

1 subject to budgetary limitations

2 AWARDED BIDDER

3 Paul Davis Restoration of Southeast St. Louis (A1)

4 SCI Engineering, Inc. (A2)

5 SERVPRO (A3)

6 Section 2. The Jefferson County, Missouri, Council hereby authorizes the
7 County Executive to execute a renewal agreement, attached hereto and incorporated herein
8 by reference and attached as Exhibit A1 through A3. The County Executive is further
9 authorized to take any and all actions necessary to carry out the intent of this Ordinance.

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

14 Section 4. This Ordinance shall be in full force and effect from and after its
15 date of approval. If any part of this Ordinance is invalid for any reason, such invalidity
16 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 Groetke	<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 27 DAY OF April, 2020:

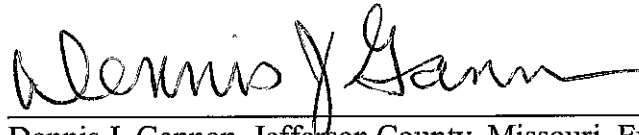
PASSED FAILED

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 29th DAY OF April, 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.

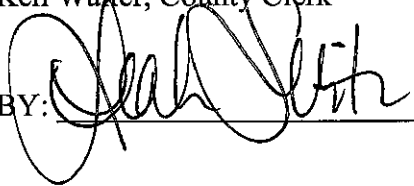


Dennis J. Gannon, Jefferson County, Missouri, Executive

ATTEST:



Ken Waller, County Clerk

BY: 

Reading Date: 04-27-2020



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

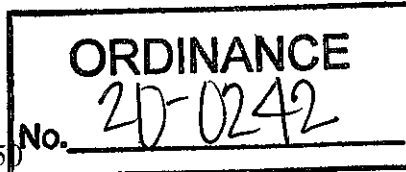
David Courtway - Director

Web Address: www.jeffcomo.org

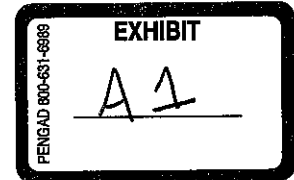
Kristy Pedroli
Human Resources Manager
(636)797-5071 / Fax (636)797-5596

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

PAUL DAVIS
3933 RICE RD
HILLSBORO MO 63050



RECEIVED
MAR 30 2020



March 5, 2020

Attn: DESIREE STAMM

Your company was awarded a bid for **“ON-CALL REMEDIATION SERVICES 2019”** for the County of Jefferson, Missouri in **June 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 **June 8, 2020, ~~2021~~ through June 7, 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.

Christopher A Stamm
Printed Name of Authorizing Agent

[Signature]
Signature

3/20/2020
Date

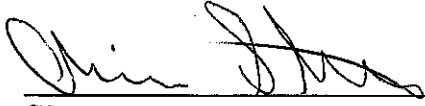
If your company does not wish to renew this agreement, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

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:

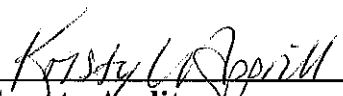
Stamm Services DBA Paul Davis Restoration County of Jefferson, State of Missouri
Company Name of Southeast St. Louis


