

BILL NO.: 20-0511

ORDINANCE NO.: 20-0256

INTRODUCED BY: COUNCIL MEMBER(s) Hendrickson

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

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

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

12 **BID NAME**

13 Construction Equipment Parts & Supplies 2019

14 **AWARDED BIDDER**

15 Erb Equipment Company (A1)

16 Woody's Municipal (A2)

17 Wm. Nobbe & Co. (A3)

FILED

18 Luby Equipment Services (A4)

MAY 15 2020

19 Key Equipment and Supply Co. (A5)

KEN WALLER
COUNTY CLERK, JEFFERSON COUNTY, MO

1

ORDINANCE NUMBER

2

19-0280

3

WHEREAS, the Department of Public Works of Jefferson County, Missouri, requested renewal from the awarded bidder, Erb Equipment Company, Woody's Municipal, Wm. Nobbe & Co., Luby Equipment Services, and Key Equipment and Supply Co. to renew the contract for the Construction Equipment Parts & Supplies 2019 with the County; and

8

WHEREAS, the Jefferson County, Missouri, Council finds it is in the best interest of the County to renew the bid award for Financial Advisor Services from the date of approval to 5-10-21 with Erb Equipment Company, Woody's Municipal, Wm. Nobbe & Co., Luby Equipment Services, and Key Equipment and Supply Co. with approval of the County Council and County Executive up to **\$175,000.00 per term, for total amount not to exceed \$175,000.00 for the term**, subject to budgetary limitations.

14

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

16

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

18

BID NAME

19

Construction Equipment Parts & Supplies 2019

20

TERM

21

Date of approval to 5-10-2021

22

Upon approval of the County Council and County Executive

11 Section 2. The Jefferson County, Missouri, Council hereby authorizes the
12 County Executive to execute a renewal agreement, attached hereto and incorporated herein
13 by reference and attached as Exhibit A1-A5. The County Executive is further authorized
14 to take any and all actions necessary to carry out the intent of this Ordinance.

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

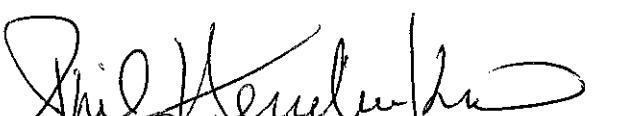
19 Section 4. This Ordinance shall be in full force and effect from and after its
20 date of approval. If any part of this Ordinance is invalid for any reason, such invalidity
21 shall not affect the remainder of this Ordinance.

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

Council Member District 1, Brian Haskins	<u>Yes</u>
Council Member District 2, Renee Reuter	<u>Yes</u>
Council Member District 3, Phil Hendrickson	<u>Yes</u>
Council Member District 4, Charles Groeteke	<u>Yes</u>
Council Member District 5, Tracey Perry	<u>Yes</u>
Council Member District 6, Daniel Stallman	<u>Yes</u>
Council Member District 7, James Terry	<u>Yes</u>

THE ABOVE BILL ON THIS 1st DAY OF May, 2020:

✓ PASSED FAILED


Phil Hendrickson, County Council Chair


Pat Schlette, Council Executive Assistant

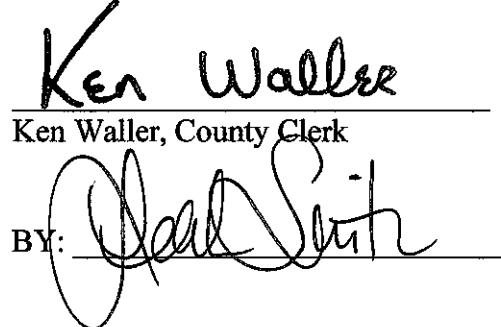
THIS BILL WAS X APPROVED BY THE JEFFERSON COUNTY EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY, MISSOURI, THIS 14th DAY OF May, 2020.

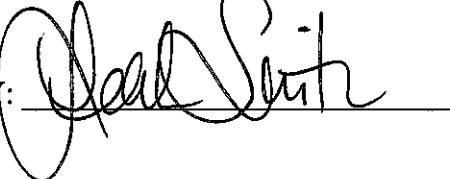
THIS BILL WAS _____ VETOED AND RETURNED TO THE JEFFERSON COUNTY, MISSOURI, COUNCIL WITH WRITTEN OBJECTIONS BY THE JEFFERSON COUNTY EXECUTIVE, THIS _____ DAY OF _____, 2020.



