

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

June Session of the April Adjourned

Term. 20 11

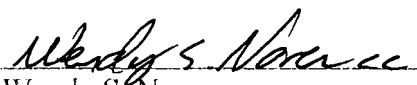
In the County Commission of said county, on the 28<sup>th</sup> day of June 20 11

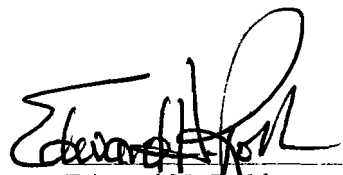
the following, among other proceedings, were had, viz:

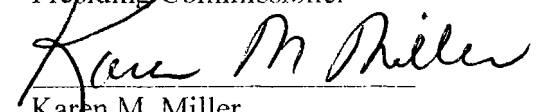
Now on this day the County Commission of the County of Boone does hereby authorize the Presiding Commissioner to sign the attached Finding of Public Nuisance and Order for Abatement of a public nuisance located at 1600 Sycamore Hills Road, Lot 4, Sycamore Hills Subdivision (parcel # 11-504-22-02-035.00 01).

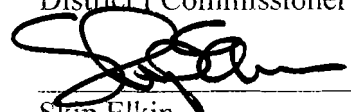
Done this 28<sup>th</sup> day of June, 2011.

ATTEST:

  
Wendy S. Noren  
Clerk of the County Commission

  
Edward H. Robb  
Presiding Commissioner

  
Karen M. Miller  
District I Commissioner

  
Skip Elkin  
District II Commissioner

**BEFORE THE COUNTY COMMISSION OF  
BOONE COUNTY, MISSOURI**

In Re: Nuisance Abatement	)	June Session
1600 Sycamore Hills Road	)	May Adjourned
Columbia, MO 65202	)	Term 2011
	)	Commission Order No. <u>240-2011</u>

**FINDING OF PUBLIC NUISANCE AND ORDER FOR ABATEMENT**

**NOW** on this 28th day of June 2011, the County Commission of Boone County, Missouri met in regular session and entered the following findings of fact, conclusions of law and order for abatement of nuisance:

**Findings of Fact and Conclusions of Law**

The County Commission finds as fact and concludes as a matter of law the following:

1. The Boone County Code of Health Regulations (the "Code") are officially noticed and are made a part of the record in this proceeding.
2. The City of Columbia/Boone County Health Department administrative record is made a part of the record in this proceeding and incorporated herein by reference. In addition, any live testimony of the official(s) of the department and other interested persons are made a part of the record in this proceeding.
3. A public nuisance exists described as follows: trash, junk and a junk filled trailer, and a derelict/unlicensed/junk-filled/dismantled/inoperable tow truck
4. The location of the public nuisance is as follows: 1600 Sycamore Hills Road Lot 4 Sycamore Hills Subdivision a/k/a parcel # 11-504-22-02-035.00 01 Section 22, Township 49, Range 13 as shown by deed book 2830 page 0136, Boone County
5. The specific violation of the Code is: junk, tires, and a junk filled trailer in violation of section 6.5 of the Code and a derelict/unlicensed/junk-filled/dismantled/inoperable tow truck in violation of section 6.9 of the Code. The Health Director's designated Health Official made the above determination of the existence of the public nuisance at the above location. Notice of that determination and the requirement for abatement was given in accordance with section 6.10.1 of the Code on the 5th day of April, 2011, to the property owner, occupant, and any other applicable interested persons.
7. The above described public nuisance was not abated. As required by section 6.10.2 of the Code, the property owner, occupant, and any other applicable interested persons were given notice of the hearing conducted this date before the Boone County Commission for an order to abate the above nuisance at government expense with the cost and expense thereof to be charged against the above described property as a special tax bill and added to the real estate taxes for said property for the current year.
8. No credible evidence has been presented at the hearing to demonstrate that no public

nuisance exists or that abatement has been performed or is unnecessary; accordingly, in accordance with section 6.10.2 of the Code and section 67.402, RSMo, the County Commission finds and determines from the credible evidence presented that a public nuisance exists at the above location which requires abatement and that the parties responsible for abating such nuisance have failed to do so as required by the Health Director or Official's original order referred to above.

**Order For Abatement Chargeable As a Special Assessment To The Property**

Based upon the foregoing, the County Commission hereby orders abatement of the above described public nuisance at public expense and the Health Director is hereby authorized and directed to carry out this order.

It is further ordered and directed that the Health Director submit a bill for the cost and expense of abatement to the County Clerk for attachment to this order and that the County Clerk submit a certified copy of this order and such bill to the County Collector for inclusion as a special assessment on the real property tax bill for the above described property for the current year in accordance with section 67.402, RSMo.

**WITNESS** the signature of the presiding commissioner on behalf Boone County Commission on the day and year first above written.

Boone County, Missouri  
By Boone County Commission

  
\_\_\_\_\_  
Presiding Commissioner

ATTEST:

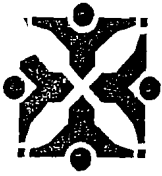
  
\_\_\_\_\_  
Boone County Clerk

1600 Sycamore Hills Road  
pictures taken 6/3/11 by Kala Gunier



ACTIVITY LOG  
1600 Sycamore Hills Road

4/5/11	citizen complaint received
4/5/11	inspection conducted
4/8/11	notice of violation sent via Certified Mail
4/28/11	Certified letter returned to Health Department as unclaimed
5/6/11	Notice of Declaration of Public Nuisance and Order for Abatement posted in Columbia Daily Tribune
6/3/11	reinspection conducted
6/3/11	photographs of violations taken
6/15/11	hearing notice sent via First Class Mail



# CITY OF COLUMBIA/BOONE COUNTY, MISSOURI



HEALTH DEPARTMENT  
DIVISION OF ENVIRONMENTAL HEALTH

## HEARING NOTICE

Tracy Westbrook  
1600 Sycamore Hills Road  
Columbia, MO 65202

An inspection of the property you own located at 1600 Sycamore Hills Road (parcel # 11-504-22-02-035.00 01) was conducted on April 5, 2011 and revealed trash, junk and a junk filled trailer and a derelict/unlicensed/junk-filled/dismantled/inoperable tow truck on the premises. These conditions are declared to be a nuisance and a violation of Boone County Public Nuisance Ordinance Sections 6.5 and 6.9.

**You are herewith notified that a hearing will be held before the County Commission on Tuesday, June 28, 2011 at 9:30A M in the County Commission Chambers at the Boone County Government Center, 801 E. Walnut Street, Columbia, Missouri.** The purpose of this hearing will be to determine whether a violation exists. If the County Commission determines that a violation exists, it will order the violation to be abated.

If the nuisance is not removed as ordered, the County Commission may have the nuisance removed. All costs of abatement, plus administrative fees, will be assessed against the property in a tax bill. **If the above nuisance condition has been corrected prior to the hearing, you do not have to appear for the hearing.**

The purpose of these ordinances is to create and maintain a cleaner, healthier community. If you have any questions, please do not hesitate to contact our office. If you are not the owner or the person responsible for the care of this property, please call our office at the number listed at the bottom of this letter.

Sincerely,

Kala Gunier  
Environmental Health Specialist

This notice deposited in the U.S. Mail, first class postage paid on the 15 day of June, 2011 by

1005 W. Worley ♦ P.O. Box 6015 ♦ Columbia, Missouri 65205-6015  
Phone: (573) 874-7346 ♦ TTY: (573) 874-7356 ♦ Fax: (573) 817-6407  
[www.GoColumbiaMo.com](http://www.GoColumbiaMo.com)

**AFFIDAVIT OF PUBLICATION**

STATE OF MISSOURI )  
County of Boone ) ss.

I, Samantha Offutt, being duly sworn according to law, state that I am one of the publishers of the Columbia Daily Tribune, a daily newspaper of general circulation in the County of Boone, State of Missouri, where located; which newspaper has been admitted to the Post Office as periodical class matter in the City of Columbia, Missouri, the city of publication; which newspaper has been published regularly and consecutively for a period of three years and has a list of bona fide subscribers, voluntarily engaged as such, who have paid or agreed to pay a stated price for a subscription for a definite period of time, and that such newspaper has complied with the provisions of Section 493.050, Revised Statutes of Missouri 2000, and Section 59.310, Revised Statutes of Missouri 2000. The affixed notice appeared in said newspaper on the following consecutive issues:

- 1st Insertion \_\_\_\_\_ May 5, 2011
- 2nd Insertion \_\_\_\_\_
- 3rd Insertion \_\_\_\_\_
- 4th Insertion \_\_\_\_\_
- 5th Insertion \_\_\_\_\_
- 6th Insertion \_\_\_\_\_
- 7th Insertion \_\_\_\_\_
- 8th Insertion \_\_\_\_\_
- 9th Insertion \_\_\_\_\_
- 10th Insertion \_\_\_\_\_
- 11th Insertion \_\_\_\_\_
- 12th Insertion \_\_\_\_\_
- 13th Insertion \_\_\_\_\_
- 14th Insertion \_\_\_\_\_
- 15th Insertion \_\_\_\_\_
- 16th Insertion \_\_\_\_\_
- 17th Insertion \_\_\_\_\_
- 18th Insertion \_\_\_\_\_
- 19th Insertion \_\_\_\_\_
- 20th Insertion: \_\_\_\_\_
- 21st Insertion: \_\_\_\_\_
- 22nd Insertion: \_\_\_\_\_

\$72.98

Printer's Fee

By: Samantha Offutt  
Samantha Offutt

Subscribed & sworn to before me this 10 day of May, 2011

[Signature]  
Notary Public

RUBY WHEELER  
Notary Public - Notary Seal  
State of Missouri  
Commissioned for Boone County  
My Commission Expires: July 18, 2014  
Commission Number: 10915807

**NOTICE OF DECLARATION OF PUBLIC NUISANCE AND ORDER OF ABATEMENT**

To: Tracy Westbrook  
1600 Sycamore Hills Road  
Columbia, MO 65202

In accordance with section 67.402 RSMo and section 6.10, Boone County Code of Health Regulations, the undersigned gives notice to the above named persons or entities that the following described real property is hereby declared to contain the following described public nuisance which is ordered abated within 15 days of the date of this notice, and that if such abatement does not occur, then such nuisance may be ordered abated by action of the Columbia/Boone County Health Department, with the cost thereof to be the subject of a special tax bill against the property subject to abatement.

Property Description:  
1600 Sycamore Hills Road Lot 4 Sycamore Hills Subdivision parcel number 11-504-22-02-035.00 01 Boone County, Missouri as shown by deed book 2830 page 0136

Type of Nuisance:  
Trash, tires, junk and a junk-filled trailer on the premises in violation of section 6.5 of the Boone County Public Nuisance Ordinance. A derelict/unlicensed/ junk-filled/ dismantled/inoperable black Chevrolet suburban and a derelict/ unlicensed/ junk-filled/ dismantled/ inoperable tow truck on the premises in violation of section 6.9 of the Boone County Public Nuisance Ordinance.

The above named persons are further notified that if they fail to abate such nuisance within the time specified in this notice, or fail to appeal this declaration of public nuisance and order of abatement within the time permitted for abatement specified in this notice, then a public hearing shall be conducted before the Boone County Commission, Commission Chambers, 801 E. Walnut, Columbia MO 65201, at a time and date determined by the Commission, and the County Commission will make findings of fact, conclusions of law and a final decision concerning the public nuisance and order of abatement set forth herein. For information concerning these proceedings, contact the Columbia/ Boone County Health Department, 1005 W. Worley Street, Columbia, MO 65203.

Date of Declaration, Order and Publication: \_\_\_\_\_  
Stephanie Browning,  
Director, Columbia/Boone County Health Department

INSERTION DATE: May 5, 2011.

**NOTICE OF DECLARATION OF  
PUBLIC NUISANCE  
AND ORDER OF ABATEMENT**

**To: Tracy Westbrook  
1600 Sycamore Hills Road  
Columbia, MO 65202**

In accordance with section 67.402 RSMo and section 6.10, Boone County Code of Health Regulations, the undersigned gives notice to the above named persons or entities that the following described real property is hereby declared to contain the following described public nuisance which is ordered abated within 15 days of the date of this notice, and that if such abatement does not occur, then such nuisance may be ordered abated by action of the Columbia/Boone County Health Department, with the cost thereof to be the subject of a special tax bill against the property subject to abatement.

**Property Description:**

1600 Sycamore Hills Road Lot 4  
Sycamore Hills Subdivision parcel  
number 11-504-22-02-035.00 01  
Boone County, Missouri as shown  
by deed book 2830 page 0136

**Type of Nuisance:**

Trash, tires, junk and a junk-filled trailer on the premises in violation of section 6.5 of the Boone County Public Nuisance Ordinance. A derelict/unlicensed/ junk-filled/ dismantled/inoperable black Chevrolet suburban and a derelict/unlicensed/ junk-filled/ dismantled/ inoperable tow truck on the premises in violation of section 6.9 of the Boone County Public Nuisance Ordinance.

The above named persons are further notified that if they fail to abate such nuisance within the time specified in this notice, or fail to appeal this declaration of public nuisance and order of abatement within the time permitted for abatement specified in this notice, then a public hearing shall be conducted before the Boone County Commission, Commission Chambers, 801 E. Walnut, Columbia MO 65201, at a time and date determined by the Commission, and the County Commission will make findings of fact, conclusions of law and a final decision concerning the public nuisance and order of abatement set forth herein. For information concerning these proceedings, contact the Columbia/Boone County Health Department, 1005 W. Worley Street, Columbia, MO 65203.

Date of Declaration, Order and  
Publication: \_\_\_\_\_

Stephanie Browning,  
Director, Columbia/Boone County  
Health Department

**INSERTION DATE:** May 5, 2011.





## NOTIFICATION OF DETERMINATION OF PUBLIC HEALTH HAZARD AND/OR NUISANCE AND ORDER FOR ABATEMENT

Tracy Westbrook  
1600 Sycamore Hills Road  
Columbia, MO 65202

An inspection of the property you own located at 1600 Sycamore Hills Road (parcel # 11-504-22-02-035.00 01) was conducted on April 5, 2011 and a revealed derelict/unlicensed/junk-filled/dismantled/inoperable Chevrolet black suburban and a derelict/unlicensed/junk-filled/dismantled/inoperable tow truck on the premises.

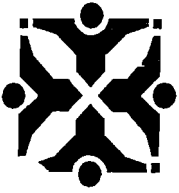
This condition is hereby declared to be a nuisance. You are herewith notified that you must begin correcting this condition within 7 days of receipt of this notice and order and that if the above nuisance condition has not been fully corrected within **15 days** after the receipt of this notice, an ~~additional enforcement action will result for violation of Boone County Public Nuisance Ordinance~~ Section 6.9. In order to correct this violation, the vehicle must be legally licensed, repaired, removed from the premises, stored in a garage or similar enclosure, or enclosed within a locked, fenced area that is not clearly visible from adjacent property within **15 days** after the receipt of this notice. A reinspection will be conducted at the end of the 15-day period. If the above nuisance condition has not been corrected by that time, a hearing before the Boone County Commission will be called to determine whether a violation exists. If the County Commission determines that a violation exists and the nuisance is not abated as ordered, the County Commission may have the nuisance abated with the cost of abatement, plus administrative fees, charged against the property in a tax bill. In addition, a complaint may be filed against you in Circuit Court. **If the above nuisance condition has been corrected within the 15-day period, no further action is necessary.**

The purpose of these ordinances is to create and maintain a cleaner, healthier community. If you have any questions, please do not hesitate to contact our office. If you are not the owner or the person responsible for the care of this property, please call our office at the number listed at the bottom of this letter. Your cooperation is greatly appreciated.

Sincerely,

  
Kala Gunier  
Environmental Health Specialist

This notice deposited in the U.S. Mail certified, return receipt requested on the 08 day of April, 2011 by GW.



# CITY OF COLUMBIA/BOONE COUNTY, MISSOURI



HEALTH DEPARTMENT  
DIVISION OF ENVIRONMENTAL HEALTH

## NOTIFICATION OF DETERMINATION OF PUBLIC HEALTH HAZARD AND/OR NUISANCE AND ORDER FOR ABATEMENT

Tracy Westbrook  
1600 Sycamore Hills Road  
Columbia, MO 65202

An inspection of the property you own located at 1600 Sycamore Hills Road (parcel # 11-504-22-02-035.00 01) was conducted on April 5, 2011 and revealed trash, junk, a junk filled trailer and tires on the premises.

~~This condition is hereby declared to be a public nuisance. You are herewith notified that you~~  
must begin correcting this condition within 7 days of receipt of this notice and order and that if the above nuisance condition has not been fully corrected within **15 days** after the receipt of this notice, an additional enforcement action will result for violation of Boone County Public Nuisance Ordinance Section 6.5. A reinspection will be conducted at the end of the 15-day period. If the above nuisance condition has not been fully corrected by that time, a hearing before the Boone County Commission will be called to determine whether a violation exists. If the County Commission determines that a violation exists and the nuisance has not been removed as ordered under this notice, the County Commission may have the nuisance removed with the cost of abatement, plus administrative fees, charged against the property in a special tax bill. In addition, a complaint may be filed against you in Circuit Court. **If the above nuisance condition has been corrected within the 15-day period, no further action is necessary.**

The purpose of these ordinances is to create and maintain a cleaner, healthier community. If you have any questions, please do not hesitate to contact our office. If you are not the owner or the person responsible for the care of this property, please call our office at the number listed at the bottom of this letter. Your cooperation is greatly appreciated.

Sincerely,

  
Kala Gunier  
Senior Environmental Health Specialist

This notice deposited in the U.S. Mail certified, return receipt requested on the 07 day of April 2011 by DN

1005 W. Worley • P.O. Box 6015 • Columbia, Missouri 65205-6015  
Phone: (573) 874-7346 • TTY: (573) 874-7356 • Fax: (573) 817-6407  
[www.GoColumbiaMo.com](http://www.GoColumbiaMo.com)

**Parcel** 11-504-22-02-035.00 01 **Property Location** 1600 SYCAMORE RD  
 City Road COUNTY ROAD DISTRICT (CO) School COLUMBIA (C1)  
 Library BOONE COUNTY (L1) Fire BOONE COUNTY (F1)

Owner WESTBROOK TRACY  
 Address 1600 WEST SYCAMORE HILL RD  
 City, State Zip COLUMBIA, MO 65202

Subdivision Plat Book/Page 0010 0089  
 Section/Township/Range 22 49 13

Legal Description SYCAMORE HILLS SD  
 LOT 4 EXC PT FOR NEW R/W  
 Lot Size 390 x 128.5

Deed Book/Page 2830 0136 2830 0135 2302 0672 2014 0690

Current Appraised				Current Assessed			
Type	Land	Bldgs	Total	Type	Land	Bldgs	Total
RI	8,100	69,200	77,300	RI	1,539	13,148	14,687
Totals	8,100	69,200	77,300	Totals	1,539	13,148	14,687

Previous Year's Tax  
 Year 2010 Amount \$894.14

APR 07 2011

**Residence Description**

Year Built 1978 (Estimate)  
 Use SINGLE FAMILY (101)

Basement FULL (4) Attic NONE (1)  
 Bedrooms 3 Main Area 1,292  
 Full Bath 1 Finished Basement Area 0  
 Half Bath 1  
 Total Rooms 5 Total Square Feet 1,292

APR 08 2011

[www.ShowMeBoone.com](http://www.ShowMeBoone.com), Boone County, Missouri. 801 East Walnut Columbia, MO 65201 USA.