Signature
Christopher A Stamm
Print

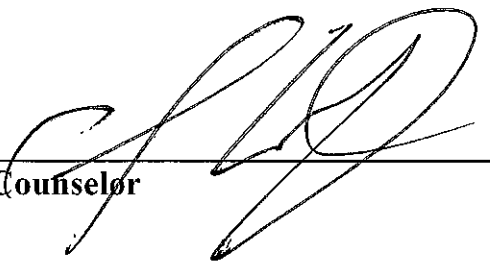

Dennis J. Gannon County Executive

Company Address: _____
3933 Rice Rd
Willsboro mo 63050
Phone: 636-479-7637

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)
3/10/2020

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 Lakenan 890 Rozier Street Sainte Genevieve MO 63670	CONTACT NAME: PHONE (A/C, No, Ext): 573-883-7446 FAX (A/C, No): 573-883-3981 E-MAIL ADDRESS: info@lakenan.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Stamm Services LLC dba Paul Davis Emergency Services of South East St. Louis 9601 Highway 21 Hillsboro MO 63050	INSURER A : STARSTONE SPECIALTY INSURANCE CO 11828	
	INSURER B : STONEWOOD INS CO 16691	
	INSURER C : GREAT AMERICAN INSURANCE COMPANY 18988	
	INSURER D : AUTO OWNERS INSURANCE	
	INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 2058773527** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 2,500 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y		R70352200AEM	2/13/2020	2/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		5272830800	3/14/2020	3/14/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured Motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		R70354200AEM	2/13/2020	2/13/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A			WC10000917482020A	2/13/2020	2/13/2021	<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
A C	Contractors Pollution Professional Liability Inland Marine	Y		R70352200AEM IMPE563353	2/13/2020 2/13/2020	2/13/2021 2/13/2021	Contractor Pollution \$1,000,000 Prof. Liab \$1,000,000 Inland Marine 67,195

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Bailees Coverage \$250,000 scheduled locations, unscheduled locations & in transit
General Liability Deductible \$2,500, Contractors Pollution Aggregate \$2,000,000 / \$1,000 Deductible, Professional Liability Aggregate \$2,000,000 / \$1,000 Deductible
COMMERCIAL GENERAL LIABILITY - Defense Limits are outside of limits.
UMBRELLA LIABILITY - Includes Contractor Pollution Liability
POLLUTION LIABILITY - List Deductible, even if \$1,000
BAILEES - Policy Limit Applies to Scheduled Locations, Unscheduled Locations and While in Transit
Paul Davis Restoration, Inc.; Completion Services, Inc.; Chubb and Son Insurance; First Notice Systems, Inc. dba Innovation
See Attached...

CERTIFICATE HOLDER Paul Davis Restoration Inc. 5210 Belfort Rd. Ste 300 Jacksonville FL 32256	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

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ADDITIONAL REMARKS SCHEDULE

AGENCY Lakenan		NAMED INSURED Stamm Services LLC dba Paul Davis Emergency Services of South East St. Louis 9601 Highway 21 Hillsboro MO 63050	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Property, its parents, subsidiaries and affiliates; Liberty Mutual Insurance Companies; Lionsbridge Contractor Group Cooperative; AIG Global Claims Services, Inc., AIG and its affiliated companies; Colliers International WA, LLC and its affiliated companies; ESIS, Inc. and all its Affiliates, directors, officers, and employees; Nationwide Mutual Insurance Company; Alacrity Services, LLC; Crawford Contractor Connection; Hanover Insurance Group; Allstate Insurance Company; Tokio Marine Management, Inc.; Homesite Insurance; FOR MASSACHUSETTS, NEW JERSEY, NEW YORK AND RHODE ISLAND FRANCHISEES: Narragansett Bay Insurance Company are additional insureds on the General Liability, Automobile Liability, Pollution Liability and Umbrella Liability policies, if required by written contract, and are subject to the terms, conditions and exclusions of the policies. Coverage is provided on a primary and non-contributory basis. General Liability and Pollution Liability include coverage for the additional insured for ongoing operations and completed operations with respect to liability arising out of the insured's work.

JEFFERSON COUNTY TAX RECEIPT
2019 PERSONAL PROPERTY

03/27/2020 07:37 AM

ACCOUNT #: 427139

RECEIPT#: 2019090688

BETH MAHN, COLLECTOR

729 MAPLE ST., STE 36

HILLSBORO, MO 63050

PHONE: (636) 797-5406

Email: bmahn@jeffcomo.org

TOTAL VALUATION: 8900

STAMM, DESIREE
3933 RICE RD
HILLSBORO, MO 63050-2801

<u>TAX DISTRICT</u>	<u>TAX</u>
COUNTY TAX	0.40
GOLDMAN FIRE	106.58
HEALTH UNIT TAX	9.55
HILLSBORO SCHOOL	411.04
JC DEV DISABILITIES	8.10
JEFFERSON COLLEGE	29.35
JOACHIM-PLATTIN AMB	13.42
MENTAL HEALTH TAX	8.10
PARK TAX	2.42
ROAD & BRIDGE TAX	21.40
STATE TAX	2.67
TOTAL TAXES	613.03
<u>PENALTY/FEE</u>	<u>PEN/FEE</u>
Personal Property Filing Penalty Paid	95.00
TOTAL PENALTY/FEES	95.00
TOTAL PAID	708.03