Dennis J. Gannon
Dennis J. Gannon, Jefferson County, Missouri, Executive

ATTEST:



Ken Waller
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.jeffccmo.org

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

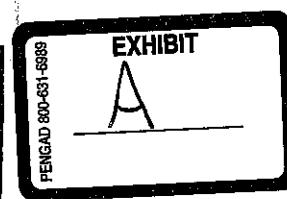
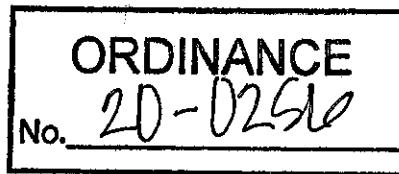
Jackie TalarSKI
General Services Contracts & Grants Manager
(636)797-5380 / Fax (636)797-5067

ERB EQUIPMENT CO INC
200 ERB IND DR
FENTON MO 63026

March 5, 2020

Attn: GREGG ERB

MAR 03 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

Greg R. Erb
Signature
Greg 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. April
County Auditor

APPROVED AS TO FORM

J.W.C.
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		CONTACT NAME: CLIENT CONTACT CENTER	
FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		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		INSURER B:	
ERB EQUIPMENT CO., INC. 200 ERB INDUSTRIAL DR FENTON, MO 63026-4640		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 0		REVISION NUMBER: 1				
<p>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.</p>								
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	6119778	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ex occurrence)	\$100,000
	OTHER:						MED EXP (Any one person)	EXCLUDED
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	6119778	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ex accident)	\$1,000,000
	BODILY INJURY (Per person)							
	BODILY INJURY (Per accident)							
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	N	N	6119780	01/01/2020	01/01/2021	EACH OCCURRENCE	\$10,000,000
	DED <input type="checkbox"/> RETENTION						AGGREGATE	\$10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N						N / A	
If yes, describe under DESCRIPTION OF OPERATIONS below							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.		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 <i>Michael G. Kerr</i>	

© 1988-2015 ACORD CORPORATION. All rights reserved.



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		CONTACT NAME: CLIENT CONTACT CENTER	
4448 MICHAEL J PINCUS FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		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		INSURER B:	
ERB EQUIPMENT CO., INC. 200 ERB INDUSTRIAL DR FENTON, MO 63026-4640		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERS		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 W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	6119778	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (EA occurrence)	\$100,000
							MED EXP (Any one person)	EXCLUDED
							PERSONAL & ADV INJURY	\$1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	6119778	01/01/2020	01/01/2021	GENERAL AGGREGATE	\$2,000,000
	PRODUCTS - COMP/OP AGG						\$2,000,000	
	COMBINED SINGLE LIMIT (EA accident)						\$1,000,000	
	BODILY INJURY (Per person)							
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB DED <input type="checkbox"/> RETENTION	N	N	6119780	01/01/2020	01/01/2021	BODILY INJURY (Per accident)	
	PROPERTY DAMAGE (Per accident)							
	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	OTHE- R
	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	
		<i>Michael G. Ken</i>	

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

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

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

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

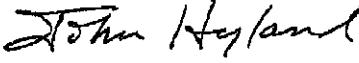
PRODUCER Sentry Insurance 1800 North Point Drive Stevens Point, WI 54481	CONTACT NAME: Sentry Customer Service PHONE (A/C. No. Ext): 800-473-6879 FAX (A/C. No.): 800-514-7191 EMAIL ADDRESS: businessproducts.direct@sentry.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Middlesex Insurance Company	
	NAIC # 23434	
INSURED Erb Equipment CO Inc 200 Erb Industrial Dr Fenton, MO 63026-4640	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	INSURER G :	

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		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> 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 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> 2555530013 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> 02/01/2020 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> 02/01/2021 </div> <td rowspan="10" style="vertical-align: top; padding: 5px; text-align: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> E.L. EACH ACCIDENT \$ 1,000,000 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> E.L. DISEASE - POLICY LIMIT \$ 1,000,000 </div> </td> <td colspan="3" style="padding: 5px;"> EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X PER STATUTE <input type="checkbox"/> OTHER </td>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> E.L. EACH ACCIDENT \$ 1,000,000 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> E.L. DISEASE - POLICY LIMIT \$ 1,000,000 </div>	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X PER STATUTE <input type="checkbox"/> OTHER						
			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X PER STATUTE <input type="checkbox"/> OTHER						
			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X PER STATUTE <input type="checkbox"/> OTHER						
			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X PER STATUTE <input type="checkbox"/> OTHER						
			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X PER STATUTE <input type="checkbox"/> OTHER						
			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X PER STATUTE <input type="checkbox"/> OTHER						
			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X PER STATUTE <input type="checkbox"/> OTHER						
			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X PER STATUTE <input type="checkbox"/> OTHER						
			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X PER STATUTE <input type="checkbox"/> OTHER						

