEVROLET TRUCK SILVERADO 2500 I	1	5,740
515914	1GC1KXCG2DF123185	2013 CHEVROLET TRUCK SILVERADO 2500 I	1	7,050
515936	1GCOUJEG8GDF221844	2013 CHEVROLET TRUCK SILVERADO 2500 I	1	4,210
Total Value:				77,050

BETH MAHN
COUNTY COLLECTOR
HILLSBORO, MO 63050

Phone: 636-797-5406

TAXATION DIVISION
PO BOX 3666
JEFFERSON CITY, MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-9268
Fax: 573-522-1265
E-mail: taxclearance@dor.mo.gov

ERB EQUIPMENT CO INC
200 ERB INDUSTRIAL DR
FENTON, MO 63026-4640

DATE: 03/13/2020
VALID THROUGH: 06/15/2020
JEFFERSON COUNTY

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 10793810
Notice Number 2012736117

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales or withholding tax due, including penalties and interest, and does not owe any sales and withholding tax, as of March 12, 2020. This review does not include returns that are not required to be filed as of this date or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION



County of Jefferson

State of Missouri

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

Dennis Gannon

County Executive

DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcomo.org

Kristy Pedroli
Human Resources Manager
(636)797-5071 / Fax (636)797-5596

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

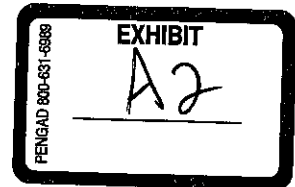
RECEIVED

APR 10 2020

WOODY'S MUNICIPAL SUPPLY CO.
P.O. BOX 432
EDWARDSVILLE IL 62025

March 24, 2020

Attn: STEVE STAHLHUT



Your company was awarded a bid for **"CONSTRUCTION EQUIPMENT PARTS & SUPPLIES 2019"** for the County of Jefferson, Missouri in **May 2019**. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions subject to budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from **May 11, 2020 through May 10, 2021**.

PLEASE INCLUDE THE FOLLOWING ITEMS:

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

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

Steve Stahlhut
Printed Name of Authorizing Agent

[Signature]
Signature

3/31/20
Date

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

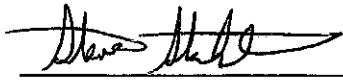
Respectfully,

Jackie Talariski
Jackie Talariski
Department of Administrative Services

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

Woody's Municipal
Company Name

County of Jefferson, State of Missouri


Signature
Steve Stahlhut
Print



Dennis J. Gannon County Executive

Company Address: _____

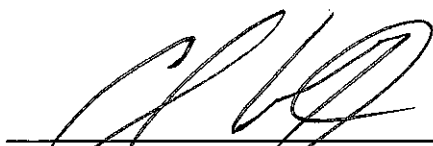
3979 Blackburn Road
Edwardsville IL 62025

Phone: 618-656-5464

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


County Auditor

APPROVED AS TO FORM


County Counselor



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/20/2020

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

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

PRODUCER Sentry Insurance 1800 North Point Drive Stevens Point, WI 54481	CONTACT NAME: Sentry Customer Service PHONE (A/C, No, Ext): 800-473-6879 FAX (A/C, No): 800-514-7191 EMAIL: businessproducts_direct@sentry.com ADDRESS: businessproducts_direct@sentry.com
INSURED Woody's Municipal Supply Co 3979 Blackburn Rd PO Box 432 Edwardsville, IL 62025-0432	INSURER(S) AFFORDING COVERAGE INSURER A: Sentry Select Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 21180

COVERAGES

CERTIFICATE NUMBER: 1826811

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 INSR	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:			4965826003	09/30/2019	09/30/2020	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,500,000 PRODUCTS - COMP/OP AGG \$ 1,500,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			4965826004	09/30/2019	09/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			4965826005	09/30/2019	09/30/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000
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 type="checkbox"/> N / A		4965826006	09/30/2019	09/30/2020	<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

Nick Ladwig
3979 Blackburn Rd
PO Box 432
Edwardsville, IL 62025-0432

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

John Heyland

Affidavit Stating that the applicant does not own any real or
personal property in Jefferson County, MO.