PROPERTY DESCRIPTION

084386	1C4BJWEG0FL702566	2015 JEEP WRANGLER UTILITY 4D UNLIMITED SAHARA 4WD V6	1	8,900
Total Value:				8,900

PAID

Validated By

BETH MAHN, Jefferson County Collector

Kristy Apprill, Jefferson County Auditor

DATE: 12/31/2019 STATEMENT TOTAL: 708.03 TOTAL PAID: 708.03 RECEIPT#: 2019090688

2019 Jefferson County Personal Property Tax Receipt
I, BETH MAHN, Collector of Jefferson County, MO
do hereby certify that 427139

PERSONAL PROPERTY

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

STAMM, DESIREE
3933 RICE RD
HILLSBORO, MO 63050-2801

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

JEFFERSON COUNTY TAX RECEIPT
2019 PERSONAL PROPERTY

03/27/2020 07:35 AM

ACCOUNT #: 150383

RECEIPT#: 2019090127

BETH MAHN, COLLECTOR

729 MAPLE ST., STE 36

HILLSBORO, MO 63050

PHONE: (636) 797-5406

Email: bmahn@jeffcomo.org

TOTAL VALUATION: 7030

STAMM, CHRISTOPHER
3933 RICE RD
HILLSBORO, MO 63050-2801

PROPERTY DESCRIPTION				
771657	3FA6P0G72DR184023	2013 FORD FUSION SEDAN 4D S I4	1	2,170
533555	1FT7X2B68CEC76473	2012 FORD TRUCK F250 SUPER DUTY-V8 SUPERCAB XL 4WD	1	3,870
357928	1FTRX18W03NB39313	2003 FORD TRUCK F150 PICKUP-V8 SUPERCAB XL 4WD 4.6L V8	1	990
Total Value:				7,030

TAX DISTRICT	TAX
COUNTY TAX	0.32
GOLDMAN FIRE	84.18
HEALTH UNIT TAX	7.54
HILLSBORO SCHOOL	324.69
JC DEV DISABILITIES	6.40
JEFFERSON COLLEGE	23.18
JOACHIM-PLATTIN AMB	10.60
MENTAL HEALTH TAX	6.40
PARK TAX	1.91
ROAD & BRIDGE TAX	16.90
STATE TAX	2.11
TOTAL TAXES	484.23

PENALTY/FEE	PEN/FEE
Personal Property Filing Penalty Paid	85.00
TOTAL PENALTY/FEES	85.00
TOTAL PAID	569.23

PAID

Validated By

BETH MAHN, Jefferson County Collector

Kristy Apprill, Jefferson County Auditor

DATE: 12/31/2019 STATEMENT TOTAL: 569.23 TOTAL PAID: 569.23 RECEIPT#: 2019090127

2019 Jefferson County Personal Property Tax Receipt
I, BETH MAHN, Collector of Jefferson County, MO
do hereby certify that 150383

PERSONAL PROPERTY

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STAMM, CHRISTOPHER
3933 RICE RD
HILLSBORO, MO 63050-2801

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



SITE ADDRESS 3933 RICE RD
HILLSBORO, MO 63050

LEGAL DESCRIPTION

Parcel # 11-2.0-09.0-0-000-002.
PT N1/2 & PT SW FRL1/4

Section: 09 Township: 41 Range: 5 Acres 38.03

STAMM, CHRISTOPHER A & DESIREE
3933 RICE RD
HILLSBORO, MO 63050

Lending Code: 44

2019 REAL ESTATE
COUNTY OF JEFFERSON

VALUATION

19,600 RESI
3,600 AGRI
0 COMM
23,200 TOTAL

TAX RATE
7.2380

TAX AMOUNT

STATE TAX	\$6.96
COUNTY TAX	\$1.04
HEALTH UNIT TAX	\$24.89
JOACHIM-PLATTIN AMB	\$34.99
JEFFERSON COLLEGE	\$76.51
HILLSBORO SCHOOL	\$1,071.50
GOLDMAN FIRE	\$277.82
JC DEV DISABILITIES	\$21.12
SHERIFF DEPARTMENT	\$81.20
PARK TAX	\$6.31
MENTAL HEALTH TAX	\$21.12
ROAD & BRIDGE TAX	\$55.77

TOTAL TAX	1,679.23
INTEREST / PENALTY	0.00
FEES	0.00
AMOUNT PAID	Paid on 1,679.23
TOTAL DUE IF PAID BY 03/27/2020	12/09/2019 0.00

KEEP THIS STATEMENT
FOR YOUR RECORDS

BETH MAHN
COUNTY COLLECTOR
HILLSBORO, MO 63050

NOTICE TO TAXPAYERS

You can now pay your taxes on-line at our web site

www.jeffcomo.org

If you do not have Internet access, you can pay your taxes via IVR by calling 1-877-690-3729. You will be asked for your acct/parcel number and the Jefferson County Jurisdiction Code, which is 3515.