- 4784
- Events
- Email log
- Reminders
- Work requests

**Call Information**

Call ID: 4784 Status: Open Entity: City of Columbia  
 Comments: 1600 sycamore hills road. unlicensed vehicles, trash/junk

**Call Details**

Call type: CE-County Nuisance  
 Entry date/time: 04/05/2011 16:37:52  
 Entry user ID: Gunier, Michala - Health Env  
 Origin: Telephone  
 Work group: Environmental Health

**Contact Information**

Contact ID: 154830  
 Contact name: Undefined  
 Home phone: (573) 999-9999  
 Customer:  
 Location:  
 Service:

**Call Assignment/Notification**

Contact notification: Call back  
 Notification date:  
 Email updates: No  
 Notification user: Gunier, Michala - Health Env  
 Forward to user: Gunier, Michala - Health Env

**Close Information**

Close date/time: 00:00:00  
 Close user:  
 Elapsed time: 16.01 Hours  
 Action taken:

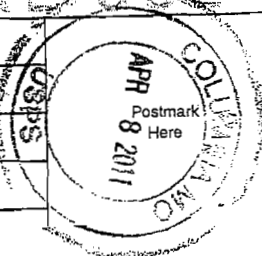
- Print
- Cancel
- Exit
- Refresh
- Toggle Inform...
- Contact Inquiry

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.54



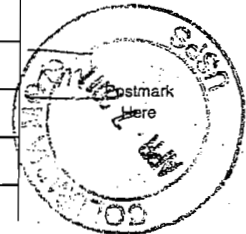
Sent To: Tracy Westbrook  
Street, or PO Box: 1600 Sycamore Hills Road  
City, State: Columbia, MO 65202

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.54



Sent To: Tracy Westbrook  
Street, or PO Box: 1600 Sycamore Hills Road  
City, State: Columbia, MO 65202

**AND/OR NUISANCE AND OF**

7011 0110 0001 9722 6055



7011 0110 0001 9722 6208

CITY OF COLUMBIA/



DEPART

1005 W. WORLEY  
P.O. Box 6015  
COLUMBIA, MISSOURI 65205-6015

Tracy Westbrook  
1600 Sycamore Hills Road  
Columbia, MO 65202

An inspection of the property you own located at 16

651 DE 1 NIXIE

RETURN TO SENDER UNCLAIMED UNABLE TO FORWARD

BC: 65205601515

652056015

1415-0815-1515

0000 0000 0000 0000 0000 0000 0000 0000 0000 0000

652056015 652056015

BC: 652056015 652056015

NIXIE 651 DE 1 00 04/28/11  
RETURN TO SENDER UNCLAIMED UNABLE TO FORWARD

241 -2011

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

June Session of the April Adjourned

Term. 20 11

County of Boone

In the County Commission of said county, on the

28<sup>th</sup>

day of

June

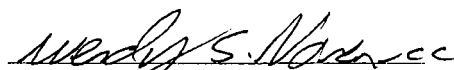
20 11

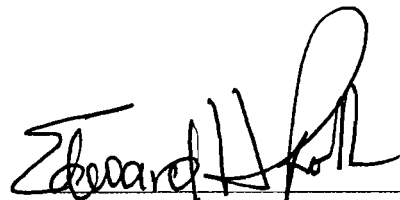
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby award bid 18-14JUN11 – Workers Compensation to sole bidder Naught-Naught Agency through Safety National Casualty Corporation. The premium for this plan is \$45,373.00.

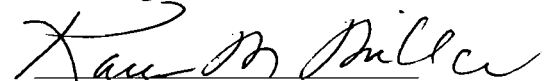
Done this 28<sup>th</sup> day of June, 2011.

ATTEST:

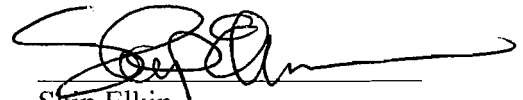
  
Wendy S. Noren  
Clerk of the County Commission



Edward H. Robb  
Presiding Commissioner



Karen M. Miller  
District I Commissioner



Skip Elkin  
District II Commissioner

**Safety National Casualty Corporation**  
**1832 Schuetz Road**  
**St. Louis, MO 63146**

PHONE # (314) 995-5300

FAX # (314) 995-3843

TO:	FIVE STAR SPECIALTY PROGRAMS	ATTN:	Ms. RITA JOHNSON
PHONE:	(314) 965-7474	FAX:	(314) 965-9399
FROM:	Conne Lyons	DATE:	06/13/2011

**EXCESS WORKERS' COMPENSATION INSURANCE QUOTATION**

Name of Risk: <b>COUNTY OF BOONE, MISSOURI</b>
Account: 6020269 Previous Policy Number: AGC4042330
Specific & Aggregate Excess

Contract Terms		Option 133099949
Liability Period		07/01/2011 - 07/01/2012
Payroll Reporting Period		07/01/2011 - 07/01/2012
Payroll		\$ 16,204,553
Manual Premium		\$ 422,378
Experience Modification Factor		1.000
Standard Premium		\$ 422,378
Self-Insured Retention		\$ 400,000
Specific Limit		Statutory
Employers Liability Limit	Per Occ	\$ 1,000,000
Loss Fund Rate	Rate % Std Premium	265.00 %
Estimated Loss Fund		\$ 1,119,302
Minimum Loss Fund		\$ 1,119,302
Aggregate Excess Limit		\$ 1,000,000
Loss Limitation		\$ 400,000
Premium Rate	Rate \$100 Payroll	\$ 0.28
Deposit Premium		\$ 45,373
Minimum Premium		\$ 45,373
Commission	Adjustable	15.00 %
Pay Plan		ANNUAL PAYMENT

\*Quote expires 1 day after Payroll Reporting Period effective date for each Quote Option.

**Market Results:**

Sentry Insurance - Declined based on exposure

Midwest Employers Casualty - Pricing Indication of \$65,000-\$75,000  
 Formal Quote not Released as they could not compete

Rate Guarantee Not Offered

PROPOSAL QUOTE SHEET #1  
 ONE YEAR RATE GUARANTEE WITH OPTION TO RENEW(1)  
 REQUIRES 90 DAY NOTICE OF RENEWAL RATE AND RETENTION LEVELS

**OPTION 1** YEAR 1 - JULY 1, 2011 - JUNE 30 2012  
 SELF INSURED RETENTION PER OCCURANCE  
 EACH ACCIDENT 300,000  
 EACH EMPLOYEE PER DISEASE 300,000  
 SPECIFIC LIMITS EACH ACCIDENT  
 PART ONE WORKERS COMPENSATION STATUTORY  
 PART TWO EMPLOYERS LIABILITY 1,000,000 PER OCCURANCE  
 SPECIFIC LIMITS EACH DISEASE  
 PART ONE WORKERS COMPENSATION STATUTORY  
 PART TWO EMPLOYERS LIABILITY 1,000,000 PER OCCURANCE  
 AGGREGATE  
 AGGREGATE EXCESS RETENTION PERCENTAGE QUOTE \_\_\_\_\_  
 MINIMUM EXCESS RETENTION QUOTE \_\_\_\_\_  
 AGGREGATE EXCESS LIMIT 1,000,000  
 PREMIUM QUOTE \_\_\_\_\_

*Not offered*

**OPTION 2** YEAR 1 - JULY 1, 2011 - JUNE 30 2012  
 SELF INSURED RETENTION PER OCCURANCE  
 EACH ACCIDENT 350,000  
 EACH EMPLOYEE PER DISEASE 350,000  
 SPECIFIC LIMITS EACH ACCIDENT  
 PART ONE WORKERS COMPENSATION STATUTORY  
 PART TWO EMPLOYERS LIABILITY 1,000,000 PER OCCURANCE  
 SPECIFIC LIMITS EACH DISEASE  
 PART ONE WORKERS COMPENSATION STATUTORY  
 PART TWO EMPLOYERS LIABILITY 1,000,000 PER OCCURANCE  
 AGGREGATE  
 AGGREGATE EXCESS RETENTION PERCENTAGE QUOTE \_\_\_\_\_  
 MINIMUM EXCESS RETENTION QUOTE \_\_\_\_\_  
 AGGREGATE EXCESS LIMIT 1,000,000  
 PREMIUM QUOTE \_\_\_\_\_

*Not offered*

**OPTION 3** YEAR 1 - JULY 1, 2011 - JUNE 30 2012  
 SELF INSURED RETENTION PER OCCURANCE  
 EACH ACCIDENT 400,000  
 EACH EMPLOYEE PER DISEASE 400,000  
 SPECIFIC LIMITS EACH ACCIDENT  
 PART ONE WORKERS COMPENSATION STATUTORY  
 PART TWO EMPLOYERS LIABILITY 1,000,000 PER OCCURANCE  
 SPECIFIC LIMITS EACH DISEASE  
 PART ONE WORKERS COMPENSATION STATUTORY  
 PART TWO EMPLOYERS LIABILITY 1,000,000 PER OCCURANCE  
 AGGREGATE  
 AGGREGATE EXCESS RETENTION PERCENTAGE QUOTE \_\_\_\_\_  
 MINIMUM EXCESS RETENTION QUOTE \_\_\_\_\_  
 AGGREGATE EXCESS LIMIT 1,000,000  
 PREMIUM QUOTE 45,373

*Refer to Quote*

*NOTE: State Authority Letter  
 Required to Bind*



Naught - Naught Agency  
1441 Christy, Jefferson City, MO 65101  
573.634.2727 (fax) 573.634.7762

## Privacy Notice

Congress has recently passed legislation which requires us to provide this notice on how we deal with non-public personal or financial information.

The privacy of the personal information we collect from customers and potential customers is very important to Naught - Naught Agency. You have received this notice in accordance with federal and state laws. This notice is to provide you with our understanding of types of non-public personal information about you that we may collect, how we use it and how we protect that information.

### **I. Information we collect.**

We collect non-public personal information about you from the following sources:

1. Information we receive from you on applications for insurance or from other insurance forms you complete.
2. Information we receive from the companies we represent which provide insurance policies to you.
3. Information from consumer reporting agencies.
4. Information about your transactions with us, and the companies we represent.
5. Information from visits to our website.

The type of information we collect is related to the insurance you requested from us and may include your name, address, social security number, driver's license number, ownership of property, marital status, health information, and other information required to get insurance.

### **II. Information we may disclose.**

We do not disclose any non-public personal information except as permitted by law.

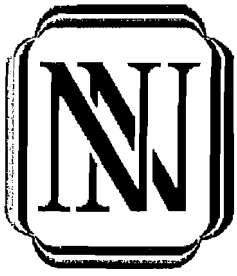
### **III. Information we share with third parties.**

We disclose non-public personal information to non-affiliated third parties only as permitted by law.

### **IV. Our procedures to protect your private information.**

We restrict access to non-public personal information to those employees, agents, representatives or parties who need to know the information in order to provide the insurance products requested by our customers.

We have policies and procedures that give direction to our employees, and to agents and representatives acting on our behalf, regarding how to protect and use non-public personal information. In addition, we maintain physical, electronic and procedural safeguards to non-public personal information.



**Naught-Naught Agency**

*Insurance • Bonds*

Naught-Naught Agency



**We deliver more than just a policy**

***Ask us about additional services we offer...***

- *Risk Management & Human Resource Service Online*
- *Disaster Planning & Recovery Assistance*
- *Building Valuation for proper coverage limits*
- *Claim Filing Assistance*
- *Payroll Review & Reporting Assistance*
- *Bonding & Financial review assistance*
- *Multiple Carriers Available*
- *W.C. Experience Mod Review*
- *Contractors Premium Credit Reporting*
- *Certificate of Insurance Service*
- *Employee Benefits Program*
- *Regular Loss Status Reports Available for Review*

**MyWave<sup>®</sup> PORTAL**

# Ask us About...

## Group Insurance

- Health
- Life / AD & D
- Dental
- Vision
- Disability
- Term Care

## Business Insurance

- Property
- General Liability
- Workers Compensation
- Bonds

## Retirement Plans

401k, IRA, Annuity

## Investments

Mutual Funds, Stocks, Bonds

## Personal Insurance

Auto, Home, Marine,  
Umbrella

## Individual Insurance

Health, Life, Dental, Vision  
Disability, Long Term Care

## Business Planning

Buy-Sell Funding, Keyman Life, Business Succession

...For all your Insurance Needs

# *Our Mission...*

## *Focused on Results*

The Naught-Naught Agency is committed to providing proactive and responsive insurance and financial services based on each client's business needs. The outstanding employees at Naught-Naught work closely providing their individual expertise to form a strong support network within the agency. The professional commitment to finding real solutions is our strength.

Maintaining the highest level of quality service for our customers along with commitment to the client continues to remain the agency's number one priority. Naught-Naught employees are active in many professional organizations and continue to improve themselves through on-going education programs to keep up on the latest developments in the market to better serve clients.

## *Focused on Community*

With clients that spread across the nation, Naught-Naught prides itself in focusing on community. Many of our employees have received their education from the University of Missouri and other area colleges. Some have gone on to complete graduate level degrees from the University of Missouri.

We care about the needs of the communities and the people we serve. The volunteer spirit is alive and well at the Naught-Naught Agency. Our employees actively participate in many fundraising and charitable organizations including...

Hospice of Jefferson City & Mid Missouri  
American Cancer Society  
Rape & Abuse Crisis Service  
Partners in Education/Columbia Public Schools  
Jefferson City Parks & Recreation

YMCA  
Easter Seals  
Public Schools  
Project Graduation  
Boy Scouts

**And More...**

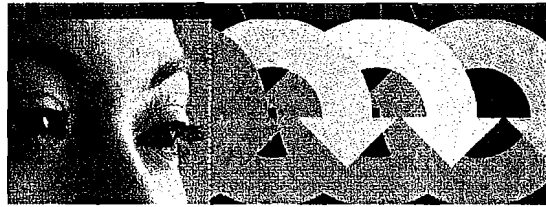
## Welcome...

Since our beginning in 1972, we have built successful lasting relationships with our clients who have come to rely on us to provide the security they need, from life, health, property, auto or home owners insurance to commercial lines of group health, retirement and liability insurance. Year after year our customers put their trust and their insurance needs in our hands. We are truly grateful to all our customers for their continued support.



Naught-Naught Agency...  
**"For All Your Insurance Needs"**

***This No-Cost Program Can Be Yours As A  
Naught-Naught Agency Client***



**With your *MyWave site* you can access  
your policies and more.... online!**

**MyWave Collaboration Center**

**Communicate with Naught-Naught Agency and peers in your specific  
industry nationwide**

**MyWave Risk Management**

**Request certificates, report claims, request changes 24/7  
Gain access to Employee Education & Safety Programs  
Including an Employee Safety Manual created specifically for your  
company**

**MyWave OSHA**

**Electronic record keeping, ready to print summaries, forms and more**

**Learn more about our agency at  
[www.naught-naught.com](http://www.naught-naught.com)**

**Have questions about MyWave?**

**Call me at  
573-874-3102**

## Table of Contents

Letter of Transmittal and Statement of Understanding and Capability

Work Authorization Certification

Signed Response Pages (Original and Addendums)

Responses to RFP:

4.1.4 Evaluation

4.1.4.2 Qualifications Statements/References

4.1.4.2. a. Names of Staff primarily assigned to work on the account

4.1.4.2. b. References of current clients

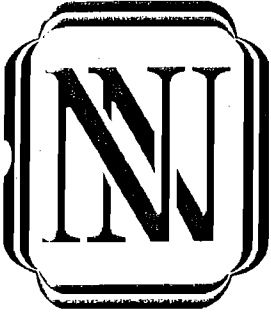
4.1.4.2. c. References of prior clients

4.1.4.2. d. Similar Account Statement

4.1.4.3 Copies of Agency and Staff State Licenses

Quotes:

Insurance Certificates



# Naught-Naught Agency

Insurance • Bonds



June 14, 2011

Melinda Bobbitt, CPPB  
Director of purchasing  
County of Boone, Missouri  
601 E Walnut Room 208  
Columbia, MO 65201-4460

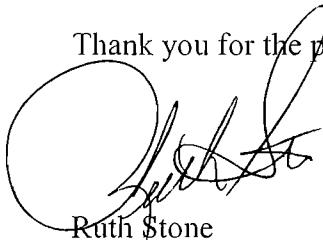
The Excess Workers Compensation Insurance Proposal is enclosed. There are one (1) original and six (6) signed copies of the proposal.

The Naught-Naught Agency looks forward to continuing the working relationship with the County Officials regarding excess worker's compensation insurance. Because the agency worked with the County elected officials and personnel to establish the current workers compensation program, we have a working knowledge of the process and coverage in place for the County's program.

As one of the 400 largest Independent Agencies in the United States, our access to markets and services are there for the County.

It is understood that Naught-Naught Agency is capable of providing the services required in the Request for Proposal.

Thank you for the past working relationship and looking forward to the future.



Ruth Stone



WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)

County of Cole )  
State of Missouri )ss

My name is Rick Naught. I am an authorized agent of Naught - Naught  
Ins. Agency (Bidder). This business is enrolled and participates in a federal  
work authorization program for all employees working in connection with services  
provided to the County. This business does not knowingly employ any person that is an  
unauthorized alien in connection with the services being provided. Documentation of  
participation in a federal work authorization program is attached hereto.

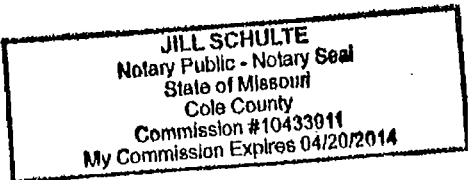
Furthermore, all subcontractors working on this contract shall affirmatively state  
in writing in their contracts that they are not in violation of Section 285.530.1, shall not  
thereafter be in violation and submit a sworn affidavit under penalty of perjury that all  
employees are lawfully present in the United States.

Rick Naught                      6-9-11  
Affiant                                      Date

Rick Naught  
Printed Name

Subscribed and sworn to before me this 10<sup>th</sup> day of June, 2011.

Jill Schulte  
Notary Public



(Please complete and return with Bid)

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Rick Naught President Naught - Naught Ins. Agency  
Name and Title of Authorized Representative

Rick Naught  
Signature

6-9-2011  
Date



5. Response/Pricing Page

In compliance with this Request for Proposal and subject to all the conditions thereof, the Offeror agrees to furnish the services/equipment/supplies requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of this proposal and is authorized to contract on behalf of the firm named below. (Note: This form must be signed. All signatures must be original and not photocopies).