Woody's Municipal Supply Co. does not own any real or personal property in
Jefferson County, MO

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that
false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Nick Ladwig

Authorized Representative's

Nick Ladwig

Signature Printed Name

President

3-31-20

Title

Date

Subscribed and sworn to before me this 31 of MARCH 2020. I am

(DAY)

(MONTH, YEAR)

commissioned as a notary public within the County of MADISON, State of

(NAME OF COUNTY)

ILLINOIS and my commission expires on 10-07-21.

(NAME OF STATE)

(DATE)

Russell L. Riebald

3-31-2020

Signature of Notary

Date





County of Jefferson

State of Missouri

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

Dennis Gannon

County Executive

DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcom.org

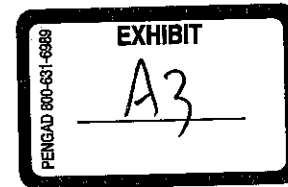
Kristy Bedroff
Human Resources Manager
(636) 797-5021 Fax (636) 797-5596

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

~~WM NOBBE & CO~~ *Sydenstricker Nobbe Partners*
12615 STATE RD A
STE GENEVIEVE MO 63670

March 5, 2020

Attn: JARI L. VESSELL



Your company was awarded a bid for **"CONSTRUCTION EQUIPMENT PARTS & SUPPLIES 2019"** for the County of Jefferson, Missouri in **May 2019**. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions subject to budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from **May 11, 2020 through May 10, 2021**.

PLEASE INCLUDE THE FOLLOWING ITEMS:

- 9) This executed renewal letter
- 10) Updated insurance certificates
- 11) 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.
- 12) 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.

Jason T. Orr
Printed Name of Authorizing Agent

Jason T. Orr
Signature

3-25-2020
Date

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

Respectfully,

Jackie Talarski
Jackie Talarski
Department of Administrative Services

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

Sydenstricker Noble Partners
Company Name

County of Jefferson, State of Missouri

Signature

Dennis J. Gannon
Dennis J. Gannon County Executive

Print

Company Address: 12615 State

Road A, Ste Genevieve,

Missouri 63670

Phone: (573)883-5703

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

Kristy L. Appell
County Auditor

APPROVED AS TO FORM

[Signature]
County Counselor



**SYDENSTRICKER
NOBBE**

Sydenstricker Nobbe Partners
4803 S Clark Street
Mexico, MO 65265
Phone: (573)-581-5900
www.snpartners.com

March 25, 2020

County of Jefferson
State of Missouri
Administration Center
729 Maple Street
Post Office Box 100
Hillsboro, Missouri 63050

Re: Personal Property in Jefferson County

Dear Jackie,

This letter is to serve as notice that Sydenstricker Nobbe Partners does not own any real or personal property in Jefferson County, Missouri.

If you have any questions please call or write.

Sincerely,

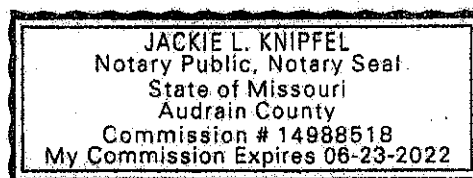
Jason T. Orr, CPA
Chief Financial Officer

State of Missouri

County of Audrain

Subscribed and sworn to before me this 26th day of March

in the year 2020

Notary Public

SAMPLE PARTS CATEGORY

Parts categories bid must be designated by the bidder and should include all types offered. For example, this may include filters, drive train, hydraulic pumps/motors, batteries, ground engaging tools, consumables, and miscellaneous.

CONSTRUCTION EQUIPMENT PARTS - SUPPLIES BID BID ONE

DISCOUNT FOR ITEMS LISTED

Bidder shall complete spaces provided for parts bid and percentage discount from specified price list.

BID ONE DISCOUNT FOR ITEMS LISTED

MANUFACTURER DISCOUNT BID	PARTS CATEGORY	PRICING SHEET	%
	<u>John Deere Tractors</u>		<u>5% In Stock</u> or <u>Stack order</u> <u>excludes</u> <u>Emergency</u> <u>orders</u>
	<u>TIGER</u>		<u>0</u>
	<u>FLINK</u>		<u>0</u>
	<u>ELGIN SWEEPER</u>	<u>Broom Assembly</u> <u>only</u>	<u>0</u>
	<u>0</u>	% discount on all other parts and supplies.	

picked up at
St. Genevieve
Location

REPAIR SERVICES

Service Call charge to Jefferson County Maintenance Facility
Labor Cost per hour for site repairs

\$ \$95 per Service Call + Drive Time
\$ \$125.00 per Hour

Applicable Labor Cost discount 0 % for in-field repairs and vendor shop repairs.