On-line payments and IVR payments can be made with Visa, Master Card, American Express and Discover credit cards. For these payments, you will be charged a fee of 2.4% of the amount of your tax payment. Visa debit cards are accepted for a fee of \$3.95. You can also make your tax payments with e-check for a fee of \$1.50.

After authorization of your payment, you will be issued a confirmation number that you should keep for your records. A paid tax receipt will be mailed to you, as the confirmation number is not valid at the license office. If you receive any other message, please contact our office at 636-797-5406 to verify that your payment was processed correctly.

DO NOT SEND THE UPPER HALF OF THE BILL. RETURN ONLY THE LOWER STUB WITH PAYMENT.



11-2.0-09.0-0-000-002.

CHANGE OF ADDRESS

STAMM, CHRISTOPHER A & DESIREE
3933 RICE RD
HILLSBORO, MO 63050

MAKE CHECKS PAYABLE TO: BETH MAHN DEPT OF THE COUNTY COLLECTOR

PO BOX 100
729 MAPLE STREET
HILLSBORO, MO 63050

If delinquent taxes are due, the oldest year must be paid first. If not paying in a month specified please call for a corrected amount.

AMOUNT OF 2019
BILL IF PAID IN 2020

JAN	0.00
FEB	0.00
MAR	0.00
APR	0.00
MAY	0.00
JUN	0.00
JUL	0.00
AUG	0.00
SEP	0.00
OCT	0.00
NOV	0.00
DEC	0.00

Taxes Due

JEFFERSON COUNTY TAX RECEIPT
2019 PERSONAL PROPERTY

03/27/2020 07:40 AM

ACCOUNT #: 628723

RECEIPT#: 2019092270

BETH MAHN, COLLECTOR

729 MAPLE ST., STE 36

HILLSBORO, MO 63050

PHONE: (636) 797-5406

Email: bmahn@jeffcomo.org

TOTAL VALUATION: 1000

STAMM SERVICES LLC
3933 RICE RD
HILLSBORO, MO 63050

TAX DISTRICT

TAX

COUNTY TAX	0.05
GOLDMAN FIRE	11.98
HEALTH UNIT TAX	1.07
HILLSBORO SCHOOL	46.18
JC DEV DISABILITIES	0.91
JEFFERSON COLLEGE	3.30
JOACHIM-PLATTIN AMB	1.51
MENTAL HEALTH TAX	0.91
PARK TAX	0.27
ROAD & BRIDGE TAX	2.40
STATE TAX	0.30

TOTAL TAXES 68.88

TOTAL PAID 68.88

PROPERTY DESCRIPTION

000000	Z - Business Value	1	1,000
	Total Value:		1,000

PAID

Validated By

BETH MAHN, Jefferson County Collector

Kristy Apprill, Jefferson County Auditor

DATE: 12/31/2019 STATEMENT TOTAL: 68.88 TOTAL PAID: 68.88 RECEIPT#: 2019092270

2019 Jefferson County Personal Property Tax Receipt
I, BETH MAHN, Collector of Jefferson County, MO
do hereby certify that 628723

STAMM SERVICES LLC
3933 RICE RD
HILLSBORO, MO 63050

PERSONAL PROPERTY

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

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



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.org

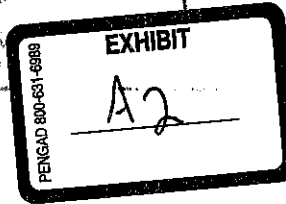
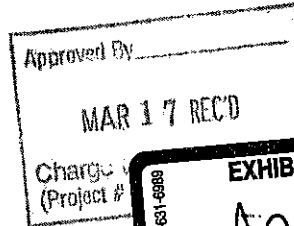
Kristy Pedroti
Human Resources Manager
(636)797-5071 / Fax (636)797-5596

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

SCI ENGINEERING INC
650 PIERCE BLD
O'FALLON IL 62299

March 5, 2020

Attn: Contact



RECEIVED
MAR 23 2020

Your company was awarded a bid for "ON-CALL REMEDIATION SERVICES 2019" for the County of Jefferson, Missouri in **June 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 **June 8, 2020, ~~2019~~ through June 7, 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.