Company Name: Naught-Naught Agency

Address: 3927 S. Providence Rd  
Columbia MO 65203

Telephone: (573) 874 3102 Fax: (573) 442 5489

Federal Tax ID (or Social Security #): 43-0996241

Print Name: Beth Stone Title: Producer

Signature: [Handwritten Signature] Date: 6/14/11

E-Mail Address: rstone @ naught-naught . com

**Complete the attached Proposal Quote**

**Proposal Quote Sheet #1 is for a one (1) year guaranteed rate with an option to renew for 1 year. The Quote Sheet contains 3 separate Options for retention levels and premium to be quoted. The insuring company shall notify the County not later than 90 days before the renewal date of any changes in the policy by filing of a revised Proposal Quote Sheet #1. Changes in retention levels above the current rate require approval of the Division of Workers Compensation.**

**Proposal Quote Sheet #2 is for a (2) year guaranteed rates. The quote sheet contains 3 separate options for retention levels and premium to be quoted. Changes in retention levels above the current rate require approval of the Division of Workers Compensations.**

# Safety National at a Glance



Proceed with Safety™

## Company History and Background

- Specialists in Workers' Compensation since 1942
- Licensed and admitted in all 50 states, the District of Columbia and Canada
- Exclusive distribution through brokers and agents
- Longest continual provider of Excess Workers' Compensation in America
- Leading provider of Excess Workers' Compensation with 27% domestic market share
- High level of dedication, knowledge, experience and quality service distinguish us in the marketplace
- Named one of the "Best Places to Work" by Business Insurance magazine

## Financial Strength and Stability\*

- Policyholders' surplus - \$757 million (16% increase over 3/10) and \$2.7 billion in assets
- Subsidiary of Delphi Financial Group Inc. (DFG), with \$7.9 billion in total assets
- A.M. Best Rating "A" (Excellent) Financial Size Category XI
- Moody's "A3" (Good)
- Standard & Poor's "A" (Strong)

## Products and Services

- Excess Workers' Compensation
  - Specific and Aggregate Excess Coverage for individual or group self-insureds
  - Monoline Aggregate Coverage
- Self-Insurance Bonds
- Loss Portfolio Transfers (LPT)
- TEXcess®- Texas Non Subscriber Program
- Treaty Reinsurance
- Public Entity Multi-Line Coverage
- Large Casualty Program
  - Large Deductible Workers' Compensation
  - Auto and General Liability
- Alternative Risk Programs
- MAP Client Services
  - Risk Control Services
  - Best Doctors partnership

\* as of March 31, 2011

Safety National

1832 Schuerz Road  
St. Louis, Missouri 63146

Phone 888.995.5300 (toll-free)  
314.995.5300

E-mail [info@safetynational.com](mailto:info@safetynational.com)  
Web [www.safetynational.com](http://www.safetynational.com)



Proceed with Safety

## MAP Client Services Proposal

Safety National believes that Management, Analysis and Prevention (MAP) are key to reducing injuries and associated costs, and controlling claim costs, so we are offering client services in these areas, FREE of charge in many instances. We propose to provide your organization with the following services:

### Management

- Safety Essentials Online** – This online service provides a variety of resources to assist your organization, including day-to-day safety and health compliance, best practices, policies and written programs. This service is FREE of charge.
- Claims Expertise:**
  - **Claims Management** – Safety National's team of Claims Analysts has an average of 17 years of industry experience and our management team averages 24 years experience. Our claims team is available to answer questions and provide assistance over the phone or electronically. This service is FREE of charge.
  - **Medical Management** – When a catastrophic injury claim occurs, special expertise in medical and claim management is needed to ensure the best possible outcome for the injured employee and appropriate cost control for the employer/carrier. We provide educational support and guidance for our claim management partners and work with Best Doctors to improve outcomes on catastrophic injury claims. This service is FREE of charge.
- Best Doctors** – We offer our policyholders and their employees the benefit of the medical expertise and resources of Best Doctors, including its database of world-class physicians, to assist in managing medical care in catastrophic injury cases and other high cost claims. Safety National chose to partner with Best Doctors because our experience has shown the combination of expert nurse case management and a knowledgeable claims team, with oversight by world-class medical specialists, presents the best opportunity to improve outcomes for catastrophic claims. Safety National will cover the initial cost of Best Doctors' services for qualified cases even if the Self-Insured Retention or deductible is not ultimately breached.
  - **Best Doctors CatCare**
  - **Ask Best Doctors**
- Claim Management Resources** – Safety National provides recommended vendor resources in the areas of: Pharmacy Benefit Management (PBM), Home Modification for severely disabled workers and Medical Bill Review for large medical bills. The charge for these services, are billed to the claim file and may be covered by Safety National in some cases.

## MAP Client Services Proposal



### Analysis

#### **Safety Self-Assessments:**

- **Workers' Compensation Program Evaluation** – This online self-assessment tool helps to evaluate how well your organization's Workers' Compensation program aligns with industry best practices. The evaluation will assess how well your organization is performing in key areas and provide customized recommendations for improvement. This service is FREE of charge.
- **Workers' Compensation Costs Comparison** – This online self-assessment will help you understand how your organization's losses compare to peers. You may compare 13 data points to national averages or one of 14 industries. This service is FREE of charge.

### Prevention

- Safety Training Source** – Safety National offers an alternative to traditional training through our self-paced, online training resource. We offer online safety training available for every employee of every policyholder – over 110 titles. This service is FREE of charge.
- Risk Control Services:**
  - **Remote Consultation** – Safety National's team of risk control managers has an average of 17+ years of industry experience and are available to answer questions and provide assistance over the phone or electronically. This service is FREE of charge.
  - **Consultant Network** – We maintain a nationwide network of independent consultants that can work with your organization to improve your safety management programs and provide specialized services, such as ergonomics and industrial hygiene. Our Risk Control department will work with you to match your needs to the appropriate consultant and provide high-level oversight of the project. There is a charge for using these consultants.
- Safety Partners and Discounts** – Safety National has established discounted partnerships with prevention resource providers on behalf of our policyholders. There is a charge for using these services, but Safety National has negotiated preferred pricing.

We would be glad to discuss our services in greater detail or provide you with a demo. Safety National will work with you, upon request, in determining the appropriate services for your needs. Once you are a policyholder you will receive a welcome packet with further detail on how to register for these services.

David Snodgrass, ARM  
Director – Risk Control Services  
**Safety National**  
(314) 995-5300  
david.snodgrass@safetynational.com



## Safety Essentials Online

*Safety Essentials Online* is a FREE resource to help you assist your members create and manage their safety and injury prevention programs. *Safety Essentials Online* provides in-depth materials, information and support for your ongoing safety and health program needs, including:

### Customizable and Downloadable Training Tools

PowerPoint presentations, speaker notes, checklists, forms, prewritten sample plans and meeting materials.

### Regulatory Analysis

Plain-language summaries of the differences between OSHA and state safety laws and regulations.

### Daily Regulatory Updates

State and federal final regulations, proposed regulations and notices updated daily. Access to OSHA and DOT regulations.

### Best Practices

Hundreds of case studies and white papers.

### Daily News

Feature articles written by a staff of safety professionals updated daily.

### Ask the Experts

Subscribers' questions answered within one business day and a Q&A database of questions and answers organized by topic.

### Material Safety Data Sheet (MSDS) Search

Online database of over 3.5 million MSDSs to download and use.

### Newsletter Wizard

Monthly newsletters that can be customized, printed, emailed or posted on your company's intranet.

### Plan Builder

Select from a library of safety plans, customize them and assemble into collections saved in a personal library.

### Quarterly Briefings

"EHS & Your Business" will help you inform senior management and other key decision makers of business-critical developments in the field of environment, health and safety.



## Safety Self-Assessments

*Safety Self-Assessments* is a FREE resource that provides an opportunity to take a measured look at your member's Worker's Compensation program components and the outcomes of those efforts. *Safety Self-Assessments* offers two measurement tools: a **Workers' Compensation Program Evaluation**, which measures your member's program components against best practices and a **Workers' Compensation Costs Comparison**, which compares your member's business costs to national/state averages or the averages of one of 14 industries.

### Workers' Compensation Program Evaluation

This self-evaluation will measure how well your member's program is aligned with industry best practices in key performance areas. The evaluation will return a numerical score on a scale of 100, along with recommendations for improvement based on the information entered into the evaluation. The key performance areas include:

- Management Commitment & Awareness
- Insurance Company and Claims Administration
- Performance Goals
- Post Injury Response
- Communication
- Return to Work and Transitional Duty
- Medical Care Coordination
- Medical Cost Containment
- Fraud, Abuse and Malingering
- Training Initiatives

### Workers' Compensation Costs Comparison

Online self-evaluation of costs allows you to quickly compare your member's Workers' Compensation costs to that of others. The comparison points are derived of a composite of Bureau of Labor Statistics, National Academy of Social Insurance, Workers Comp Research Institute, Bureau of the Census, NCCI and RIMS data. You can compare 13 data points against national/state averages or averages of one of 14 industries:

- Healthcare
- Education
- Government/non-profit
- Industrials
- Information technology
- Construction-production materials
- Energy
- Telecom
- Utilities
- Banks
- Non-bank financial
- Professional services
- Retail-consumer discretionary
- Food-consumer staples





## Safety Training Source

Safety National offers an alternative to traditional training through our FREE self-paced, online training resource, *Safety Training Source*. These modules may be used by single trainees or in group settings. The modules include employee interactions as well as post-test quizzes. There are over 150 titles to choose from and your member's may assign the appropriate titles to individuals or departments. We also offer a learning management system to log progress, scores and completion of training to help your organization and your members comply with regulatory requirements. Titles available include, but not limited to:

Accident Investigation	HACCP: Food Hazard Prevention	PACE Behavioral Driving - Small Vehicles
Aerial Lift Safety	Hand Safety *	PACE Behavioral Driving - Large Vehicles
Air Emissions	Hand & Power Tools *	Personal Protective Equipment *
Asbestos Awareness	Hazard Communication *	Pipeline Safety
Back Injury Prevention	Hazard Recognition	Power Press Safety
Back Safety	Hazardous Waste	Preventing Spills
Benzene Safety	HAZWOPER	Process Safety Management
Bloodborne Pathogens *	Hearing Safety *	Radiation Safety
Crane Safety: Mobile Cranes	Heat Stress *	RCRA
Crane Safety: Pendant Controlled	Hexavalent Chromium	Respirators: Air Purifying
Compressed Gas Cylinders*	High Voltage Awareness	Respirators: Air Supplying *
Concrete & Masonry	High Voltage: Safe Work Practices	Rigging Safety
Confined Space Entry: Permit Required*	HMT: Bulk Transport	Road Rage
Confined Space: Emergency Rescue	HMT: General Awareness	Safe Behavior *
Construction Safety-Orientation *	HMT: Non Bulk	Safety Orientation
Container Labeling	HMT: Safe Work Practices	Scaffolding Safety
Decision Driving	HMT: Safety Requirements for Drivers	Sexual Harassment: Understanding & Preventing
Decision Driving - Truck	HMT: Security Awareness	Sexual Harassment: What Supervisors Need to Know
Decontamination	HMT: Shipping Requirements	Shock Proof: Qualified Employees
Disaster Readiness	Hoists & Slings *	Shock Proof: Unqualified Employees
DOT: Driver Logs	Hot Work Permit *	Silica Safety Awareness
DOT: Driver Qualifications	Hydrogen Sulfide Safety	Site Security
DOT: Pre & Post Trip Inspections	Incident Investigation	Slips, Trips & Falls *
Driver Awareness: 15-Passenger Van Safety	Industrial Ergonomics	Stairways & Ladders *
Drug Testing Awareness	Introduction to OSHA *	Static Electricity
Electrical Safety *	Job Safety Analysis	Steel Erection
Employee Safety Orientation	Lab Safety	Stormwater Management
Energized Electrical Work Permit	Ladder Safety	Street Smart
Environmental Awareness	Laser Safety	TSCA
Excavation Trenches & Shoring *	Lead Safety	Valve Safety
Eye Safety	Leadership Skills for Safety	Walking Working Surfaces *
Fall Protection *	Lockout/ Tagout *	Welding Safety *
Fire Safety *	Machine Guard Awareness	Workplace Violence: Preventing the Threat
First Aid	Machine Guarding *	
First Responder Awareness Level	Materials Handling	
Food Allergens	Marine Security	
Forklift Safety *	Muscle Strains & Sprains	
Formaldehyde Safety	Off the Job Safety	
GMPs: Food Production Excellence	Office Ergonomics	
	Office Safety	
	OSHA Recordkeeping	

\*Available in Spanish  
 \*\*Courses subject to change

For a complete list of available titles, visit [safenational.com](http://safenational.com).



## Best Doctors - CatCare



Safety National offers its policyholders CatCare, a Catastrophic Injury Claims program that provides real-time guidance from top experts in trauma, rehabilitation and other specialties, helping reduce errors and ensure that best practices are being followed. Our policyholders can take advantage of this program regardless of whether or not the Self-Insured Retention or deductible is ultimately breached. This partnership combines the claim management expertise of Safety National with the expert medical resources of Best Doctors providing a pro-active approach to achieve the best possible clinical outcomes on the most challenging and costly Workers' Compensation claims.

### CatCare Program Scope

#### CatCare Goals:

- Ensure accurate diagnoses and highest standard of care
- Make sure the patient gets the right care, at the right time, at the right facility at every stage of recovery
- Early identification of critical medical issues and potential problems
- Reduction or elimination of costly, long-term medical surprises that often arise in catastrophic cases

#### The CatCare program includes:

- Input from nationally-recognized trauma clinicians within 1 business day of referral
- Case management by nurses experienced in catastrophic injuries
- Ongoing review and analysis by world-class specialists including expert physiatry consultation during the rehabilitation process
- Understanding the "big picture" versus obtaining fragmented information
- Continuing communication between the claims team, nurse case manager, and Best Doctors clinicians
- Real-time updates on progress through the Best Doctors secure web reporting tool
- Monthly reports identifying outstanding medical issues and recommendations

### Case Referral Criteria

All current Specific Excess and Large Deductible Workers' Compensation policyholders will be eligible, regardless of Self-Insured Retention or deductible amount.

### Eligible Injury Types:

- Traumatic Brain Injury
- Spinal Cord Injury
- Major Amputation
- Serious Burns
- Serious Multiple Trauma (single employee)

Safety National will work with the policyholder and TPA to determine whether or not a claim meets one of the definitions of a Catastrophic Injury Claim.

### Claim Reporting and Fees

To be eligible for the program, a Catastrophic Injury Claim must be reported to Safety National within three business days of the accident. If a Catastrophic Injury Claim meets the reporting requirement, Safety National will pay 100% of the cost of the first month of Best Doctors service, regardless of whether or not the claim ultimately exceeds the Self-Insured Retention or deductible. The first month of this service is often the most expensive for the policyholder.

This program is completely voluntary. Coverage terms under the applicable policy will not be affected should the policyholder decline Best Doctors services.

For more information on Safety National and Best Doctors CatCare program please visit us at [www.safetynational.com](http://www.safetynational.com) or contact Sherri Hickey, Medical Management Director at [scare@safetynational.com](mailto:scare@safetynational.com) or by phone: 866-762-2559.



## Best Doctors – Ask Best Doctors



### What is Ask Best Doctors?

Ask Best Doctors is a pro-active, non-adversarial, consultative medical review by a Best Doctors specialist for injured workers at high risk for adverse developments in their medical condition. Based on the specific needs of the case, Best Doctors will select one of its top experts to review the injured worker's current diagnosis and treatment plan. Safety National offers this program to all current Specific Excess and Large Deductible Workers' Compensation policyholders, regardless of Self-Insured Retention or deductible amount.

### The Ask Best Doctors program includes:

#### Phase 1

- Review of case
- Conference call with claims team and Best Doctors physician
- Final report

If the reporting requirement is met and the claim is determined to be appropriate for the program, Safety National will pay 100% of all Phase 1 fees.

#### Phase 2: Extended ABD

- Additional testing and evaluation if needed

#### Phase 3

- Implementation of specialist's recommendation

### Changing Outcomes for the Better

Not every Ask Best Doctors report will recommend a change in diagnosis or treatment plan. While confirmation of an appropriate diagnosis and treatment plan by the Best Doctors Expert is of great value, the goal of the program is to change an injured worker's medical outcome for the better. The Ask Best Doctors Expert report will not be used to deny care to the injured worker, interfere with the treating doctor – patient relationship or compel any change in the treatment plan. This process of open communication should assist the injured worker to make informed decisions about his or her medical care.

### Case Referral Criteria

Case referrals routinely involve one of the following medical circumstances:

- Request for second spinal surgery (i.e. laminectomy or fusion)
- Request for spinal cord stimulator or morphine pump
- Early onset of Chronic Regional Pain Syndrome (CRPS) or Reflex Sympathetic Dystrophy (RSD)
- Pharmacy review
- Validation of treatment
- Chronic Pain Intervention

To be eligible for the program, a claim must be reported to Safety National in a timely manner allowing sufficient lead-time for a meaningful review by the Ask Best Doctors program. Safety National will determine if a referral to Ask Best Doctors is appropriate. Utilization of this program by the policyholder is highly recommended but is completely voluntary. Coverage terms under the applicable policy will not be affected should the policyholder choose not to utilize the Ask Best Doctors services.

For more information on Safety National's Ask Best Doctors program please visit us at [www.safetynational.com](http://www.safetynational.com) or contact: Sherri Hickey, Medical Management Director at [askbestdoctors@safetynational.com](mailto:askbestdoctors@safetynational.com) or by phone 866-762-2559.

**WESTPORT INSURANCE CORPORATION**  
**CERTIFICATE OF INSURANCE**  
**(Claims First Made)**

Issue Date: 6/9/2011

Certificate Holder:  
 BOONE COUNTY, MISSOURI  
 801 E. WALNUT  
 COLUMBIA, MO 65201

This is to certify that the named insured is covered by the insurance Policy described below issued by Westport Insurance Corporation of Overland Park, Kansas. Coverage afforded the named insured is subject to all terms, exclusions, limitations and conditions of such policy. Limits shown may have been reduced by paid claims. This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.