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 
---	--



AGENCY CUSTOMER ID: xxxxxx8305

LOC #: _____

Page 2 of 2

ADDITIONAL REMARKS SCHEDULE

AGENCY Sean Odneal	NAMED INSURED Erb Equipment CO Inc
POLICY NUMBER 2555530013	
CARRIER Middlesex Insurance Company	NAIC CODE 23434

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

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

JEFFERSON COUNTY, MISSOURI

PAID

2019 PERSONAL PROPERTY

		<u>TAX DISTRICT</u>		<u>TAX</u>	
ACCT #	093839	COUNTY TAX		8.93	
VALUE	198,490	HEALTH UNIT TAX		212.98	
TAX RT	6.958600	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	
		STATE TAX		477.17	
		TOTAL TAXES		59.55	
		TOTAL PAID		13,812.17	
					13,812.17

** DATE PAID 12/09/2019 ** ROAD & BRIDGE TAX

007570	2G4GK5EX069112949	2016 BUICK REGAL SEDAN 4D	1	3,930
074432	2NKKHHM7X1JN215766	2018 KENWORTH (T300) CAB & CHASSIS 4X2	1	7,040
074432	2NKKHHM7X3JN215767	2018 KENWORTH (T300) CAB & CHASSIS 4X2	1	7,040
079721	1GB4CYC87GF287423	2016 GMC CHEVY (C3500) CAB & CHASSIS 4X2	1	6,170
074432	2NKKMHZ7X5M086688	2005 KENWORTH (T300) CAB & CHASSIS 4X2	1	1,240
079721	1GB3CZCG3CF179271	2012 GMC CHEVY (C3500) CAB & CHASSIS 4X2	1	5,030
123006	1FDRF3F68BEA05144	2011 FORD (F350) CAB & CHASSIS 4X4 2WD	1	5,270
074432	2NKKMHZ7X5M1130545	2008 KENWORTH (T300) CAB & CHASSIS 4X2	1	1,820
211806	1GBJG31UXK1115891	2004 GMC CHEVY (G31) CAB & CHASSIS 4X2	1	1,520
074432	2NKKHHN7XXCM1335665	2012 KENWORTH (T300) CAB & CHASSIS 4X2	1	2,910
676033	1XKDP41X9J204768	2007 KENWORTH (T800) TRACTOR 8X4	1	3,350
074439	2NKKHHM7X7GM113546	2016 KENWORTH (T370) CAB & CHASSIS 4X2	1	5,200
211745	1GDE5C1237F415616	2007 GMC CHEVY (C5C042) CAB & CHASSIS 4X2	1	2,470
079721	1GB4CZC82DF1535551	2013 GMC CHEVY (C3500) CAB & CHASSIS 4X2	1	5,470
074432	2NKKHHM7X9FM1468535	2015 KENWORTH (T300) CAB & CHASSIS 4X2	1	4,910
074432	2NKKHHM7X7FM1468534	2015 KENWORTH (T300) CAB & CHASSIS 4X2	1	4,910
079721	1GB4CYC84FF168422	2015 GMC CHEVY (C3500) CAB & CHASSIS 4X2	1	7,110
211745	1GDE5C121F528011	2005 GMC CHEVY (C5C042) CAB & CHASSIS 4X2	1	2,030
074432	2NKKMHZ7X3M1130544	2006 KENWORTH (T300) CAB & CHASSIS 4X2	1	1,820
676033	1XKDP4TX85J087889	2005 KENWORTH (T800) TRACTOR 8X4 2WD	1	1,600
		Total Value:		80,840