[Signature]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/26/2019

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

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

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No. Ext): 888-333-4949 FAX (A/C, No): 507-446-4884 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
INSURED SYDENSTRICKER IMPLEMENT CO, SYDENSTRICKER NOBBE PARTNERS PO BOX 487 MACON, MO 63552-0467		INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED SERVICE INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 28304

COVERAGES		CERTIFICATE NUMBER: 29		REVISION NUMBER: 0			
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	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	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 <input type="checkbox"/> OTHER	N	N	6089063	01/01/2020	01/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA accident) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	6089063	01/01/2020	01/01/2021	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"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> DED <input type="checkbox"/> RETENTION	N	N	6089065	01/01/2020	01/01/2021	EACH OCCURRENCE \$15,000,000 AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MN) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	1801251	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 019-106-4 JEFFERSON COUNTY 729 MAPLE ST HILLSBORO, MO 63050-4317	CANCELLATION 29 0 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 <i>Michael G Kern</i>
--	---



County of Jefferson

State of Missouri

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

Dennis Gannon

County Executive

DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: www.jeffcomo.org

Kristy Pedrol
Human Resources Manager
(636)797-5071 / Fax (636)797-5596

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

RECEIVED

APR 23 2020



LUBY EQUIPMENT SERVICES
2300 CASSENS DR
FENTON MO 63026

April 10, 2020

SECOND REQUEST

Attn: SCOTT MORGA

Your company was awarded a bid for **"CONSTRUCTION EQUIPMENT PARTS & SUPPLIES 2019"** for the County of Jefferson, Missouri in **May 2019**. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions subject to budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from **May 11, 2020 through May 10, 2021**.

PLEASE INCLUDE THE FOLLOWING ITEMS:

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

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

R. DALLAS JURGENSEN

Printed Name of Authorizing Agent

[Signature]
Signature

04/16/20
Date

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

Respectfully,

Jackie Talariski
Jackie Talariski

Department of Administrative Services

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

LODY EQUIPMENT SERVICES

Company Name

Signature

R. DOWNS JUCKERSON

Print

County of Jefferson, State of Missouri

Dennis J. Gannon

Dennis J. Gannon County Executive

Company Address: _____

2300 Cass St Dr

FENTON, MO 63024

Phone: 636 343 9970

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

Kristy L. Apoll

County Auditor

APPROVED AS TO FORM

[Signature]

County Counselor



EQUIPMENT SERVICES

2300 CASSENS DRIVE ■ FENTON, MO 63026
636-343-9970 ■ 800-325-3322 ■ FX: 636-343-4811

February 19, 2019

Jefferson County
P O Box 100
Hillsboro, MO 63050

TO WHOM IT MAY CONCERN:

Machine Maintenance Inc., dba Luby Equipment Services does not own any property in Jefferson County and as a result, does not owe any real estate or personal property taxes.

Regards,

R. Douglas Juergensen
VP-COO/CFO

State of Missouri
County of Jefferson

This instrument was acknowledged before me
on 19 day of Feb, 20 19 by _____

Thomas A. Samuelson
Notary Public's Signature
My Commission Expires 10/01/2021



THOMAS A. SAMUELSON
My Commission Expires
October 1, 2021
St. Louis City
Commission #13873677





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/23/2020

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

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

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
INSURED MACHINE MAINTENANCE INC, LUBY EQUIPMENT SERVICES 2300 CASSENS DR FENTON, MO 63026-2503		INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED MUTUAL INSURANCE COMPANY NAIC # 13935 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 415

REVISION NUMBER: 1


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 INSR	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:	N	N	9337154	03/01/2020	03/01/2021	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 - COMPIOP AGG \$2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	9337154	03/01/2020	03/01/2021	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 <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION	N	N	9337155	03/01/2020	03/01/2021	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	9337156	03/01/2020	03/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

FOR NON-PAYMENT OF PREMIUM, 30 DAYS NOTICE WILL BE PROVIDED TO THE CERTIFICATE HOLDER IN THE EVENT THAT THE ISSUING COMPANY CANCELS THE POLICY BEFORE THE EXPIRATION DATE OF THE POLICY.