TYPE OF INSURANCE: Errors & Omissions Liability

POLICY NUMBER: WED4MO006410005

NAMED INSURED: NAUGHT-NAUGHT INSURANCE AGENCY INC

OTHER INSUREDS AS DEFINED IN POLICY:

Policy Aggregate Limit of Liability for all "coverage units" : \$ 6,000,000

**Coverage - CLAIMS EXPENSES ARE IN ADDITION TO THE LIMIT OF LIABILITY FOR THE COVERAGES UNITS LISTED IN THIS SECTION**

"Coverage Unit"	"Coverage Unit" Limit of Liability Each Claim	"Coverage Unit" Limit of Liability Aggregate Each "Policy Period"	Deductible Each Claim	Deductible Aggregate Each "Policy Period"	"Retroactive Date"
Insurance Industry	\$ 3,000,000	\$ 6,000,000	\$ 25,000	N/A	Full Prior
Professional Liability	N/A	N/A	N/A	N/A	Acts
N/A	N/A	N/A	N/A	N/A	N/A

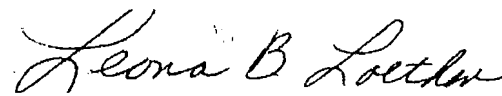
**Coverage - CLAIMS EXPENSES ARE INCLUDED WITHIN THE LIMIT OF LIABILITY FOR THE COVERAGES UNITS LISTED IN THIS SECTION**

"Coverage Unit"	"Coverage Unit" Limit of Liability Each Claim	"Coverage Unit" Limit of Liability Aggregate Each "Policy Period"	Deductible Each Claim	Deductible Aggregate Each "Policy Period"	"Retroactive Date"

EFFECTIVE DATE: FROM: March 18, 2011 TO: March 18, 2012

By the issuance of this Certificate, Westport Insurance Corporation assumes no obligation to provide notice of change in or cancellation of the policy.

WESTPORT INSURANCE CORPORATION

  
 \_\_\_\_\_  
 Authorized Representative



# CERTIFICATE OF LIABILITY INSURANCE

NAUGH-3

OP ID: B4

DATE (MM/DD/YYYY)

06/13/11

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 FOLLOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER Naught-Naught / Jefferson City 1441 Christy Drive P O Box 1768 Jefferson City, MO 65102 Naught Naught/Jefferson City	573-634-2727	CONTACT NAME:	
	866-779-8102	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Accident Fund Ins Co of Americ			10166
INSURER B: Cincinnati Insurance Company			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

INSURED  
Naught-Naught P & C  
1441 Christy Drive  
Jefferson City, MO 65102

## 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Empl Dishon/Forge GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			EBP0006204	03/18/10	03/18/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CAA 5899116	03/18/11	03/18/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 5000			CAP5899116	03/18/10	03/18/13	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV5017755	03/18/11	03/18/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Boone County, Missouri is listed as additional insured in regards to the General Liability coverage.  
"30 day cancellation notice is endorsed according to policy terms and conditions."

## CERTIFICATE HOLDER

## CANCELLATION

BOONE-8

Boone County, Missouri  
Roger B. Wilson Boone  
County Government Center  
801 E Walnut Rm #245  
Columbia, MO 65201

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



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 18-14JUN11 – Worker’s Compensation and Employer’s**  
**Liability Excess Insurance Coverage – Self Insured Public Entity**

**ADDENDUM #2 - Issued June 9, 2011**

This addendum is issued in accordance with the Introduction and General Information in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum **should** be acknowledged and submitted with Offeror’s *Response Page*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County received the following questions and are providing a response below:


- 1) **Question:** Would it be possible to obtain the RFP in Microsoft word format?

**Response:** Offerors may e-mail [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org) to request a copy of the RFP in Word.

- 2) **Question:** Would it be possible to obtain a breakdown of claims for the past 3 years by claim type:
- Medical only
  - Indemnity
  - Incident only
  - Bodily injury
  - Property Damage
  - Property
  - Auto Physical Damage
  - professional liability

**Response:** The County did provide breakout of five years of claims broken down by medical and indemnity - both summary by year and detail.

Attached is a word document with details of five years of incident only claims. The other items requested are not coverages that will be contracted under this RFP. This is an RFP for workers compensation excess coverage only - not property, liability, auto or any other risks. Those risks are covered under an intergovernmental agreement with MOPERM.

By:   
**Melinda Bobbitt, CPPB**  
**Director of Purchasing**

**OFFEROR has examined copy of Addendum #2 to Request for Proposal # 18-14JUN11 – Worker’s Compensation and Employer’s Liability Excess Insurance Coverage – Self Insured Public Entity, receipt of which is hereby acknowledged:**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Representative Printed Name:** \_\_\_\_\_

# VEHICLE AND OPERATING EQUIPMENT SCHEDULE



	Model Year (YYYY)	Chassis Manufacturer	Model
Public Works	1990	INTERNATIONAL	TRUCK
Public Works	1996	INTERNATIONAL	DUMP TRUCK
Public Works	2000	CHEVROLET	C3500 TRUCK
Public Works	2001	CHEVROLET	SILVERADO
Road and Bridge	2002	TRAILER	HUT-20
Road and Bridge	2002	TRAILER	TS-10
Public Works	2002	INTERNATIONAL	TRUCK
Public Works	2002	FORD	F550 TRUCK
Public Works	2002	FORD	F550 TRUCK
Public Works	2002	INTERNATIONAL	DUMP TRUCK
Public Works	2002	INTERNATIONAL	DUMP TRUCK
Public Works	2002	INTERNATIONAL	DUMP TRUCK
Public Works	2003	FORD	F550 TRUCK
Public Works	2003	TRAILER	WELLS CARGO UTILITY
Public Works	2003	TRAILER	WELLS CARGO UTILITY
Public Works	2003	TRAILER	WELLS CARGO UTILITY
Public Works	2003	TRAILER	DOOLITTLE
Public Works	2003	INTERNATIONAL	DUMP TRUCK
Public Works	2004	INTERNATIONAL	DUMP TRUCK
Public Works	2004	INTERNATIONAL	DUMP TRUCK
Public Works	2005	FORD	EXPLORER
Public Works	2006	INTERNATIONAL	OIL DISTRIBUTOR
Public Works	2005	CHEVROLET	3500 TRUCK
Public Works	2005	CHEVROLET	DUMP TRUCK
Public Works	2005	CHEVROLET	DUMP TRUCK
Public Works	2005	TRAILER	CECI 20-TON FLATBED
Public Works	2006	INTERNATIONAL	DUMP TRUCK
Public Works	2006	INTERNATIONAL	DUMP TRUCK
Public Works	2006	INTERNATIONAL	DUMP TRUCK
Public Works	2006	FORD	F250
Public Works	2006	TRAILER	EAGER BEAVER
Public Works	2007	INTERNATIONAL	TRUCK
Public Works	2007	INTERNATIONAL	TRUCK
Public Works	2007	INTERNATIONAL	TRUCK
Public Works	2007	INTERNATIONAL	TRUCK
Public Works	2007	TRAILER	DAKOTA
Public Works	2007	INTERNATIONAL	TRACTOR/TRAILER
Public Works	2007	CHEVROLET	SILVERADO
Public Works	2007	CHEVROLET	SILVERADO
Public Works	2008	INTERNATIONAL	TRACTOR/TRAILER
Public Works	2009	INTERNATIONAL	DUMP TRUCK
Public Works	2009	DODGE	RAM
Public Works	1997	CHEVROLET	SUBURBAN
Public Works	2000	CHEVROLET	TRUCK

Public Works	2002 FORD	CROWN VICTORIA
Public Works	2002 CHEVROLET	BLAZER
Public Works	2003 GMC	SIERRA
Public Works	2003 GMC	SIERRA
Public Works	2004 CHEVROLET	ASTRO VAN
Public Works	2005 FORD	CROWN VICTORIA
Public Works	2005 FORD	EXPLORER
Public Works	2008 CHEVROLET	SILVERADO
Public Works	2009 CHEVROLET	PICKUP
Assessor	1993 FORD	TRUCK
Assessor	1994 FORD	F150
Assessor	1995 FORD	F142 TRUCK
Assessor	2000 CHEVROLET	LUMINA
Assessor	2000 FORD	CROWN VICTORIA
Administrative	2003 FORD	CROWN VICTORIA
Animal Control	2007 FORD	VAN
Animal Control	2008 CHEVROLET	VAN
Attorney	2000 CHEVROLET	MALIBU
Attorney	2005 FORD	EXPLORER
Attorney	2007 CHEVROLET	MALIBU
Commission	1996 FORD	CROWN VICTORIA
Commission	1996 FORD	WINDSTAR
Commission	1999 JEEP	CHEROKEE
Election Commission	1990 FORD	TRUCK
JJC	2000 CHEVROLET	VAN
JJC	2001 FORD	ECONOLINE E350
JJC	2001 CHEVROLET	IMPALA
JJC	2003 CHEVROLET	IMPALA
JJC	2004 FORD	CROWN VICTORIA
JJC	2007 FORD	FOCUS
Law Enforcement	1996 FORD	ECONOLINE
Law Enforcement	1998 ATV	KAWASAKI ALL TERRAIN
Law Enforcement	1994 FORD	VAN
Law Enforcement	1993 FORD	CONVERSION VAN
Law Enforcement	2001 CHEVROLET	IMPALA
Law Enforcement	2001 CHEVROLET	IMPALA
Law Enforcement	2001 CHEVROLET	IMPALA
Law Enforcement	2001 CHEVROLET	IMPALA
Law Enforcement	2001 CHEVROLET	IMPALA
Law Enforcement	2001 CHEVROLET	IMPALA
Law Enforcement	2001 FORD	CROWN VICTORIA
Law Enforcement	2003 FORD	CROWN VICTORIA
Law Enforcement	2003 CHEVROLET	IMPALA
Law Enforcement	2003 CHEVROLET	IMPALA
Law Enforcement	2003 FORD	CROWN VICTORIA
Law Enforcement	2003 FORD	CROWN VICTORIA
Law Enforcement	2003 FORD	EXPLORER

Law Enforcement	2004 FORD	EXPLORER
Law Enforcement	2004 CHEVROLET	EXTENDED CAB TRUCK
Law Enforcement	2004 TRAILER	CARGO
Law Enforcement	2004 FORD	CROWN VICTORIA
Law Enforcement	2004 FORD	CROWN VICTORIA
Law Enforcement	2004 FORD	CROWN VICTORIA
Law Enforcement	2004 CHEVROLET	IMPALA
Law Enforcement	2005 FORD	CROWN VICTORIA
Law Enforcement	2005 CHEVROLET	CARGO VAN
Law Enforcement	2005 FORD	CROWN VICTORIA
Law Enforcement	2005 FORD	CROWN VICTORIA
Law Enforcement	2006 FORD	CROWN VICTORIA
Law Enforcement	2005 FORD	CROWN VICTORIA
Law Enforcement	2005 FORD	CROWN VICTORIA
Law Enforcement	2005 FORD	CROWN VICTORIA
Law Enforcement	2005 FORD	CROWN VICTORIA
Law Enforcement	2005 FORD	CROWN VICTORIA
Law Enforcement	2006 FORD	TAURUS
Law Enforcement	2006 FORD	TAURUS
Law Enforcement	2006 FORD	CROWN VICTORIA
Law Enforcement	2006 FORD	E350 TRUCK
Law Enforcement	2007 FORD	TAURUS
Law Enforcement	2007 CHEVROLET	IMPALA
Law Enforcement	2007 CHEVROLET	SILVERADO
Law Enforcement	2007 FORD	CROWN VICTORIA
Law Enforcement	2007 FORD	CROWN VICTORIA
Law Enforcement	2007 FORD	CROWN VICTORIA
Law Enforcement	2007 FORD	CROWN VICTORIA
Law Enforcement	2007 FORD	CROWN VICTORIA
Law Enforcement	2007 FORD	CROWN VICTORIA
Law Enforcement	2007 FORD	CROWN VICTORIA
Law Enforcement	2007 FORD	CROWN VICTORIA
Law Enforcement	2007 FORD	CROWN VICTORIA
Law Enforcement	2007 FORD	E-SERIES VAN
Law Enforcement	2007 FORD	E-SERIES VAN
Law Enforcement	2008 FORD	CROWN VICTORIA
Law Enforcement	2008 FORD	CROWN VICTORIA
Law Enforcement	2008 FORD	CROWN VICTORIA
Law Enforcement	2008 FORD	CROWN VICTORIA
Law Enforcement	2008 FORD	CROWN VICTORIA
Law Enforcement	2008 FORD	CROWN VICTORIA
Law Enforcement	2008 FORD	CROWN VICTORIA
Law Enforcement	2008 FORD	CROWN VICTORIA
Law Enforcement	2008 FORD	CROWN VICTORIA
Law Enforcement	2008 CHEVROLET	TRAILBLAZER
Law Enforcement	2008 FORD	CROWN VICTORIA
Law Enforcement	2008 FORD	CROWN VICTORIA
Law Enforcement	2009 FORD	CROWN VICTORIA
Law Enforcement	2009 FORD	CROWN VICTORIA

Law Enforcement	2009 FORD	CROWN VICTORIA
Law Enforcement	2009 FORD	CROWN VICTORIA
Law Enforcement	2009 FORD	CROWN VICTORIA
Law Enforcement	2009 FORD	CROWN VICTORIA
Law Enforcement	2000 FORD	EXPLORER
Law Enforcement	2009 FORD	CROWN VICTORIA
Law Enforcement	2009 FORD	CROWN VICTORIA
Law Enforcement	2009 FORD	CROWN VICTORIA
Law Enforcement	2009 FORD	CROWN VICTORIA
Law Enforcement	2009 FORD	CROWN VICTORIA
Law Enforcement	2009 FORD	CROWN VICTORIA
Law Enforcement	2009 FORD	CROWN VICTORIA
Law Enforcement	2009 DODGE	CHARGER
Law Enforcement	2009 CHEVROLET	IMPALA
Law Enforcement	2010 DODGE	CHARGER
Law Enforcement	2010 CHEVROLET	TAHOE
Law Enforcement	2010 FORD	CROWN VICTORIA
Law Enforcement	2010 FORD	CROWN VICTORIA
Law Enforcement	2010 FORD	CROWN VICTORIA
Law Enforcement	2010 FORD	CROWN VICTORIA
Law Enforcement	2010 FORD	CROWN VICTORIA
Law Enforcement	2010 FORD	CROWN VICTORIA
Law Enforcement	2010 FORD	CROWN VICTORIA
Maintenance	1994 TRAILER	HULL TILT
Maintenance	1996 TRAILER	WIL-ROW FLAT BED
Maintenance	1997 FORD	F350 TRUCK
Maintenance	1997 FORD	RANGER
Maintenance	1997 FORD	AEROSTAR VAN
Maintenance	2005 CHEVROLET	SILVERADO
Maintenance	2009 CHEVROLET	PICKUP
Planning & Zoning	2002 GMC	1500 TRUCK
Planning & Zoning	2003 GMC	SIERRA
Planning & Zoning	2003 FORD	EXPLORER
Planning & Zoning	2005 FORD	EXPLORER
Planning & Zoning	2007 CHEVROLET	TRAILBLAZER
Planning & Zoning	2008 CHEVROLET	SILVERADO
Public Works	1994 TRAILER	TOWMASTER FLATBED
Public Works	2011 TRAILER	INTERSTATE 40DLA
Public Works	2011 INTERNATIONAL	W/ETNYRE DISTRIBUTOR

Subsidiary	Description	Serial Number	Insured Value
Public Works	ADDCO Trailer Mounted Message Board	522171007	11477.00
Public Works	ADDCO Trailer Mounted Message Board	522181007	11477.00
Public Works	Alamo Boom Shear Head Assembly	10158	6940.00
Public Works	Alkota Portable Hot Water/Steam Cleaner	217707	4952.00
Public Works	Bobcat Skid-Steer	525816974	36531.00
Public Works	Bobcat Skid-Steer	525816828	36531.00
Public Works	Bradco Tiller 78"	197714	4773.00
Public Works	Broce Ride on Broom (self-propelled)	405076	28250.00
Public Works	Broce Road Sweeper	404180PE4045DF270	29233.00
Public Works	Case Backhoe	N6C411672	72876.00
Public Works	Case Backhoe	JIG0375033	74607.00
Public Works	Case Backhoe AWD w/Trenching Bucket	JIG0375035	74607.00
Public Works	Case Forklift 6000lb 4wd	JIG0250098	37454.00
Public Works	Case Skid Steer	JAF00450N7M446060	37987.00
Public Works	Case Wheel Loader	JEE0125334	105336.00
Public Works	Case Wheel Loader	JEE0200050	84177.00
Public Works	CAT Track Loader	2DS01527	200955.00
Public Works	Cimline Magma HM Asphalt Crack Seal Mchn	5110215	33741.00
Public Works	Dura Pothole Patcher	1379	36296.00
Public Works	Dynapac Vibratory Asphalt Comp Roller	DW6/2D613083	29250.00
Public Works	Easy Lawn Hydro Seeder #2795	20802	8293.00
Public Works	Easy Lawn Straw Blower	20801	7813.00
Public Works	Entyre Chip Spreader Self -Prop	K6561	226825.00
Public Works	Etnyre Bituminous Pumping Unit	P3510	9168.00
Public Works	Etnyre Bituminous Pumping Unit 30HP	P3510	8328.00
Public Works	Ford Tractor W/Sickle Side Mower	BD93195	22000.00
Public Works	Good Roads Snow Plow 10X36 Reversible	2673-D	4623.00
Public Works	Hamm Drum Roller (Smooth) 84"	H1690844	64000.00

Public Works	Hamm Roller Vibratory	47668	39360.00
Public Works	Henderson Material Spreader	WSH-24310	14200.00
Public Works	Henderson Spreader Dry Material	WSH-21985	12199.00
Public Works	Henderson Spreader Dry Material	WSH-21984	12199.00
Public Works	Henderson Spreader Dry Material	WSH-21986	12199.00
Public Works	Henderson Spreader Material V-Box	23225	14200.00
Public Works	Henderson V-Box Spreader	WSH-24308	14200.00
Public Works	Henderson V-Box Spreader	WSH-24309	14200.00
Public Works	Henke Push Blade		
Public Works	Dozer/Motograder	6622	3395.00
Public Works	Henke Push Blade		
Public Works	Dozer/Motograder	6620	3395.00
Public Works	Henke Push Blade		
Public Works	Dozer/Motograder	6621	3395.00
Public Works	Henke Snow Plow	3750	3600.00
Public Works	Henke Snow Plow	8083	5191.00
Public Works	Henke Snow Plow	8082	4891.00
Public Works	Henke Snow Plow	8081	5091.00
Public Works	Henke 36R10 Snow Plow	6854	4150.00
Public Works	Henke 36R10 Snow Plow	6853	4150.00
Public Works	Henke 36R10 Snow Plow	6852	4150.00
Public Works	Henke 36R10 Snow Plow	3749	4150.00
Public Works	Henke 36R10 Snow Plow	3748	4150.00
Public Works	Henderson WSH Material Spreader	22356	12352.00
Public Works	Henderson WSH Material Spreader	22355	12352.00
Public Works	Henderson WSH Material Spreader	22354	12352.00
Public Works	Henke Snow Plow 10" Reversible	4920	4615.00
Public Works	Henke Snow Plow 10" Reversible	4921	4615.00
Public Works	Henke Snow Plow 10" Reversible	4922	4615.00
Public Works	Henke Snow Plow 10" Reversible #3007	5078	4761.00
Public Works	Henke Snow Plow 10" Reversible #3011	5079	4761.00