Edwin P. Grimmer
Printed Name of Authorizing Agent

[Signature]
Signature

20 Mar 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:

SCI Engineering, Inc.
Company Name

County of Jefferson, State of Missouri


Signature
Edw. D. Grimmer
Print


Dennis J. Gannon County Executive

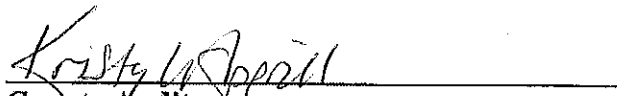
Company Address: _____

650 Pierre Blvd.


O'Fallon, IL 62299

Phone: 618-624-6969

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

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2019

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).

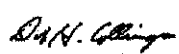
PRODUCER Greyling Ins. Brokerage/EPIC 3780 Mansell Rd. Suite 370 Alpharetta, GA 30022	CONTACT NAME: Nicole Larsen PHONE (A/C, No, Ext): 770-552-4225 E-MAIL ADDRESS: Nicole.Larsen@greyling.com	FAX (A/C, No): 866-550-4082
	INSURER(S) AFFORDING COVERAGE	
INSURED SCI Engineering, Inc. 130 Point West Boulevard Saint Charles, MO 63301	INSURER A: Continental Casualty Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 19-20** **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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
	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 <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 \$ OTHER \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$	
	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		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Professional Liab & Contractor's Pollution Liab.			MCH288330169	06/16/2019	06/16/2020	Per Claim \$5,000,000 Aggregate \$5,000,000	

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

CERTIFICATE HOLDER Jefferson County PO Box 100 Hillsboro, MO 63050	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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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).

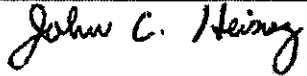
PRODUCER HSGW Insurance Services, Inc. 100 South Main St. P.O. Box 190 St. Charles, MO 63302-0190	CONTACT NAME: Shern Lingua
	PHONE (A/C, No, Ext): 636-946-2266 FAX (A/C, No): 636-946-7256
	E-MAIL ADDRESS: shern@hsgwinsurance.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Liberty Mutual Ins. Co. 44393
INSURED SCI Engineering, Inc. c/o John Conley 130 Point West Blvd. St. Charles, MO 63301-4408	INSURER B: OHIO CASUALTY INSURANCE CO 24074
	INSURER C: Hiscox Ins. Co.
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: Stop-Gap Cov. Included	Y	Y	BKW57730747	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENT(E) PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 AGG LIMIT-EACH ACC \$ 1,000,000
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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAW57730747	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 checked="" type="checkbox"/> RETENTION \$ NI	Y	Y	USO57730747	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 Products-Comp OP AG \$ 9,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	XWW57730747	12/31/2019	12/31/2020	<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
C	<input checked="" type="checkbox"/> CYBER LIABILITY & NETWORKING			MPL1656874-19	1/22/2020	1/22/2021	1,000,000 EACH CLAIM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
As respects the following is named as additional insured: Jefferson County.

CERTIFICATE HOLDER Jefferson County P.O. Box 100 Hillsboro, MO 63050	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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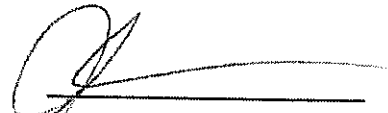
SCI ENGINEERING, INC.

CONSULTANTS IN DEVELOPMENT,
DESIGN AND CONSTRUCTION
GEOTECHNICAL
ENVIRONMENTAL
NATURAL RESOURCES
CULTURAL RESOURCES
CONSTRUCTION SERVICES

NO TAX DUE CERTIFICATION

March 23, 2020

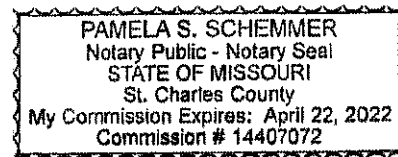
I certify that SCI Engineering, Inc. does not own any personal property or real estate in Jefferson County, MO. I further certify that SCI Engineering, Inc. has not owned any personal property or real estate in Jefferson County, MO during the past 3 years.