BETH MAHN
COUNTY COLLECTOR
HILLSBORO, MO 63050

Phone: 636-797-5406

JEFFERSON COUNTY, MISSOURI

PAID

2019 PERSONAL PROPERTY

		<u>TAX DISTRICT</u>		<u>TAX</u>	
ACCT #	093839	COUNTY TAX		8.93	
VALUE	198,490	HEALTH UNIT TAX		212.98	
TAX RT	6.958600	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	
		STATE TAX		59.55	
		TOTAL TAXES	** ROAD & BRIDGE TAX	477.17	13,812.17
		TOTAL PAID		59.55	13,812.17
** DATE PAID 12/09/2019					
Total Value: 77,050					
893413	1TKJ05339FM105217	2015 LOWBOY UNSP		1	11,850
893413	1TJKUD5339EM04523	2014 LOWBOY UNSP		1	10,670
036942	4YMCL1622BMM004675	2011 CARGO TRL 14FT TRAILER 14FT		1	770
008077	1YGUS1416EB106895	2014 UTILITY TRL 14FT TRAILER 14FT		1	130
000000	TR112	1953 UTILITY TRAILER UNSPECIFIED		1	50
000000	16HGB2025RH023317	1994 UTILITY TRAILER UNSPECIFIED		1	50
030541	4YMCL1624BTT023928	2011 CARGO TRL20FTENCTA TRL 20FT ENCL		1	1,020
726445	4YMCL1620BMM004674	2011 FLATBED TRL 20FT TRAILER 20FT		1	200
000000	4001017	1970 CARGO TRL20FTENCTA TRL 20FT ENCL		1	100
005618	1TKJ05336DM051808	2013 UTILITY TRAILER UNSPECIFIED		1	160
472430	1GNSCAKC4H393609	2017 CHEVROLET TRUCK TAHOE UTILITY		1	10,490
952314	1GCHC24UB6E222825	2001 CHEVROLET TRUCK SILVERADO 2500		1	680
515918	1GC1KYE2CF192249	2012 CHEVROLET TRUCK SILVERADO 2500		1	7,480
472430	1GNSCAED7DR105126	2013 CHEVROLET TRUCK TAHOE UTILITY 4		1	5,380
833979	1GCZG7BG7C1165010	2012 CHEVROLET COMMERCIAL MEDIUM D		1	3,110
515121	1GCPCP4EADA2268107	2010 CHEVROLET TRUCK SILVERADO 1500		1	2,170
515940	1GCOCUFG8G2285010	2016 CHEVROLET TRUCK SILVERADO 2500		1	5,740
515940	1GCOGUEGSG2281433	2016 CHEVROLET TRUCK SILVERADO 2500		1	5,740
515914	1GC1KXCG2DF123186	2013 CHEVROLET TRUCK SILVERADO 2500		1	7,050
515936	1G60CVCG8DF221944	2013 CHEVROLET TRUCK SILVERADO 2500		1	4,210

BETH MAHN
COUNTY COLLECTOR
HILLSBORO, MO 63050

Phone: 686-797-5406

JEFFERSON COUNTY, MISSOURI

PAID

2019 PERSONAL PROPERTY

		<u>TAX DISTRICT</u>	<u>TAX</u>
ACCT #	093839	COUNTY TAX	8.93
VALUE	198,490	HEALTH UNIT TAX	212.98
TAX RT	6.958600	HIGH RIDGE FIRE	1,871.36
		JC DEV DISABILITIES	18.63
		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
		STATE TAX	477.17
		TOTAL TAXES	13,812.17
		TOTAL PAID	13,812.17

** DATE PAID 12/09/2019 ** ROAD & BRIDGE TAX

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

8250297	1GTHC24U76E197618	2006 GMC LIGHT DUTY SIERRA 2500 HD RE ^E	1	1,530	Z - Business Value	1	7,340
0000000	1FTYR14V7XPA07984	1998 FORD TRUCK RANGER-V6 SUPER CAB	1	100	Total Value:	1	7,340
213655	1DTHU16287S154863	2007 DODGE TRUCK RAM 1500 PICKUP-V8	1	2,320			
472486	1GNSKBKCC1JR265083	2018 CHEVROLET TRUCK TAHOE UTILITY 4C	1	14,380			
515918	1GC1KMEGKJF282508	2018 CHEVROLET TRUCK SILVERADO 2500HD	1	14,930			
		Total Value:		34,260			

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

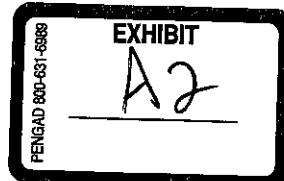
RECEIVED

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

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 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:

Wooly's Municipal
Company Name

Steve Stahlhut
Signature
Steve Stahlhut

Print

Company Address: _____

3979 Blackburn Road
Edwardsville IL 62025

Phone: 618-656-5464

County of Jefferson, State of Missouri

Dennis J. Gannon
Dennis J. Gannon County Executive

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

Kristy L. Appling
County Auditor

APPROVED AS TO FORM

J. H. C.
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

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Sentry Select Insurance Company