	Henke Snow Plow 11" Reversible		
Public Works	Power	2311	4248.00
Public Works	Henke Vee Plow	82-1428	2962.00
	HTC Hydraulic Truck Conveyor		
Public Works	w/Ext	1E03551127	4693.00
Public Works	HTC Inc Hydraulic Conveyor	BG0553815	16933.00
	HWY Eqpt Co Salt Spreader w/6"		
Public Works	Side Ext	120969	4695.00
	HWY Equip Co Spreader Dry		
Public Works	Material	121489	4815.00
	HWY Equip Co Spreader Dry		
Public Works	Material	121490	4815.00
	Hydro Tek Sys Inc Towable Hot-		
Public Works	Water Wshr	200200439	11775.00
Public Works	Hypac Pneumatic Tire Roller	90158580861037	40478.00
	Hypac Vibratory Roller Single		
Public Works	Drum	901581 E11	66000.00
Public Works	JCB Excavator	SLPJS22C5E1019508	175000.00
Public Works	JCB Track Excavator	JCBS22CL71701835	134950.00
	John Deere 13175 Mower Boom	RW7210M 059328	105000.00
	John Deere Crawler Dozer #2782	T0750CX821106	118107.00
	John Deere Motor Grader 2009	DW672GX625756	266200.00
	John Deere Motor Grader 2009	DW672GX625776	266200.00
Public Works	John Deere Motor Grader	DW672CH586837	170500.00
Public Works	John Deere Motor Grader	DW672CH592818	174000.00
Public Works	John Deere Motor Grader	DW672CH592795	174000.00
Public Works	John Deere Motor Grader	DW672CH592820	174000.00
Public Works	John Deere Motor Grader	DW672DX598563	183350.00
Public Works	John Deere Motor Grader	DW672D613144	188850.00
Public Works	John Deere Motor Grader	DW672D613083	188850.00
	John Deere Tiger Tractor w/		
Public Works	Boom Mower	RW7220R0036076	105000.00
	John Deere Tiger Tractor w/		
Public Works	Boom Mower	RW722R002944	105000.00
	John Deere Tiger Tractor w/19"		
Public Works	Boom Mower	LO6420H461431	102161.00
	John Deere Tiger Tractor w/19"		
Public Works	Boom Mower	LO6420H455897	102161.00
	Layton MFG Pull behind Paver	D-10951-K-8	39972.00

Public Works	Miller Welder Bobcat	LC073574	3386.00
Public Works	Morbark Brush Chipper	51155	36500.00
Public Works	Rylind Blade Dozer Motorgrader	8602	3715.00
Public Works	Rylind Blade Dozer Motorgrader	8702	3715.00
Public Works	Rylind Push Blade for Motorgrader 8'	VV27-9305	4125.00
Public Works	Rylind Push Blade for Motorgrader 8'	9105	4125.00
Public Works	Rylind Push Blade for Motorgrader 8'	9205	4125.00
Public Works	Rylind Push Blade for Motorgrader 8'	9405	4125.00
Public Works	Spreader 13' Stainless Steel		8850.00
Public Works	Stone Tamper Compactor	1951068	2790.00
Public Works	Stone Tamper Compactor	1951069	2790.00
Public Works	Stone Vibratory Plate Compactor	1951093	2185.00
Public Works	Stone Vibratory Plate Compactor	1951091	2185.00
Public Works	Sweepster Pull Behind Sweeper	943540	4586.00
Public Works	Swenson Spreader	0708-3368	13400.00
Public Works	Swenson Spreader 13' Stainless Steel	0506-1218	8850.00
Public Works	Swenson Spreader 13' Stainless Steel	0506-1220	8850.00
Public Works	Swenson Spreader 13' Stainless Steel	0506-1219	8850.00
Public Works	Vermeer BC1250 Brush Chipper	4661	20562.00
Public Works	Virnig Grapple Bucket	41463	3602.00
Public Works	Wacker Vibratory Roller	658201218	9332.00
Public Works	Western Snow Plow	60308	2980.00
Public Works	Western Snow Plow	66901	3065.00
Public Works	Western Snow Plow		3065.00
Public Works	Western Material Spreader w/ Engine	8128161038566	4230.00
Public Works	Westerndorf Landscaper 12'		2056.00



Statement of Specific and Aggregate  
Insurance



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION

3315 WEST TRUMAN BLVD.  
P.O. BOX 58  
JEFFERSON CITY, MO 65102-0058

STATEMENT OF SPECIFIC AND AGGREGATE EXCESS INSURANCE COVERAGE

(To Be Filed By Self-Insured)

Name of Approved Self-Insured: COUNTY OF BOONE, MISSOURI

Other Named Insureds on Policy: \_\_\_\_\_  
*(Please attach separate sheet if necessary)*

Address of Self-Insured: 801 E. WALNUT  
COLUMBIA, MO 65201-4890

Insurance Company Issuing Policy: SAFETY NATIONAL CASUALTY CORPORATION, Policy No. AGC4042330

To remain in compliance with *The Rules Governing Self-Insurance*, the insurance company must:

- A. Be AM Best rated A- or better.
- B. Be an admitted carrier by the Missouri Department of Insurance, and
- C. Provide the division, by certified mail, notice of cancellation or nonrenewal sixty (60) days before actual termination.

Named State: Missouri

1) Policy period:

From: July 01, 2010

To: July 01, 2011

2) Specific retention level:

Each accident: \$ 400,000

Each employee for disease: \$ 400,000

3) Specific limit each accident

Policy Part One, Workers' Compensation: Statutory

Policy Part Two, Employers Liability: \$ 1,000,000 PER OCC.

4) Specific limit each employee for disease:

Policy Part One, Workers' Compensation: Statutory

Policy Part Two, Employers Liability: \$ 1,000,000 PER OCC.

5) Aggregate excess retention:

Normal premium multiplied by: 255.00 %

Minimum retention: \$ 1,020,915

6) Aggregate excess limit: \$ 1,000,000

7) Check here if aggregate excess coverage is not purchased. \_\_\_\_\_

I swear the above information is true under penalty of perjury.

Gene R. Maier

June 28, 2010

Signature Gene R. Maier, Senior Vice President, Underwriting  
*(Representative of self-insured entity or insurance company only)*

Date

SAFETY NATIONAL CASUALTY CORPORATION, 1832 SCHUETZ ROAD, ST. LOUIS, MO 63146-3540  
Company Name and Address

WC-121 (5-98) AI



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION

3315 WEST TRUMAN BLVD.  
P.O. BOX 58  
JEFFERSON CITY, MO 65102-0058

**STATEMENT OF SPECIFIC AND AGGREGATE EXCESS INSURANCE COVERAGE**  
(To Be Filed By Self-Insured)

Name of Approved Self-Insured: COUNTY OF BOONE, MISSOURI

Other Named Insureds on Policy: \_\_\_\_\_  
(Please attach separate sheet if necessary)

Address of Self-Insured: 801 E. WALNUT  
COLUMBIA, MO 65201-4890

Insurance Company Issuing Policy: SAFETY NATIONAL CASUALTY CORPORATION, Policy No. AGC-3D46-MO  
To remain in compliance with The Rules Governing Self-Insurance, the insurance company must:

- A. Be A.M. Best rated A- or better.
- B. Be an admitted carrier by the Missouri Department of Insurance, and
- C. Provide the division, by certified mail, notice of cancellation or nonrenewal sixty (60) days before actual termination.

Named State: Missouri

1) Policy period:

From: July 1, 2009  
To: July 1, 2010

2) Specific retention level:

Each accident: \$400,000  
Each employee for disease: \$400,000

3) Specific limit each accident

Policy Part One, Workers' Compensation: STATUTORY  
Policy Part Two, Employers Liability: \$1,000,000 PER OCC

4) Specific limit each employee for disease:

Policy Part One, Workers' Compensation: STATUTORY  
Policy Part Two, Employers Liability: \$1,000,000 PER OCC

5) Aggregate excess retention:

Normal premium multiplied by: 225.00 %  
Minimum retention: \$1,025,820

6) Aggregate excess limit: \$1,000,000

7) Check here if aggregate excess coverage is not purchased. \_\_\_\_\_

I swear the above information is true under penalty of perjury.

Gene R. Maier

July 18, 2009

Signature Gene R. Maier, Senior Vice President, Underwriting  
(Representative of self-insured entity or insurance company only)

Date

SAFETY NATIONAL CASUALTY CORPORATION, 1832 SCHUETZ ROAD, ST. LOUIS, MO 63146-3540  
Company Name and Address

WC-121 (5-98) AI



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION

3315 WEST TRUMAN BLVD.  
P.O. BOX 58  
JEFFERSON CITY, MO 65102-0058

**STATEMENT OF SPECIFIC AND AGGREGATE EXCESS INSURANCE COVERAGE**  
(To Be Filed By Self-Insured)

Name of Approved Self-Insured: COUNTY OF BOONE, MISSOURI  
Other Named Insureds on Policy: \_\_\_\_\_  
(Please attach separate sheet if necessary)  
Address of Self-Insured: 801 E. WALNUT  
COLUMBIA, MO 65201-4890

Insurance Company Issuing Policy: SAFETY NATIONAL CASUALTY CORPORATION, Policy No. AGC-2K61-MO  
To remain in compliance with The Rules Governing Self-Insurance, the insurance company must:  
A. Be AM Best rated A- or better  
B. Be an admitted carrier by the Missouri Department of Insurance, and  
C. Provide the division, by certified mail, notice of cancellation or nonrenewal sixty (60) days before actual termination.

Named State: Missouri

- 1) Policy period:  
From: July 1, 2008  
To: July 1, 2009
- 2) Specific retention level:  
Each accident: \$400,000 Firefighters & Police Officers/\$350,000 All Other  
Each employee for disease: \$400,000 Firefighters & Police Officers/\$350,000 All Other
- 3) Specific limit each accident  
Policy Part One, Workers Compensation: STATUTORY  
Policy Part Two, Employers Liability: \$1,000,000
- 4) Specific limit each employee for disease:  
Policy Part One, Workers Compensation: STATUTORY  
Policy Part Two, Employers Liability: \$1,000,000
- 5) Aggregate excess retention:  
Normal premium multiplied by: 225.00 %  
Minimum retention: \$1,000,620
- 6) Aggregate excess limit: \$1,000,000

7) Check here if aggregate excess coverage is not purchased. \_\_\_\_\_

**COPY**

I swear the above information is true under penalty of perjury.

*Gene R. Maier*

July 14, 2008

Signature Gene R. Maier, Senior Vice President, Underwriting  
(Representative of self-insured entity or insurance company only)

Date

SAFETY NATIONAL CASUALTY CORPORATION, 2043 WOODLAND PARKWAY, SUITE 200, ST. LOUIS, MO 63146  
Company Name and Address

WC-121 (5-98) A1



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION

3315 WEST TRUMAN BLVD.  
P.O. BOX 58  
JEFFERSON CITY, MO 65102-0058

STATEMENT OF SPECIFIC AND AGGREGATE EXCESS INSURANCE COVERAGE  
(To Be Filed By Self-Insured)

Name of Approved Self-Insured: COUNTY OF BOONE, MISSOURI

Other Named Insureds on Policy: \_\_\_\_\_  
*(Please attach separate sheet if necessary)*

Address of Self-Insured: 801 E. WALNUT  
COLUMBIA, MO 65201-4890

Insurance Company Issuing Policy: Safety National Casualty Corporation Policy No. AGC-LR47-MO  
To remain in compliance with *The Rules Governing Self-Insurance*, the insurance company must:

- A. Be AM Best rated A- or better,
- B. Be an admitted carrier by the Missouri Department of Insurance, and
- C. Provide the division, by certified mail, notice of cancellation or nonrenewal sixty (60) days before actual termination.

Named State: Missouri

1) Policy period:  
From: 7/1/07  
To: 7/1/08

2) Specific retention level: \$400,000 FIREFIGHTERS, POLICE OFFICERS & DRIVERS  
Each accident: \$350,000 ALL OTHER  
Each employee for disease: \$400,000 FIREFIGHTERS, POLICE OFFICERS & DRIVERS  
\$350,000 ALL OTHER

3) Specific limit each accident:  
Policy Part One, Workers' Compensation: STATUTORY  
Policy Part Two, Employers Liability: \$1,000,000 PER OCC

4) Specific limit each employee for disease:  
Policy Part One, Workers' Compensation: STATUTORY  
Policy Part Two, Employers Liability: \$1,000,000 PER OCC

5) Aggregate excess retention:  
Normal premium multiplied by: 205.0%  
Minimum retention: \$1,000,000

6) Aggregate excess limit: \$1,000,000

7) Check here if aggregate excess coverage is not purchased. \_\_\_\_\_

I swear the above information is true under penalty of perjury.

Gene R. Maier 6/26/07  
Signature Gene R. Maier, Senior Vice President-Underwriting Date  
*(Representative of self-insured entity or insurance company only)*

Safety National Casualty Corporation, 2043 Woodland Pkwy, Suite 200, St. Louis, MO 63146  
Company Name and Address

WC-121 (5-98)

**SAFETY NATIONAL CASUALTY CORPORATION  
EXCESS WORKERS COMPENSATION INSURANCE BINDER**

NAME INSURED EMPLOYER: COUNTY OF BOONE, MISSOURI  
 ADDRESS: 801 E. WALNUT, COLUMBIA, MO 65201-4890  
 POLICY NUMBER: AGC-9730-MO  
 TYPE OF INSURANCE: Specific Excess and Aggregate Excess Workers' Compensation  
 and Employers' Liability Insurance  
 LOCATION(S): MISSOURI  
 POLICY LIABILITY PERIOD: July 1, 2006 through July 1, 2007

This is to certify that the above named Insured Employer is covered by Specific Excess and Aggregate Excess Workers' Compensation and Employers' Liability Insurance by the CORPORATION.

Specific Excess Insurance  
 Self-Insured Retention Per Occurrence \$ 350,000  
 Maximum Limit of Indemnity Per Occurrence \$ STATUTORY  
 Employers' Liability Maximum Limit of Indemnity Per Occurrence \$ 1,000,000

Aggregate Excess Insurance  
 Loss Fund Percentage for the Liability Period 100.00 %  
 Minimum Loss Fund for the Liability Period \$ 800,000  
 Maximum Limit of Indemnity of the CORPORATION for the Liability Period \$ 1,000,000

Other Terms  
 Premium Rate 0.25% of Annual Standard Premium  
 Minimum Premium for the Liability Period \$ 27,552  
 Deposit Premium for the Payroll Reporting Period \$ 27,552

This binder is effective July 1, 2006 to policy issuance and is subject to all the terms and conditions of, and shall be automatically terminated and superseded by, the Excess Workers' Compensation Agreement and Employers' Liability Insurance Agreement when issued.

Issued at St. Louis, Missouri, on June 30, 2006.

SAFETY NATIONAL CASUALTY CORPORATION

*Gene R. Maier*

By: Gene R. Maier,  
 Senior Vice President of Underwriting

2043 Woodland Parkway Suite 200

St. Louis MO 63146 314-995-5300 fax 314-995-3843

SALE NATIONAL CREDIT UNION  
 2043 WOODLAND PARKWAY, SUITE 200  
 ST. LOUIS, MO 63146

PHONE # (314)995-5300

FAX # (314)995-3843

TO: UHLEMEYER SERVICES (MO)

ATTN: RANDY SCHRUPP

PHONE: (314) 965-7474

FAX: (314) 965-9399

FROM: Dan Csar

DATE: June 02, 2005

**EXCESS WORKERS' COMPENSATION INSURANCE QUOTATION**

Name of Risk: COUNTY OF BOONE, MISSOURI(MO)	
Effective Date: 07/01/2005    Expiration Date of Quote: 07/02/2005	
Account: 6020299	Specific & Aggregate Excess
<b>Estimated Annual Payroll</b> \$ 15,277,000	
<b>Estimated Annual Manual Premium</b> \$ 443,505	
<b>SNCC Experience Modification</b> 1.000	
<b>Term, Years</b> 1	
<b>Term Standard Premium</b> \$ 443,505	
<b>Loss Fund Percentage</b> 125.00 %	
<b>Estimated Loss Fund</b> \$ 554,381	
<b>Minimum Term Loss Fund</b> \$ 554,381	
<b>Aggregate Excess Limit</b> \$ 1,000,000	
<b>Specific Excess Limit</b> Statutory	
<b>SIR/Loss Limitation</b> \$ 250,000	
<b>Employer Liability Limit</b> \$ 1,000,000	
<b>Premium Rate</b> 6.75%	
<b>Deposit Premium</b> \$ 29,937	
<b>Term Minimum Premium</b> \$ 29,937	

SAFETY NATIONAL CASUALTY CORPORATION  
 1832 SCHUETZ ROAD  
 ST. LOUIS, MO 63146

DECLARATIONS – SPECIFIC AND AGGREGATE EXCESS

AGC4042330

- Item 1. Employer: COUNTY OF BOONE, MISSOURI  
 Address: 801 E. WALNUT, COLUMBIA, MO 65201-4890
- Item 2. This Agreement covers all business operations of the EMPLOYER as a Self-Insurer in the following State(s):  
 MISSOURI
- Item 3. Effective Date: 12:01 A.M. July 01, 2010
- Item 4. Anniversary Date: 12:01 A.M. July 01, 2011
- Item 5. The Service Company shall be 5STAR ADMINISTRATORS, INC.

Item 6. CLASSIFICATIONS OF OPERATIONS	Code Number	Estimated Total Annual Remuneration/Manhours	Rate Per \$ 100 Remuneration/Manhours
See Attached			
		Total Estimated Manual Premium	\$ 400,359
		SNCC Experience Modification Factor	1.000
		Total Estimated Standard Premium	\$ 400,359

Specific Excess Insurance

- Item 7. Self-Insured Retention Per Occurrence \$ 400,000
- Item 8. (a) Maximum Limit of Indemnity Per Occurrence Statutory  
 (b) Employers' Liability Maximum Limit of Indemnity Per Occurrence \$ 1,000,000

Aggregate Excess Insurance

- Item 9. Loss Fund Percentage 255.00 %
- Item 10. Minimum Loss Fund for the Liability Period \$ 1,020,915
- Item 11. Maximum Limit of Indemnity of the CORPORATION for the Liability Period \$ 1,000,000

Other Terms

- Item 12. Premium Rate 7.08 % of Annual Standard Premium
- Item 13. Minimum Premium for the Liability Period \$ 28,345
- Item 14. Deposit Premium for the Payroll Reporting Period \$ 28,345
- Item 15. Payroll Reporting Period Annually as of July 01
- Item 16. Endorsements See Endorsement Schedule

Signed at St. Louis, Missouri on July 16, 2010

\_\_\_\_\_  
 Secretary

Countersigned this day of

By: \_\_\_\_\_ N/A \_\_\_\_\_

DAGC-0195



SPECIFIC EXCESS AND AGGREGATE EXCESS  
WORKERS' COMPENSATION AND  
EMPLOYERS' LIABILITY INSURANCE AGREEMENT

**SAFETY NATIONAL CASUALTY CORPORATION**  
ST. LOUIS, MISSOURI

(Hereinafter called the CORPORATION)

In consideration of the payment of premium and subject to all the terms of this Agreement, hereby agrees with the EMPLOYER named in the Declarations (hereinafter called the EMPLOYER), as follows:

**A. Coverage of Agreement**

This Agreement applies only to Loss sustained by the EMPLOYER because of liability imposed upon the EMPLOYER by the Workers' Compensation or Employers' Liability Laws of:

- (1) the State(s) designated in the Declarations, or
- (2) other State(s), provided that the Loss shall not be greater than it would have been had liability been imposed by the State(s) specified in the Declarations,

on account of bodily injury by accident or bodily injury by occupational disease due to Occurrences taking place within the Liability Period to Employees of the EMPLOYER engaged in the business operations specified in the Declarations and all other operations necessary, incidental or appurtenant thereto. Bodily injury includes resulting death.