John Conley
Secretary-Treasurer

Subscribed and sworn to before me this 23rd day of March 2020.

Notary: Pamela S. Schemmer

Seal:





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)797-5396

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

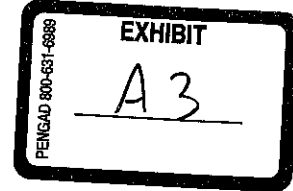
Servpro
3916 Hwy 221
Farmington MO 63640

March 5, 2020

Attn: Contact

RECEIVED

MAR 23 2020



Your company was awarded a bid for "ON-CALL REMEDIATION SERVICES 2019" for the County of Jefferson, Missouri in **June 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 **June 8, 2020**, ~~2019~~ through **June 7, 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.

KYLE SAOET
Printed Name of Authorizing Agent

[Signature]
Signature

3/18/20
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 20th day of March 2020:

SERVPRO OF SOUTHERN AND CENTRAL County of Jefferson, State of Missouri
Company Name JEFFERSON CO.

Kyle Short
Signature
KYLE SHORT
Print

Dennis J. Gannon
Dennis J. Gannon County Executive

Company Address: _____

PO BOX 538

FARMINGTON MO 63640

Phone: 636 467 5444

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 Appold
County Auditor

APPROVED AS TO FORM

[Signature]
County Counselor



of Farmington

P. O. Box 538, Farmington, MO 63640

03/18/2020

To whom it may concern,

KSS Enterprises II, LLC, dba Servpro of Southern and Central Jefferson County, does not own any real property or personal property in Jefferson County, Missouri.

Kyle Short, Managing Member

SHARECE DALE
Notary Public - Notary Seal
St Francois County - State of Missouri
Commission Number 15632015
My Commission Expires Jan 22, 2023

Sharece Dale
03-18-2020



NAT-44189-2

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Fax: 573-756-5194



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/24/2020

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

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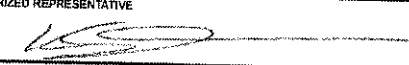
PRODUCER Weiss Insurance 683 Trade Center Blvd. Suite 100 Chesterfield MD 63005		CONTACT NAME: Kyle Schnettgoecke PHONE (A/C, No, Ext): (636) 534-7271 FAX (A/C, No): (636) 534-7971 E-MAIL ADDRESS: kyles@weiss-ins.com	
INSURED KSS ENTERPRISES LLC DBA SERVPRO OF FARMINGTON KSS ENTERPRISES II, LLC DBA SERVPRO OF SOUTHERN & CENTRAL JEFFERSON COUNTY PO BOX 538, FARMINGTON MD 63640-0538		INSURER(S) AFFORDING COVERAGE INSURER A: Selective Insurance Co of America NAIC # 12572 INSURER B: Capitol Specialty Insurance Corp 10328 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2022440633 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD / WVR	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 <input type="checkbox"/> \$0 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER:		S 2114734	03/01/2020	03/01/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		S 2114734	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 <input checked="" type="checkbox"/> RETENTION \$ none		S 2114734	03/01/2020	03/01/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	CPL Professional Liability		EV20190710-02	03/01/2020	03/01/2021	CPL Per Occ/Aggregate \$2M/\$3M Aggregate \$1,500 ded 250,000

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

CERTIFICATE HOLDER For informational Purposes Only	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 
--	--



KSSENTE-01

LMCCARTHY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/27/2020

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

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PRODUCER CIM Charles L. Crane Agency 400 Chesterfield Ctr, Ste 100 Chesterfield, MO 63017	CONTACT NAME: Linda McCarthy PHONE (A/C, No, Ext): (636) 537-5036 FAX (A/C, No): (636) 537-5009 E-MAIL Address: LMcCarthy@craneagency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED KSS Enterprises LLC dba Servpro of Farmington KSS Enterprises II LLC dba Servpro of Southern & Central Jefferson County PO Box 538 Farmington, MO 63640	INSURER A: Accident Fund Insurance Company of America ** NAIC # 10166	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROG WAIVED	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"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per 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 (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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 <input type="checkbox"/> N/A	WCV8014652	3/1/2020	3/1/2021	PER STATUTE 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 Evidence of Coverage	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 Joel Karsten
---	--