21180

INSURED

Woody's Municipal Supply Co
3979 Blackburn Rd
PO Box 432
Edwardsville, IL 62025-0432

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X 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	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR X EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4965826006	09/30/2019	09/30/2020	X PER STATUTE <input type="checkbox"/> OTH- ER <input type="checkbox"/> 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

Woody's Municipal Supply Co.
P.O. Box 432, Edwardsville, IL 62025

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 Riebold

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.jeffcoomo.org

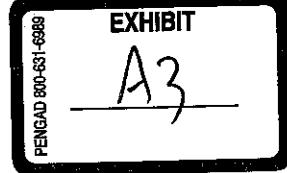
Kristy Pedrotti
Human Resources Manager
(636)797-5071 Fax (636)797-5596

Jackie TalarSKI
General Services Contracts & Grants Manager
(636)797-5380 Fax (636)797-5062

~~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,

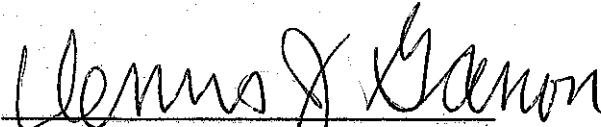
Jackie TalarSKI
Jackie TalarSKI
Department of Administrative Services

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

Sydenstricker Nobbe Partners
Company Name

County of Jefferson, State of Missouri

Signature


Dennis J. Gannon County Executive

Print

Company Address: 12615 State

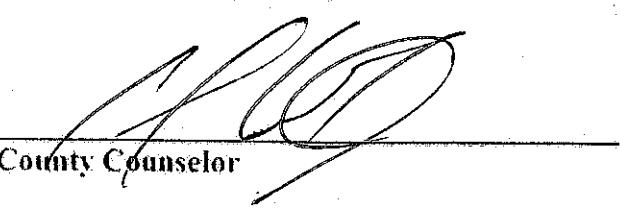
Road A, Ste Genevieve,
Missouri 63670

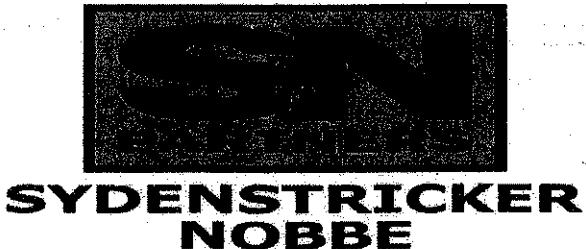
Phone: (573)883-5703

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 U. Apill
County Auditor

APPROVED AS TO FORM


County Counselor



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 PARTS CATEGORY
DISCOUNT BID

PRICING SHEET

%

John Deere Tractors

5% In Stock ^{or}
Stock order
excludes
Emergency
orders

TIGER

0

FLINK

0

ELGIN SWEeper

Broom Assembly
only

0

0

% discount on all other parts and supplies.

REPAIR SERVICES

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

\$ 195 per Service Call + Drive Time
\$ 175.00 per Hour

Applicable Labor Cost discount 0

% for in-field repairs and vendor shop repairs.



CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER PHONE: (A/C No. Ext): 888-333-4049 E-MAIL: ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED SERVICE INSURANCE COMPANY NAIC # 28304
INSURED SYDENSTRICKER IMPLEMENT CO, SYDENSTRICKER NOBBE PARTNERS PO BOX 467 MACON, MO 63552-0467	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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.						
INSURER	TYPE OF INSURANCE	ADD'L INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) / POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	6089063	01/01/2020 / 01/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ex. Residential) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/PR AGG. \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC. OTHER:					
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	6089063	01/01/2020 / 01/01/2021	COMBINED SINGLE LIMIT (Ex. Accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	EXCESS LIAB. <input type="checkbox"/> CLAIMS-MADE					
A	DED <input type="checkbox"/> RETENTION	N	N	6089065	01/01/2020 / 01/01/2021	EACH OCCURRENCE \$15,000,000 AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below:					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER 019-106-4 JEFFERSON COUNTY 729 MAPLE ST HILLSBORO, MO 63050-4317	29 0	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 <i>Michael G. Ken</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 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 23 2020

LUBY EQUIPMENT SERVICES
2300 CASSENS DR
FENTON MO 63026

SECOND REQUEST

April 10, 2020



Attn: SCOTT MORGAN

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**.

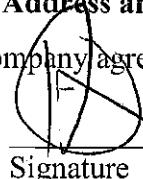
PLEASE INCLUDE THE FOLLOWING ITEMS:

- 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.