The inclusion of more than one EMPLOYER in the Declarations shall not increase the EMPLOYER's Self-Insured Retention nor the CORPORATION'S Maximum Limit of Indemnity.

The insurance afforded by this Agreement applies to operations in the State(s) specified in the Declarations, including, however, incidental operations conducted by Employees who are regularly engaged in operations in the specified State(s), but who may be temporarily outside the specified State(s).

**B. Insurance Under This Agreement**

**(1) Specific Excess Insurance**

With respect to each Occurrence taking place within a Liability Period, the EMPLOYER shall retain as its own Loss, as defined below, the amount specified in Item 7 of the Declarations, and the CORPORATION agrees to reimburse the EMPLOYER only for such Loss in excess of such Self-Insured Retention, subject to the Maximum Limit of Indemnity Per Occurrence, or the Employers' Liability Maximum Limit of Indemnity Per Occurrence, whichever is applicable, as specified in Item 8 of the Declarations. The separate Employers' Liability Maximum Limit of Indemnity Per Occurrence shall not operate, in any case, to increase the total amount the CORPORATION agrees to reimburse the

EMPLOYER for Loss per any one Occurrence as per Item 8(a) of the Declarations.

**(2) Aggregate Excess Insurance**

The CORPORATION further agrees to indemnify the EMPLOYER for Loss on account of all Occurrences taking place within such Liability Period (but excluding Loss per Occurrence in excess of the amount specified in Item 7 of the Declarations as the EMPLOYER'S Self-Insured Retention under Section B(1)) which is in excess of an aggregate amount, hereinafter called the Loss Fund, determined for each Liability Period as provided below, subject to the Maximum Limit of Indemnity as specified in Item 11 of the Declarations.

**C. Definitions**

- (1) "Loss" - shall mean actual payments, less recoveries, legally made by the EMPLOYER to Employees and their dependents in satisfaction of: (a) statutory benefits, (b) settlements of suits and claims, and (c) awards and judgments. Loss shall also include Claim Expenses, paid by the EMPLOYER, as defined in Paragraph (2) of this Section. The term Loss shall not include the items specifically excluded by Paragraph (3) of this Section.
- (2) "Claim Expenses" - shall mean court costs, interest upon awards and judgments and the reasonable allocated costs of investigation, adjustment, defense, and appeal, including pension or appeal bond costs (provided that the prosecution of such appeal and/or the posting of such pension or appeal bond is approved by the CORPORATION) of claims, suits or other proceedings brought against the EMPLOYER under the Workers' Compensation or Employers' Liability Laws of the State(s) designated in the Declarations, or other State(s), as provided in Section A, even though such claims, suits, proceedings or demands are wholly groundless, false or fraudulent. Claim Expenses shall not include fees to the EMPLOYER'S Service Company.
- (3) "Exclusions from Loss" - shall refer to the following amounts paid by the EMPLOYER, and specifically excluded from the term Loss:
  - (a) Salaries, wages, and remuneration provided to Employees;

- (b) Fees to the EMPLOYER's Service Company and/or costs of self-administration of claims;
  - (c) Punitive or exemplary damages as they relate to claims made under the Employers' Liability coverage provided by this Agreement;
  - (d) Fines or penalties assessed against the EMPLOYER for any violation by the EMPLOYER, or its representative(s), of any statute or regulation, unless the fines or penalties result from a reasonable dispute as to Workers' Compensation benefits owed by the EMPLOYER;
  - (e) Assessments and taxes made upon the EMPLOYER as self-insurer whether imposed by statute, regulation, or otherwise;
  - (f) Any amounts required to be paid by the EMPLOYER because of:
    - 1) Serious and willful misconduct of the EMPLOYER, including intentional torts and intentional acts or omissions resulting in injury, acts or omissions taken with reckless disregard of the possible occurrence of an injury or acts or omissions taken that are substantially certain to result in injury, regardless of whether or not said actions may be classified in the State(s) as intentional torts.
    - 2) Coercion, criticism, demotion, evaluation, re-assignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any Employee and/or related personnel practices, policies, acts or omissions by the EMPLOYER.
    - 3) Knowingly employing an Employee in violation of law.
    - 4) Rejection by the EMPLOYER of any Workers' Compensation Law.
    - 5) Failure to comply with any health, safety, or notification law or regulation.
  - (g) Loss voluntarily assumed by the EMPLOYER under any contract or agreement, whether express or implied;
  - (h) Loss for which the EMPLOYER carries a full coverage Workers' Compensation and Employers' Liability policy; and
  - (i) Any amount owed by the EMPLOYER pursuant to provision of any law that provides non-occupational disability benefits.
- (4) "Loss Fund" - shall be the greater of: (a) the product of the Loss Fund Percentage, as stated in Item 9 of the Declarations and the Manual or Standard Premium, whichever is applicable, as stated in Item 6 of the Declarations, or (b) the Minimum Loss Fund specified in Item 10 of the Declarations. (See Section F for the determination of the Manual or Standard Premium.)
- (5) "Occurrence" - shall mean accident. In addition, bodily injury by occupational disease must be caused or aggravated by the conditions of employment and shall be deemed to have occurred on the last day of the last exposure to those conditions of employment causing or aggravating such injury by occupational disease, or such

dates as is otherwise established by the Workers' Compensation and Employers' Liability Laws of the appropriate State(s). Bodily injury by occupational disease sustained by each Employee shall be deemed to be a separate Occurrence unless such disease results directly from an accident.

- (6) "Employee" - as respects liability imposed upon the EMPLOYER by the Workers' Compensation Law of any State, the word Employee shall mean any person performing work which renders the EMPLOYER liable under the Workers' Compensation Law of a State named in Item 2 of the Declarations, which is the State of the injured Employee's normal employment, for bodily injuries or occupational disease sustained by such person.
- (7) "State" - shall mean any state, territory, or possession of the United States of America and the District of Columbia.

#### D. Reimbursement

If the EMPLOYER pays any Loss incurred in any Liability Period in excess of the Self-Insured Retention Per Occurrence or the Loss Fund created for the respective Liability Period, the CORPORATION shall reimburse the EMPLOYER upon receipt of a formal proof of loss and other evidence acceptable to the CORPORATION of such payment. Within a reasonable period of time, reimbursement payments shall be made by the CORPORATION.

The CORPORATION shall have, and may exercise at any time, and from time to time, the right to offset any balance or balances, whether on account of premiums, Losses or otherwise due from the EMPLOYER to the CORPORATION against any balance or balances due from the CORPORATION to the EMPLOYER under this Agreement.

#### Liability Period

The liability of the CORPORATION for Loss hereunder shall be determined separately for each Liability Period. The initial Liability Period shall commence at 12:01 A.M. on the Effective Date and end at 12:01 A.M. on the Anniversary Date, designated in Items 3 and 4 respectively, of the Declarations. Each succeeding Liability Period shall begin concurrently with the end of the previous Liability Period and continue for the same number of consecutive months as the initial Liability Period. All time is stated in local time for the State(s) designated in the Declarations.

In the event the Employer fails to give express written intent to continue coverage at the end of a given Liability Period, the Agreement shall be deemed terminated, and the Anniversary Date shall serve as the termination date of the Agreement.

#### F. Premium

Upon acceptance of the Agreement and at the beginning of each Payroll Reporting Period, as specified in Item 15 of the Declarations, the EMPLOYER shall pay to the CORPORATION the amount of the Deposit Premium specified in Item 14 of the Declarations. The EMPLOYER shall pay premiums when due. The Deposit Premium shall be

held by the CORPORATION until the expiration of the Payroll Reporting Period. Within thirty (30) days after the close of each Payroll Reporting Period, the EMPLOYER shall render to the CORPORATION a report, upon a form satisfactory to the CORPORATION, exhibiting, by classification, the amount of such remuneration earned by Employees during such reporting period, and the EMPLOYER shall therewith pay to the CORPORATION the excess of the Earned Premium over the Deposit Premium previously paid. In case the Deposit Premium paid exceeds the Earned Premium, the Corporation shall return to the EMPLOYER the amount of such excess or give appropriate credit, subject to the proportion of Minimum Premium for the Liability Period in the case of multi-year Liability Periods.

Upon expiration of a Liability Period, a summary of voluntary payroll reports for such Liability Period shall be made to determine the Earned Premium under this Agreement. In no event, however, shall the Earned Premium in respect of any Liability Period be less than the Minimum Premium specified in the Declarations.

For each Payroll Reporting Period, the CORPORATION shall compute the Earned Premium as follows:

- (1) Remuneration - The remuneration earned, or man-hours accumulated, during such period by all Employees, including volunteers, engaged in each classification covered by this Agreement shall be computed in accordance with the rules set forth in the appropriate Manual of Workers' Compensation and Employers' Liability Insurance.
- (2) Manual and Standard Premium - The remuneration, or man-hours, so computed for Employees engaged in each such classification shall be multiplied by the Manual Rate per \$100 of remuneration/man-hour, in effect at the inception of each Payroll Reporting Period, and the products so obtained shall be added together to determine the Manual Premium. An Experience Modification Factor may be applied to the Manual Premium to determine a Standard Premium. Such Experience Modification Factor shall be determined at the inception of this Agreement and is subject to annual review and possible revision. A Standard Premium takes precedence over any Manual Premium.
- (3) Earned Premium - Against the Manual or Standard Premium shall be applied the Premium Rate, as specified in Item 12 of the Declarations, to determine the appropriate Earned Premium.

This Agreement is issued by the CORPORATION and accepted by the EMPLOYER subject to the agreement that, in the event of any change in the Rates per \$100 remuneration/man-hour, as stated in Item 6 of the Declarations, because of any general rate increase or any legislative amendment affecting the benefits under the Workers' Compensation Law of any State(s) named in Item 2 of the Declarations, such change, upon the effective date thereof, shall be, without endorsement, made a part of this Agreement.

#### G. Self-Insurer

The EMPLOYER, by acceptance of this Agreement,

warrants that it is a duly qualified Self-Insurer in the State(s) designated in the Declarations, and will continue to maintain such qualifications during the currency of this Agreement. In the event the EMPLOYER should at any time while this Agreement is in force terminate such qualifications or if they should be cancelled or revoked, such loss of qualifications shall operate as notice of cancellation of this Agreement by the EMPLOYER, subject to the additional terms of the Cancellation Section of this Agreement.

#### H. Service and Administration

This Agreement contemplates the concurrent and continued existence of a separate service agreement between the EMPLOYER and the Service Company, its designated representative, named in Item 5 of the Declarations, providing services approved by the CORPORATION. The EMPLOYER agrees that its Service Company shall furnish the CORPORATION with quarterly loss runs concurrent with each Liability Period of this Agreement. The provision of loss runs alone does not relieve the EMPLOYER of its reporting obligations as set forth in Section I of this Agreement. In addition, the electronic transfer of loss information by a Service Company of the EMPLOYER shall not constitute notice of a claim.

Cancellation of the service agreement between the Service Company and the EMPLOYER shall operate as a notice of cancellation of this Agreement by the EMPLOYER, subject to the additional terms of the Cancellation Section of this Agreement. Any change in service companies must be immediately communicated to and approved by the CORPORATION, and this obligation shall survive the termination or non-renewal of this Agreement.

#### I. Prompt Reporting of Claims

As soon as the EMPLOYER becomes aware, the EMPLOYER must provide prompt notice to the CORPORATION of: (a) any claim or action commenced against the EMPLOYER which exceeds, or is likely to exceed, fifty percent (50%) of the Self-Insured Retention Per Occurrence specified in Item 7 of the Declarations and (b) the reopening of any claim in which a further award might involve liability of the CORPORATION under this Agreement.

In addition, the following categories of claims shall be reported to the CORPORATION immediately, regardless of any question of potential involvement of the CORPORATION:

1. Fatalities;
2. Paraplegics and quadriplegics;
3. Serious burns, defined as 2<sup>nd</sup> or 3<sup>rd</sup> degree burns involving 25% or more of the body;
4. Brain injury;
5. Spinal cord injury;
6. Amputation of a major extremity; and
7. Any Occurrence which results in a serious injury to two or more Employees.

If the CORPORATION is prejudiced by the EMPLOYER's failure to provide prompt notice of a claim in

accordance with the requirements set forth above and/or as otherwise provided by the Law of any State(s), the CORPORATION may elect to deny coverage for Loss arising from such claim. To constitute prompt, sufficient notice, the EMPLOYER must provide complete information as to the details of the injury, disease, or death.

#### J. Defense of Claims

The EMPLOYER shall investigate and settle or defend all claims and shall conduct the defense and appeal of all actions, suits, and proceedings commenced against it. The EMPLOYER shall forward promptly to the CORPORATION copies of any pleadings or reports as may be requested. The CORPORATION shall not be obliged to assume charge of the investigation, defense, appeal or settlement of any claim, suit, or proceeding brought against the EMPLOYER, but the CORPORATION shall be given the opportunity to investigate, defend, or participate with the EMPLOYER in the investigation and defense of any claim, if, in the opinion of the CORPORATION, its liability under this Agreement might be involved.

#### K. Good Faith Claims Administration

The EMPLOYER shall use diligence, prudence, and good faith in the investigation, defense, pursuit of recovery from others and settlement of all claims. The EMPLOYER shall not unreasonably refuse to settle any claim which, in the exercise of sound judgment with respect to the entire claim, should be settled, provided, however, that the EMPLOYER shall not make any payment or agree to any settlement for any sum which would involve the limits of the CORPORATION's liability hereunder without the approval of the CORPORATION.

If the CORPORATION is prejudiced by the EMPLOYER's failure to exercise diligence, prudence, and good faith, the CORPORATION may elect to disclaim coverage for Loss from such claim.

#### L. Inspection and Audit

The CORPORATION shall have the right, but not the obligation, to inspect the premises and equipment and/or to audit the books and records of the EMPLOYER and of its agents and representatives, including all records relating to payroll and claims matters, at any reasonable time during the period of this Agreement and within three (3) years after final settlement of all claims due to Occurrences happening during the term of this Agreement. An audit to determine Manual or Standard Premium shall supersede any and all prior voluntary payroll reports by the EMPLOYER, and will be used to determine the final adjustment of premiums due to the CORPORATION and the Loss Fund amounts. Should a determination be made that additional audit premium is due to the CORPORATION, the due date for payment of such audit premium shall be thirty (30) days after the date of billing.

#### M. Other Insurance

If the EMPLOYER carries other valid and collectible insurance, reinsurance, or indemnity with any other insurer or

reinsurer covering a Loss also covered by this Agreement (other than insurance or reinsurance that is purchased to apply in excess of the sum of the Self-Insured Retention and the Maximum Limits of Indemnity hereunder), the insurance afforded by this Agreement shall apply in excess of and shall not contribute with such other insurance or reinsurance.

#### N. Recovery From Others

The EMPLOYER agrees to prosecute any and all valid claims the EMPLOYER may have against any other party or source that may mitigate any Loss under this Agreement and return to the CORPORATION any amount so recovered, less the reasonable expense of collecting such amounts.

The CORPORATION shall have the EMPLOYER's rights to prosecute any and all valid claims against any other party or source that may mitigate any Loss under this Agreement. The EMPLOYER agrees that it will assist the CORPORATION in any prosecution of any and all valid claims against any other party or source that may mitigate any Loss under this Agreement. Any amounts recovered by the CORPORATION from any other party or source that may mitigate Loss under this Agreement shall first be used to pay the expenses of collection and to reimburse the CORPORATION for any amount it may have paid the EMPLOYER for the Liability Period concerned, and all remaining amounts collected shall be paid to the EMPLOYER.

#### O. Change in Agreement

No condition, provision, or declaration of this Agreement shall be waived or altered at any time, except as specified in Section E, except by endorsement signed by the President or a Senior Vice President and the Secretary or an Assistant Secretary of the CORPORATION.

This Agreement hereby terminates, supersedes, and replaces all previously issued Workers' Compensation Insurance or Reinsurance Agreements, as amended, between the EMPLOYER and the CORPORATION.

If terms of this Agreement are in conflict with any law applicable to this Agreement, this statement amends this Agreement to conform to such law. In addition, in the event any terms are in conflict with applicable laws, the remaining terms of the Agreement shall be enforceable.

#### P. Cancellation

This Agreement may be cancelled by either party giving the other party written notice not less than sixty (60) days prior to the date of cancellation, except, that if the CORPORATION cancels for non-payment of any premium, the cancellation shall become effective ten (10) days after dispatch of notice by the CORPORATION. The date of cancellation then becomes the termination date of the final Liability Period. This Agreement does not apply to Loss as a result of Occurrences taking place after the effective date of such cancellation.

If cancellation is effected by the EMPLOYER, the Manual or Standard Premium shall be determined by the short rate tables used for casualty insurance, and the Loss Fund and Earned Premium shall be the product of the Loss Fund

Percentage (Item 9) and the Premium Rate (Item 12) respectively, times the Manual or Standard Premium so arrived at, but not less than the Minimum Loss Fund and the Minimum Premium specified in the Declarations.

If cancellation is effected by the CORPORATION for non-payment of premium, the EMPLOYER shall pay the CORPORATION Earned Premium for the period up to the date of cancellation, but the Loss Fund shall be computed upon the same basis as provided in the event the EMPLOYER cancels.

If the CORPORATION cancels for any other reason, the Manual or Standard Premium shall be determined upon a pro rata basis and the Loss Fund and Earned Premium adjusted in accordance therewith.

**Q. Assignment**

An assignment of interest under this Agreement will not bind the CORPORATION unless an endorsement signed by the President or a Senior Vice President and the Secretary or an Assistant Secretary of the CORPORATION assigning interest under this Agreement is issued by the CORPORATION.