CERTIFICATE HOLDER**CANCELLATION**

211-158-1 DEPARTMENT OF THE COUNTY CLERK JEFFERSON COUNTY MISSOURI 729 MAPLE ST PO BOX 100 HILLSBORO, MO 63050-0100	415 1 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 
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



County of Jefferson

State of Missouri

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

Dennis Gannon

County Executive

DEPARTMENT OF ADMINISTRATIVE SERVICES

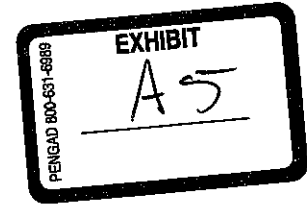
David Courtway - Director

Web Address: www.jeffco.mo.org

Kristy Pedroli
Human Resources Manager
(636)797-5071 / Fax (636)797-5596

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

RECEIVED
APR 15 2020



KEY EQUIPMENT AND SUPPLY CO
13507 NW INDUSTRIAL DR
BRIDGETON MO 63044

April 10, 2020

SECOND REQUEST

Attn: GREGG ERB

Your company was awarded a bid for "CONSTRUCTION EQUIPMENT PARTS & SUPPLIES 2019" for the County of Jefferson, Missouri in May 2019. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions subject to budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from May 11, 2020 through May 10, 2021.

PLEASE INCLUDE THE FOLLOWING ITEMS:

- 17) This executed renewal letter
- 18) Updated insurance certificates
- 19) 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.
- 20) 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.

Craig Frost
Printed Name of Authorizing Agent

[Signature]
Signature

4-15-20
Date

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

Respectfully,

Jackie Talarski
Jackie Talarski
Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this 15 day of April, 2020:

Key Equipment and Supply CO
Company Name

County of Jefferson, State of Missouri

[Signature]
Signature

Dennis J. Gannon County Executive

Gray Frost
Print

Company Address: _____

13507 NW Industrial DR

Bridgeton MO 65044

Phone: 314-298-8330

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



Corporate Office
P.O. Box 2007
Maryland Heights, MO 63043
314-298-8330

Branch Office
P.O. Box 11035
Kansas City, KS 66111
913-371-8260

Branch Office
P.O. Box 692109
Tulsa, OK 74169
405-812-5827



April 15, 2020

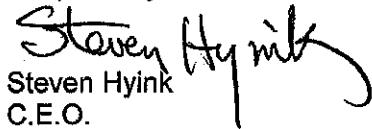
Jackie Talarski
Department of Administrative Services
Jefferson County
729 Maple St.
Hillsboro, MO 63050

Dear Ms. Talarski,

Neither Key Equipment & Supply Co. or it's owners and officers own any real estate or personal property within or in conjunction with Jefferson County, MO.

If any further information is required, I can be reached at (314) 298-8330 ext. 1103 or via email at steve@keyequipment.com

Respectfully submitted,


Steven Hyink
C.E.O.

Subscribed and sworn before me, this 15th
day of April, a Notary Public,
in and for St. Charles County,
State of Missouri.

(Signature)

NOTARY PUBLIC

My Commission expires August, 26, 2022



AIMEE HUFF
My Commission Expires
August 26, 2022
St. Charles County
Commission #14011111

Client#: 1458847

KEYEQU

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2019

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

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

PRODUCER USI Insurance Services LLC 308 North 21st Street Saint Louis, MO 63103-MO 314 436-2399		CONTACT NAME: PHONE (A/C, No, Ext): 314 436-2399 FAX (A/C, No): 314 342-7170 E-MAIL ADDRESS:	
INSURED Key Equipment & Supply Co, Inc. 13507 NW Industrial Dr. Bridgeton, MO 63044		INSURER(S) AFFORDING COVERAGE INSURER A : General Casualty Company of Wisconsin INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 24414	

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 INSR 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:		CC1327095	09/30/2019	09/30/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 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 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		CBA1327095	09/30/2019	09/30/2020	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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		CCU1327095	09/30/2019	09/30/2020	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
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 N	CWC1327095	09/30/2019	09/30/2020	<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
A	Garage Liability		CGP1327095	09/30/2019	09/30/2020	Occ: \$1,000,000 Agg: \$3,000,000

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

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



© 1988-2015 ACORD CORPORATION. All rights reserved.