Jackie TalarSKI

Printed Name of Authorizing Agent

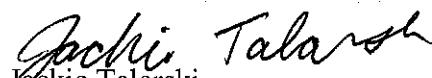

Signature

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 TalarSKI

Department of Administrative Services

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

LOBY EQUIPMENT SERVICES

Company Name



Signature

R. Dennis Gannon

Print

Company Address: _____

2300 Cassie Dr

Fenton, MO 63026

Phone: 636 343 9970

County of Jefferson, State of Missouri

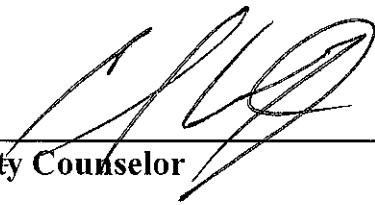
Dennis J. Gannon
Dennis J. Gannon County Executive

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

Kristy L. Appling
County Auditor

APPROVED AS TO FORM

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 St. Louis

This instrument was acknowledged before me
on 17 day of February, 2017 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		CONTACT NAME: CLIENT CONTACT CENTER	
FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 COWATONNA, MN 55060		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 MUTUAL INSURANCE COMPANY	13935
INSURED		211-158-1	INSURER B:
MACHINE MAINTENANCE INC, LUBY EQUIPMENT SERVICES 2300 CASSENS DR FENTON, MO 63026-2503			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 WWD	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	N	N	9337154	03/01/2020	03/01/2021	EACH OCCURRENCE \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ex occurrence) \$100,000
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	PERSONAL & ADV INJURY \$1,000,000
	GENERAL AGGREGATE \$2,000,000						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION	N	N	9337155	03/01/2020	03/01/2021	PRODUCTS - COMP/OP AGG \$2,000,000
	COMBINED SINGLE LIMIT (\$1,000,000) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)						
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N	N	9337156	03/01/2020	03/01/2021	EACH OCCURRENCE \$15,000,000
	AGGREGATE \$15,000,000						
							X PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$1,000,000 \$1,000,000 \$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 	



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

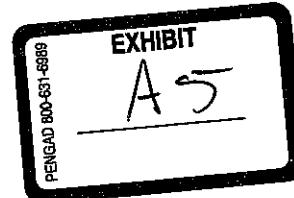
RECEIVED

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**.

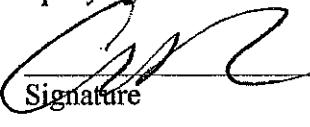
PLEASE INCLUDE THE FOLLOWING ITEMS:

- 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

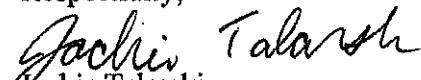

Signature

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

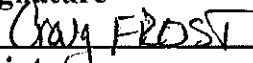
Department of Administrative Services

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



Signature



Print

County of Jefferson, State of Missouri

Dennis J. Gannon County Executive

Company Address:

13507 NW Industrial DR

Bridgeton MO 63044

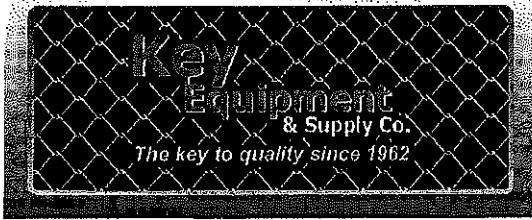
Phone: 314-298-8330

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

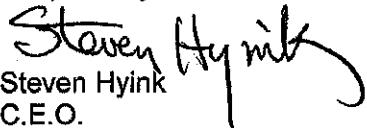
Jackie Talarski
Department of Administrative Services
Jefferson County
729 Maple St.
Hillsboro, MO 63050

Dear Ms. Talarski,

Neither Key Equipment & Supply Co. or its 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, 24, 2022



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

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/01/2019

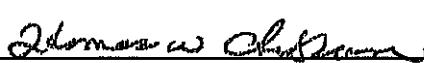
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN 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: INSURER(S) AFFORDING COVERAGE INSURER A : General Casualty Company of Wisconsin	NAIC # 24414
INSURED Key Equipment & Supply Co, Inc. 13507 NW Industrial Dr. Bridgeton, MO 63044	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:				
<p>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.</p>								
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CCI1327095	09/30/2019	09/30/2020	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ex 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 ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CBA1327095	09/30/2019	09/30/2020	COMBINED SINGLE LIMIT (Ex accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			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? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		CWC1327095	09/30/2019	09/30/2020	X PER STATUTE	OTHE- R
							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.