**R. Bankruptcy or Insolvency of Employer**

The bankruptcy or insolvency of the EMPLOYER will not relieve the CORPORATION or the EMPLOYER of its duties and liabilities under this Agreement. After payments have been made by or on behalf of the EMPLOYER, reimbursements due under this Agreement will be made by the

CORPORATION as if the EMPLOYER had not become bankrupt or insolvent, but not in excess of the CORPORATION's limit of indemnity.

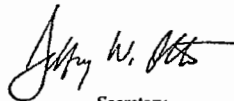
**S. Sole Representative**

If more than one EMPLOYER is named in Item 1 of the Declarations, or an endorsement related thereto, the EMPLOYER first named in Item 1, or a related endorsement, will act on behalf of all EMPLOYERS to give or receive notice of cancellation, to receive return premium or reimbursement, or to request changes in this Agreement.

**T. Acceptance**

By acceptance of this Agreement, the EMPLOYER agrees that the statements in this Agreement, in the Declarations, and in the application are the EMPLOYER's representations; that this Agreement is issued in reliance upon such representations; that this Agreement embodies all agreements existing between the EMPLOYER and the CORPORATION or any of its agents, relating to this excess insurance, and that full compliance by the EMPLOYER with all terms of this Agreement is a condition precedent to the CORPORATION's liability hereunder.

IN WITNESS WHEREOF, SAFETY NATIONAL CASUALTY CORPORATION has caused this Agreement to be executed by printing below the facsimile signatures of its President and Secretary and by the actual signature of its Secretary on the Declarations.

  
Secretary

  
President

XWC 1004 00 1101

**Endorsement Schedule**

RE: COUNTY OF BOONE, MISSOURI

Policy No: AGC4042330

Effective Date: 12:01 A.M. July 01, 2010

<u>Number</u>	<u>Title</u>
XWC 0291 00 0708	VOLUNTARY COMPENSATION ENDORSEMENT-PREMIUM DELINEATION
XWC 1061 10 1207	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
XWC 2028 00 1208	MISSOURI AMENDATORY CANCELLATION ENDORSEMENT
XWC 2033 00 0109	MISSOURI EXCLUSIONARY ENDORSEMENT FOR EMPLOYMENT OF AN EMPLOYEE IN VIOLATION OF THE LAW

ENDORSEMENT

VOLUNTARY COMPENSATION ENDORSEMENT-PREMIUM DELINEATION

Effective 12:01 A.M., Local Time, July 01, 2010

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that this Endorsement adds voluntary compensation insurance to this Agreement as follows:

A. Coverage

It is the intent of this endorsement to extend the coverage provided by this Agreement to non-compensated volunteer Employees, operating at the direction of the EMPLOYER, as if the volunteer Employees were subject to the Workers' Compensation and Employers' Liability Laws stipulated in the Schedule below, even though these laws may not require payment of benefits to such volunteer Employees.

This insurance applies to Loss sustained by the EMPLOYER because of bodily injury and occupational disease, including death resulting therefrom, due to Occurrences taking place within the Liability Period of this Agreement.

1. The bodily injury or occupational disease must be sustained by an Employee included in the group of Employees described in the Schedule.
2. The bodily injury or occupational disease must occur in the course of employment necessary or incidental to work in a State listed in the Schedule.
3. The bodily injury or occupational disease must occur in the United States of America, its territories or possessions or Canada and may occur elsewhere if the Employee is an American or Canadian citizen temporarily away from their home country.

B. Indemnification

The CORPORATION will indemnify the EMPLOYER for Loss in satisfaction of statutory benefits that would be imposed if the EMPLOYER and Employees described in the Schedule were subject to the Workers' Compensation Law shown in the Schedule. Naturally, indemnification for any such Loss is subject to the Self-Insured Retention Per Occurrence, Loss Fund(s) and Maximum Limit(s) of Liability as specified in the Declarations.

C. Exclusions

This insurance does not cover:

1. Any obligation imposed by a workers' compensation or occupational disease law, or any similar law
2. Bodily injury intentionally caused or aggravated by the EMPLOYER.

ENDORSEMENT (CONTINUED)

D. Before Indemnification

Before the CORPORATION indemnifies the EMPLOYER, the injured Employee, or his legal representative in the case of his incapacity or death, must:

1. Release the EMPLOYER and the CORPORATION, in writing, of all responsibility for the injury or death.
2. Transfer to the EMPLOYER and the CORPORATION their right to recover from others who may be responsible for the injury or disease.
3. Cooperate and do everything necessary to enable the EMPLOYER and the CORPORATION to enforce the right to recover from others.

If the injured Employee, or his legal representative(s), fails to perform as required above, or if they claim damages from the EMPLOYER or the CORPORATION for the injury or disease, the CORPORATION'S duty to indemnify the EMPLOYER is immediately terminated.

E. Recovery From Others

If the CORPORATION makes a recovery from others, the CORPORATION will keep an amount equal to its expenses of recovery and the Loss paid by the CORPORATION. The CORPORATION will pay the balance to the parties entitled to payment. If the parties entitled to the benefits of this insurance make a recovery from others, they must reimburse the CORPORATION for the Loss previously paid by the CORPORATION to such parties.

F. Employers' Liability Insurance

Employers' Liability Insurance applies to Loss covered by this endorsement as though the State of employment shown in the Schedule were shown in Item 2 of the Declarations.

G. Premium

It is agreed that all persons who donate their services to the EMPLOYER will be reported for purposes of premium computation at an hourly wage of \$7.25 per hour minimum, unless the work they do is similar to the work being done by a paid Employee who is receiving more than a \$7.25 per hour wage, in which event the wage reported for the unpaid voluntary Employee will be the same as the wage reported for the paid Employee.

SCHEDULE

Employees	State of Employment	Designated Workers Compensation Law
Authorized volunteers, student workers, etc, while not subject to any Workers' Compensation Law	MISSOURI	State(s) of MISSOURI



XWC 0291 00 0708

ENDORSEMENT (CONTINUED)

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. AGC4042330, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to COUNTY OF BOONE, MISSOURI, dated July 01, 2010.

SAFETY NATIONAL CASUALTY CORPORATION

President

Secretary

XWC 1061 10 1207

ENDORSEMENT

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Effective 12.01 A.M., Local Time, July 01, 2010

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed as follows:

Coverage for workers' compensation losses caused by certified acts of terrorism is included in this Agreement as set forth under the Terrorism Risk Insurance Act of 2002 as amended ("the Act").

For purposes of this Endorsement, a "certified act of terrorism" is defined as any act:

- a. That is certified by the Secretary of the Treasury in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism; and,
- b. That is violent or dangerous to human life, property or infrastructure; and,
- c. That results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and,
- d. That has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your Agreement, and any applicable federal and/or state laws, rules, or regulations. Under the Act, terrorism losses would be partially reimbursed by the U.S. Government under a formula established by the Act. Under this formula, the U.S. Government would generally reimburse 85% of covered terrorism losses exceeding a deductible paid by the CORPORATION. The Act contains a \$100 billion cap that limits the reimbursement from the U.S. Government as well as from all insurers. If aggregate insured losses for all insurers exceed \$100 billion, the EMPLOYER's coverage may be reduced.

The portion of the EMPLOYER'S annual premium that is attributable to coverage for losses caused by a certified act of terrorism is: 0.5%.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. AGC4042330, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to COUNTY OF BOONE, MISSOURI, dated July 01, 2010.

SAFETY NATIONAL CASUALTY CORPORATION

President

Secretary

c 2007 National Association of Insurance Commissioners

ENDORSEMENT

MISSOURI AMENDATORY CANCELLATION ENDORSEMENT

Effective 12:01 A.M., Local Time, July 01, 2010

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that:

The first paragraph of the Cancellation section shall be deleted in its entirety and replaced by the following:

This Agreement may be cancelled by either party giving the other party written notice not less than sixty (60) days prior to the effective date of cancellation, except that, the CORPORATION may cancel by giving the EMPLOYER only ten (10) days written notice where the cancellation is based on one of more of the following reason(s):

1. Nonpayment of premium;
2. Fraud or material misrepresentation affecting the Agreement or in the presentation of a Loss thereunder or a violation of any of the terms or conditions of the Agreement;
3. Changes in conditions after the effective date of the Agreement that have materially increased the hazards originally insured;
4. Insolvency of the CORPORATION; or,
5. The CORPORATION involuntarily loses reinsurance for the Agreement.

Notice of cancellation shall be effective if mailed by the CORPORATION to the EMPLOYER's last known address within the time specified above which notice shall state the CORPORATION'S reason for cancellation.

The date of cancellation shall become the termination date of the Liability Period. This Agreement does not apply to Loss as a result of Occurrences taking place after the effective date of cancellation.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. AGC4042330, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to COUNTY OF BOONE, MISSOURI, dated July 01, 2010.

SAFETY NATIONAL CASUALTY CORPORATION

President

Secretary

XWC 2033 00 0109

ENDORSEMENT

MISSOURI EXCLUSIONARY ENDORSEMENT FOR  
EMPLOYMENT OF AN EMPLOYEE IN VIOLATION OF THE LAW

Effective 12:01 A.M., Local Time, July 01, 2010

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that subparagraph (f)(3) of paragraph 3 "Exclusions from Loss" of the Definitions section of this agreement is deleted and replaced as follows:

- 3) Knowingly employing an Employee in violation of the law, provided, however, that this exclusion shall not apply in the event of the bankruptcy or insolvency of the EMPLOYER,

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. AGC4042330, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to COUNTY OF BOONE, MISSOURI dated July 01 2010.

SAFETY NATIONAL CASUALTY CORPORATION

President

Secretary

SAFETY NATIONAL CASUALTY CORPORATION

PRIVACY STATEMENT

**Our Commitment To Our Customers**

Safety National Casualty Corporation ("Safety National") is proud to have provided quality products and services to its customers for over 50 years. We greatly appreciate the trust that you and all of our customers place in us. We protect that trust by respecting the privacy of all of our customers, both present and past. The following will explain our privacy practices so that you will understand our commitment to your privacy.

**We Respect Your Privacy**

When you apply to Safety National for any type of insurance, you disclose information about you to us. The collection, use and disclosure of such information is regulated by law. Safety National and its affiliates maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your personal information. Our employees are also advised of the importance of maintaining the confidentiality of your information.

**Types Of Information We Collect**

Safety National obtains most of our information directly from you, your agent or broker. The application you complete, as well as any additional information you provide, generally gives us most of the details we need to know. Depending on the nature of your insurance transaction, we may need further details about you.

We may obtain information from third parties, such as other insurance or reinsurance companies, medical providers, government agencies, information clearinghouses and other public records. We may also obtain information about you from your other transactions with us, our affiliates or others.

**What We Do With Your Information**

Information that has been collected about you will be retained in our files. We will review your information in evaluating your request for insurance coverage, determining your rates or underwriting risk, servicing your policy or adjusting claims. We may retain information about our former customers and would disclose that information only to affiliates and to nonaffiliates as described in this notice or as otherwise permitted by law.

WC 99 99 28

**To Whom Do We Disclose Your Information**

We will not disclose any non-public, personal information about our customers or former customers, except as permitted by law. That means we may disclose information we have collected about you to the following types of third parties:

- Our affiliated companies (members of the Delphi Financial group of companies).
- Your agent or broker.
- Parties who perform a business or insurance function for Safety National, including reinsurance, underwriting, claims administration or adjusting, investigation, loss control and computer systems companies.
- Other insurance companies or agents as reasonably necessary concerning your application, policy or claim.
- Insurance regulatory or statistical reporting agencies.
- Law enforcement or governmental authorities in connection with suspected fraud or illegal activities.
- Authorized persons as ordered by subpoena, warrant or court order, or as required by law.

We do not disclose any non-public, personal information about you to non-affiliated companies for marketing purposes or for any other purpose except those specifically allowed by law and described above.

**Independent Sales Agents or Brokers**

Your policy may have been placed with us through an independent agent or broker ("Sales Agent"). Your Sales Agent may have gathered information about you. The use and protection of information obtained by your Sales Agent is their responsibility, not Safety National's. If you have questions about how your Sales Agent uses or discloses your information, please contact them directly.

**CONFLICT OF INTEREST AND CONFIDENTIALITY AGREEMENT**

**REQUEST FOR PROPOSAL NUMBER:**

**18-14JUN11 – Worker’s Compensation and Employer’s Liability Excess Insurance Coverage – Self insured Public Entity**

**BUYER:** Melinda Bobbitt

**Conflict of Interest:**

I hereby attest, to the best of my knowledge that I currently have no personal interest or any conflict of interest, directly or indirectly, in the review, evaluation, or approval of the above referenced Request for Proposal; and that I shall not acquire any personal interest, or any conflict of interest, directly or indirectly, relating to this Request for Proposal. If I should detect or develop any conflict of interest, I shall immediately notify the County Purchasing Department and withdraw myself from the evaluation committee.

**Confidentiality:**

It is my understanding that disclosure of an Offeror’s proposal response to a competitor may result in the competitor’s disqualification from consideration for contract award and suspension/ debarment from procurement processes.

It is my understanding that information related to the procurement process for the above referenced Request for Proposal has been provided to me on a need-to-know basis and that in accordance with 610.021 RSMo such records are closed to public review until such time as a contract is executed or all proposals are rejected.

I agree to keep all information related to this Request for Proposal in strict confidence and not to divulge such information in any manner or form to anyone, or to allow others access to such information (other than my Administrative Authority). In the event that I should have reason to believe that the confidentiality of this information has been breached, I will notify the County Purchasing Department immediately.

I attest to the best of my knowledge that my participation in this evaluation process does not violate any state laws that relate to conflict of interest including applicable Sections 105.452 and 105.454 RSMo.

\_\_\_\_\_  
Evaluator’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Evaluator’s Name

# Boone County Purchasing



Melinda Bobbitt, CPPB  
Director

601 E. Walnut, Room 208  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
E-mail: mbobbitt@boonecountymo.org

---

TO: Evaluation Committee:  
Wendy Noren, Clerk  
Nicole Galloway, Treasurer  
Skip Elkin, Commission  
Susan Wells, Clerk

FROM: Melinda Bobbitt, CPPB  
Director of Purchasing

DATE: June 14, 2011

RE: Request for Proposal: 18-14JUN11 – Worker’s Compensation and Employer’s  
Liability Excess Insurance Coverage – Self Insured Public Entity

---

Thank you for agreeing to serve on the evaluation committee for the above noted Request for Proposal. Enclosed is a copy of the original RFP, along with a copy of the one proposal response received. I have attached *Guidelines for Evaluation Committee Members* to help you understand how to evaluate the RFP. You will probably find the *Guidelines* useful as a reference as you are reviewing the RFP responses. Also, the enclosed *Conflict of Interest Form* will need to be signed and returned to me for the RFP file. **Please fax to 886-4390.**

Please review the RFP response and note under each evaluation criteria the strengths and concerns. I will e-mail you a format that you can use. At our first meeting, we will discuss the RFP response and create a first draft of a report for the file with your recommendation. At that time you can also decide if you want to receive a presentation from the firm, decide what areas need clarification, check references and what points to negotiate.

**Please e-mail me your first draft of your evaluation as soon as it is complete and prior to our first meeting on June 20.** I combine everyone’s comments into one document as a starting place for discussion at our evaluation meeting. We’ll edit that first draft as we discuss it. Please e-mail your report to me at [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org).

Our first meeting is June 20 at 3:30 p.m. in the Commission Conference Room of the Government Center.

Once again, thank you for agreeing to serve on the evaluation committee. If you have any questions, please feel free to contact me.

**Evaluation Report for Request for Proposal**

**18-14JUN11 – Worker’s Compensation and Employer’s Liability Excess Insurance  
Coverage – Self Insured Public Entity**

**OFFEROR #1: Naught and Naught**

\_\_\_\_\_ It has been determined that **Naught and Naught** has submitted a **responsive** proposal meeting the requirements set forth in the original Request for Proposal.

\_\_\_\_\_ It has been determined that **Naught and Naught** has submitted a **non-responsive** proposal.

**Method of Performance**

**Strengths:**

**Concerns:**

**Experience/Expertise of Offeror**

**Strengths:**

**Concerns:**



Summary:

---

Evaluator's Signature: Wendy Noren, Boone County Clerk Date

---

Evaluator's Signature: Nicole Galloway, Boone County Treasurer Date

---

Evaluator's Signature: Skip Elkin, District II Commissioner Date

---

Evaluator's Signature: Susan Wells, Benefits/Risk Management Manager Date

**CERTIFIED COPY OF ORDER**

STATE OF MISSOURI }  
 County of Boone } ea.

June Session of the April Adjourned

Term. 20 11

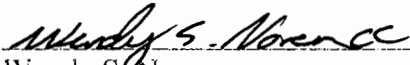
In the County Commission of said county, on the 28<sup>th</sup> day of June 20 11


the following, among other proceedings, were had, viz:

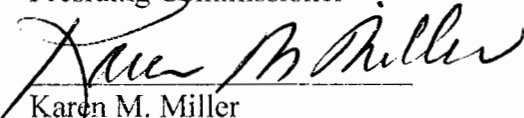
Now on this day the County Commission of the County of Boone does hereby award bid 23-31MAY11 - Emergency Plumbing Services Term and Supply to Mastertech Plumbing. It is further ordered the Presiding Commissioner is hereby authorized to sign said contract.

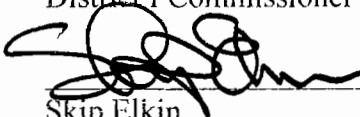
Done this 28<sup>th</sup> day of June, 2011.

ATTEST:

  
 Wendy S. Noren  
 Clerk of the County Commission

  
 Edward H. Robb  
 Presiding Commissioner

  
 Karen M. Miller  
 District I Commissioner

  
 Skip Elkin  
 District II Commissioner

# Boone County Purchasing

**Tyson Boldan**  
Buyer



601 E. Walnut, Room 208  
Columbia, MO 65201  
Phone: (573) 886-4392  
Fax: (573) 886-4390

---

## MEMORANDUM

TO: Boone County Commission  
FROM: Tyson Boldan  
DATE: 6/6/2011

RE: 23-31MAY11 – Emergency Plumbing Services Term and Supply

The Bid for Emergency Plumbing Services Term and Supply closed on May 31, 2011. Three bids were received. Purchasing and the Boone County Facilities Maintenance Department recommend award to Mastertech Plumbing, for offering the lowest and best bid for Boone County.

This is a term and supply contract. Statements will be paid from departments 6100 – Facilities Grounds Maintenance, 60100 – Building Repairs and Maintenance. For this service, \$8,800.00 is budgeted in the fiscal year 2011. Attached is the Bid Tabulation for your review.

ATT: Bid Tabulation

cc: Bob Davidson  
Bid File

23-31MAY11 - Emergency Plumbing Services Term and Supply

4.7.1 ITEM		DESCRIPTION	Mastertech Plumbing				J. Louis Crum Corporation				All Clear Pumping and Sewer			
			Unit Price	Major Repair: Prevailing Wage	Maintenance Work - Non-Prevailing wage		Unit Price	Major Repair: Prevailing Wage	Maintenance Work - Non-Prevailing wage		Unit Price	Major Repair: Prevailing Wage	Maintenance Work - Non-Prevailing wage	
1		Material (Total Cost plus %) \$0-\$749	20%			20%			10%					
2		Material (Total Cost plus %) \$750-\$4,499	10%			15%			10%					
3		Material (Total Cost plus %) \$4,500 and up	5%			10%			10%					
4		Rental Equipment (Cost plus %)												
5		Plumbing Services (Straight Time)	10%			15%			NB					
6		Rate per hour for each additional worker (Straight Time)		\$94.32	\$64.32		\$82.00	\$63.00		\$105.00	\$85.00			
7		Plumbing Services (Nights and Weekends)		\$80.92	\$50.92		\$62.00	\$63.00		\$105.00	\$85.00			
8		Rate per hour for each additional worker (Nights and Weekends)		\$110.41	\$80.41		\$111.00	\$90.00		\$172.50	\$85.00			
9		Plumbing Services (Holidays)		\$101.02	\$71.02		\$111.00	\$90.00		\$172.50	\$85.00			
10		Rate per hour for each additional worker (Holidays)		\$123.81	\$93.81		\$140.00	\$118.00		\$204.00	\$150.00			
4.12 Maintenance Work (non-prevailing wage)				\$107.73	\$77.73		\$140.00	\$118.00		\$204.00	\$125.00			
Maximum % Increase 1st Renewal Period				5%		4.50%			7%					
Maximum % Increase 2nd Renewal Period				5%		4.50%			7%					
Maximum % Increase 3rd Renewal Period				5%		4.50%			7%					
Maximum % Increase 4th Renewal Period				5%		4.50%			7%					
COOP? (Yes or No)				YES		NO			NO					

No Bids

**PURCHASE AGREEMENT  
FOR  
Emergency Plumbing Services Term and Supply**

THIS AGREEMENT dated the 13<sup>th</sup> day of June 2011 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, herein "County" and **Master Tech Plumbing**, herein "Contractor".

IN CONSIDERATION of the parties performance of the respective obligations contained herein, the parties agree as follows:

1. **Contract Documents** - This agreement shall consist of this Purchase Agreement for **Emergency Plumbing Services Term and Supply**, County of Boone Request for Bid number **23-31MAY11**, Introduction and General Conditions of Bidding, Primary Specifications, Response Presentation and Review, the un-executed Response Form, Exhibit A, Standard Terms and Conditions, any applicable addenda, Work Authorization Certification, Annual Wage Order #17 with Excessive Unemployment, as well as the Contractor's bid response dated **May 20, 2011** and executed by **Jerry E. Hall**, on behalf of the Contractor. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein by reference. Service or product data, specification and literature submitted with bid response may be permanently maintained in the County Purchasing Office bid file for this bid if not attached. In the event of conflict between any of the foregoing documents, this Purchase Agreement, the Introduction and General Conditions of Bidding, Primary Specifications, Response Presentation and Review, the un-executed Response Form, Exhibit A, Standard Terms and Conditions, Work Authorization Certification, Annual Wage Order #17, and any applicable addenda shall prevail and control over the Contractor's bid response.

2. **Contract Duration** - This agreement shall commence on **July 1, 2011 extend through June 30, 2012** subject to the provisions for termination specified below. This agreement may be extended beyond the expiration date by the order of the county for **four (4) additional one (1) year periods** subject to the pricing clauses in the contractor's RFB response and thereafter on a month to month basis in the event the County is unable to re-bid and/or award a new contract prior to the expiration date after exercising diligent efforts to do so or not.

3. **Purchase** - The County agrees to purchase from the Contractor and the Contractor agrees to supply the County all items per the bid specifications and responded to on the Response Form, and in conformity with the contract documents for the prices set forth in the Contractor's bid response, as needed and as ordered by County.

4. **Billing and Payment** - All billing for work done at the Boone County Public Works building located at 5551 Hwy 63 South Columbia, MO 65201, shall be invoiced to that same address. All billing for work done at any other facility under the direction of the County shall be invoiced to the Boone County Facilities Maintenance Department located at 601 E. Walnut Office 205, Columbia, MO 65201. Billings may only include the prices listed in the Contractor's bid response. No additional fees or extra services not included in the bid response or taxes shall be included as additional charges in excess of the charges in the Contractor's bid response to the specifications. The County agrees to pay all correct monthly invoices within thirty days of receipt; Contractor agrees to honor any cash or prompt payment discounts offered in its bid response if county makes payment as provided therein. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the Contractor, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

5. **Binding Effect** - This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

**6. Entire Agreement** - This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and any other bid or bid specification or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

**7. Termination** - This agreement may be terminated by the County upon thirty days advance written notice for any of the following reasons or under any of the following circumstances:

- a. County may terminate this agreement due to material breach of any term or condition of this agreement, or
- b. County may terminate this agreement if in the opinion of the Boone County Commission if delivery of products are delayed or products delivered are not in conformity with bidding specifications or variances authorized by County, or
- c. If appropriations are not made available and budgeted for any calendar year.

**IN WITNESS WHEREOF** the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**MASTER TECH- PLUMBING**

by *Greg E. Hill*  
 title *General Manager*  
 address *5150 I-70 Dr SW*  
*Columbia, MO 65203*

**BOONE COUNTY, MISSOURI**

by: Boone County Commission  
*Edward H. Robb*  
 Edward H. Robb, Presiding Commissioner

**APPROVED AS TO FORM:**

*Greg Blouse*  
 County Counselor

**ATTEST:**

*Wendy S. Noren*  
 Wendy S. Noren, County Clerk

**AUDITOR CERTIFICATION**

In accordance with RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

*Jim E. Pitchford*  
 Signature *by eg*

*6/21/11*  
 Date

6100-60100/ Term & Supply  
*No Encumbrance Required*  
 Appropriation Account

4. Response Form - Submit three (3) complete copies of your Response in a single sealed envelope, clearly marked on the outside, left corner with your company name and return address, the proposal number and the due date and time.

4.1. Company Name: MasterTech Plumbing
4.2. Address: 5150 I-70 Drive SW
4.3. City/Zip: Columbia, MO 65203
4.4. Phone Number: 573-777-7777
4.5. Fax Number: 573-446-5901
4.6. Federal Tax ID: 43-1870150

- 4.6.1. [X] Corporation
( ) Partnership - Name
( ) Individual/Proprietorship - Individual Name
( ) Other (Specify)

4.7. Repair/Maintenance Work: We propose to furnish the equipment/material as indicated in this Bid Blank, provided to the County of Boone - Missouri, with transportation charges prepaid, and for the price quoted below. All equipment/material to be furnished in accordance with the County of Boone - Missouri specifications attached hereto.

Table with 3 columns: ITEM, DESCRIPTION, UNIT PRICE. Rows 1-4 detailing material and rental equipment costs.

- 5. Plumbing Services (Straight Time)
6. Rate per hour for each additional worker (Straight Time)
7. Plumbing Services (Nights and Weekends)
8. Rate per hour for each additional worker (Nights and Weekends)
9. Plumbing Services (Holidays)
10. Rate per hour for each additional worker (Holidays)

Table with 2 columns: Major Repair: Prevailing Wage, Maintenance Work - Non-Prevailing Wage. Rows 5-10 showing hourly rates.

4.8. Emergency Twenty-Four Hour Service Contact:

4.8.1. Name: Jerry Hall
Telephone Number: 573-881-9927

4.9. Call Response Time: within 1 hours after notification by County.


4.10. **Holidays:** Contractor shall list the holidays observed by their company: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day

4.11. The undersigned offers to furnish and deliver the articles or services as specified at the prices and terms stated and in strict accordance with the specifications, instructions and general conditions of bidding which have been read and understood, and all of which are made part of this order.

4.12. **(Maintenance Work (non-prevailing wage):**  
Maximum % Increase 1<sup>st</sup> Renewal Period: 5 %  
Maximum % Increase 2<sup>nd</sup> Renewal Period: 5 %  
Maximum % Increase 4<sup>th</sup> Renewal Period: 5 %  
Maximum % Increase 5<sup>th</sup> Renewal Period: 5 %

4.13. Will you honor the submitted prices for purchase by other entities in Boone County who participate in cooperative purchasing with Boone County, Missouri?  Yes  No

4.14. Authorized Representative (Sign By Hand):

4.15. 

Type or Print Signed Name:  
Jerry E. Hall

Today's Date: 5-20-11





# E-Verify Employment Eligibility Verification

Exit



## Company Information

Company Name: MasterTech, Inc. d/b/a MasterTech Plumbing

[View / Edit](#)

## Physical Location:

Address 1: 5150 I-70 Drive SW  
Address 2:  
City: Columbia  
State: MO  
Zip Code: 65203  
County: BOONE

## Mailing Address:

Address 1:  
Address 2:  
City:  
State:  
Zip Code:

Employer Identification Number: 431870150

Total Number of Employees: 10 to 19

Corporate / Parent Company:

Organization Designation:

Employer Category: None of these categories apply

NAICS Code: 811 - REPAIR AND MAINTENANCE (811)

[View / Edit](#)

Hiring Sites: MISSOURI 2

[View / Edit](#)

## E-Verify Users:

[View / Edit](#)

Last Name	First Name	M.I.	Phone	E-mail	MOU Signatory
Richens	Laura	C	(573) 445 - 7283	lrichens@aol.com	
Eisleben	Lauren		(573) 445 - 7283	lreis@centurytel.net	

I certify that the information provided for this registration is correct. I am aware that Federal law provides for imprisonment and/or fines for knowing false statements or other fraudulent conduct in connection with this registration. I am aware that providing any false information may be grounds for terminating participation in E-Verify.

Please complete and return with Contract)

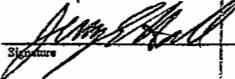
Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

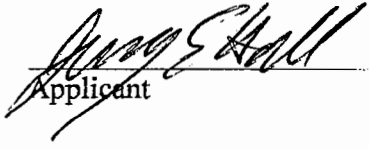
Jerry E. Hall General Manager  
Name and Title of Authorized Representative

 10-02-09  
Signature Date

**CERTIFICATION OF INDIVIDUAL BIDDER**

Pursuant to Section 208.009 RSMo, any person applying for or receiving any grant, contract, loan, retirement, welfare, health benefit, post secondary education, scholarship, disability benefit, housing benefit or food assistance who is over 18 must verify their lawful presence in the United States. Please indicate compliance below. Note: A parent or guardian applying for a public benefit on behalf of a child who is citizen or permanent resident need not comply.

- 1. I have provided a copy of documents showing citizenship or lawful presence in the United States. (Such proof may be a Missouri driver's license, U.S. passport, birth certificate, or immigration documents). Note: If the applicant is an alien, verification of lawful presence must occur prior to receiving a public benefit.
- 2. I do not have the above documents, but provide an affidavit (copy attached) which may allow for temporary 90 day qualification.
- 3. I have provided a completed application for a birth certificate pending in the State of \_\_\_\_\_. Qualification shall terminate upon receipt of the birth certificate or determination that a birth certificate does not exist because I am not a United States citizen.

  
Applicant

3-20-11  
Date

Jerry E. Hall  
Printed Name

(Please complete and return with Contract)

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Jerry E. Hall General Manager  
Name and Title of Authorized Representative

  
Signature

5-20-11  
Date

**EXHIBIT A**

**PRIOR EXPERIENCE**

(References of similar services for governmental agencies are preferred)

**1. Prior Services Performed for:**

Company Name: *Boone County Facilities*  
Address: *601 E. Walnut  
Columbia, MO 65201*  
Contact Name: *Bob Davidson*  
Telephone Number: *573-864-2899*

Date of Contract: *2002 until present*  
Length of Contract: *9 years*

**Description of Prior Services (include dates):**

*All emergency and routine plumbing service as required*

**2. Prior Services Performed for:**

Company Name: *City of Ashland*  
Address: *109 E. Broadway  
Ashland, MO 65010*  
Contact Name: *573-657-2091*  
Telephone Number: *573-657-2091*

Date of Contract: *Worked for them on several occasions*  
Length of Contract: *Worked for them on several occasions*

**Description of Prior Services (include dates):**

*Plumbing service and sewer inspection*

**3. Prior Services Performed for:**

Company Name: *City of Columbia*  
Address: *701 E. Ash  
Columbia, MO*  
Contact Name: *Dan Vandervoort*  
Telephone Number: *573-808-0333*

Date of Contract: *Worked for them on several occasions*  
Length of Contract: *Worked for them on several occasions*

**Description of Prior Services (include dates):**

*Plumbing service & sewer repair/replacements*

**MISSOURI**  
**DRIVER LICENSE**

License Number T211240046

HALL  
JERRY EDWARD  
307 SALINDA DR  
ASHLAND, MO 65010

Birthdate 08-24-1964      Expiration Date 08-24-2017

Male 5'10" 185 lbs Green eyes  
Restrictions      Endorsements



CITY OF COLUMBIA, MISSOURI  
Board of Plumbing Examiners

This is to certify that

RUSSELL DUKER

has been licensed as a

MASTER PLUMBER

unless the certificate be lawfully revoked or suspended

EXPIRES December 31, 2011

11-00012103

License#

*John D. Glascock*  
Director of Public Works

Department of Professional & Occupational Regulation  
9960 Mayland Dr., Suite 400, Richmond, VA 23233  
(804) 367-8500

BOARD FOR CONTRACTORS  
TRADESMAN LICENSE

Card No. 12710 804357

Issue Date: 07-01-1995

Expire Date: 07-01-2011

RUSSELL DUKER  
207 FOXWOOD COURT

COLUMBIA, MO 65203

TRADE DESIGNATIONS  
MASTER PLUMBER

*Gordon N. Dixon*  
Gordon N. Dixon, Director

Department of Professional & Occupational Regulation

*Alterations of this document, use after expiration, or use by persons other than those named may result in criminal prosecution.*

Cut along dotted line. Fold on solid line. Lamination recommended.





# CERTIFICATE OF LIABILITY INSURANCE

OP ID: LH

DATE (MM/DD/YYYY)

01/31/11

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

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

PRODUCER The Insurance Group, Inc. 200 East Southampton Drive Columbia, MO 65203 Lynda Hodges	573-875-4800	CONTACT NAME: <b>Lynda Hodges</b>
	573-875-4514	PHONE (A/C, No, Ext): <b>573-875-4800</b> FAX (A/C, No): <b>573-875-4514</b>
		E-MAIL ADDRESS: <b>lhodges@theinsurancegrp.com</b>
		PRODUCER CUSTOMER ID #: <b>MASTE-4</b>
		INSURER(S) AFFORDING COVERAGE
		INSURER A : <b>United Fire &amp; Casualty Co.</b>
		INSURER B :
		INSURER C :
		INSURER D :
		INSURER E :
		INSURER F :

INSURED Master Tech, Inc Lauren Eisleben 5150 I-70 Dr SW Columbia, MO 65203	INSURER A : <b>United Fire &amp; Casualty Co.</b>	NAIC #
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**      **CERTIFICATE NUMBER: 2011**      **REVISION NUMBER: 2**

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	GENERAL LIABILITY			60369059	02/05/11	02/05/12	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							Emp Ben. \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY			60369059	02/05/11	02/05/12	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
A	UMBRELLA LIAB			60369059	02/05/11	02/05/12	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$ <b>10,000</b>						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A			WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 The above Holder is an Additional Insured on the above policy as required by contract.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Boone County Purchasing 601 East Walnut, Room 205 Columbia, MO 65201	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>Lynda M Hodges</i>

© 1988-2009 ACORD CORPORATION. All rights reserved.



## **Request for Bid (RFB)**

**Boone County Purchasing**  
601 E. Walnut, Room 208  
Columbia, MO 65201

**Tyson Boldan, Buyer**

Phone: (573) 886-4391 – Fax: (573) 886-4390

Email: [tboldan@boonecountymo.org](mailto:tboldan@boonecountymo.org)

---

### **Bid Data**

Bid Number: **23-31MAY11**

Commodity Title: **Emergency Plumbing Services Term and Supply**

### **DIRECT BID FORMAT OR SUBMISSION QUESTIONS TO THE PURCHASING DEPARTMENT**

---

### **Bid Submission Address and Deadline**

Day / Date: **TUESDAY – May 31, 2011**

Time: **1:30 P.M. (Bids received after this time will be returned unopened)**

Location / Mail Address: **Boone County Purchasing Department  
Boone County Johnson Building  
601 E. Walnut, Room 208  
Columbia, MO 65201**

Directions: **The Johnson Building is located on the Northeast corner at 6<sup>th</sup> Street and Walnut Street. Enter the building from the East Side. Wheel chair accessible entrance is available on the West side of the building.**

---

### **Bid Opening**

Day / Date: **TUESDAY – May 31, 2011**

Time: **1:30 P.M. (Bids received after this time will be returned unopened)**

Location / Address: **Boone County Johnson Building  
601 E. Walnut, Conference Room 213  
Columbia, MO 65201**

---

### **Bid Contents**

- 1.0: **Introduction and General Conditions of Bidding**
  - 2.0: **Primary Specifications**
  - 3.0: **Response Presentation and Review**
  - 4.0: **Response Form**
- Work Authorization Certification  
Certification Regarding Debarment  
Exhibit A – Prior Experience  
Standard Terms and Conditions  
No Bid Response Form  
Prevailing Annual Wage Order #17**

**1. Introduction and General Conditions of Bidding**

1.1. **INVITATION** - The County of Boone, through its Purchasing Department, invites responses, which offer to provide the goods and/or services identified on the title page, and described in greater detail in Section 2.

1.2. **DEFINITIONS**

1.2.1. **County** - This term refers to the County of Boone, a duly organized public entity. It may also be used as a pronoun for various subsets of the County organization, including, as the context will indicate:

*Purchasing* - The Purchasing Department, including its Purchasing Director and staff.

*Department(s) or Office(s)* - The County Department/s or Office(s) for which this Bid is prepared, and which will be the end user(s) of the goods and/or services sought.

*Designee* - The County employee(s) assigned as your primary contact(s) for interaction regarding Contract performance.

1.2.2. **Bidder / Contractor / Supplier** - These terms refer generally to businesses having some sort of relationship to or with us. The term may apply differently to different classes of entities, as the context will indicate.

*Bidder* - Any business entity submitting a response to this Bid. Suppliers, which may be invited to respond, or which express interest in this bid, but which do not submit a response, have no obligations with respect to the bid requirements.

*Contractor* - The Bidder whose response to this bid is found by Purchasing to meet the best interests of the County. The Contractor will be selected for award, and will enter into a Contract for provision of the goods and/or services described in the Bid.

*Supplier* - All business(s) entities which may provide the subject goods and/or services.

1.2.3. **Bid** - This entire document, including attachments. A Bid may be used to solicit various kinds of information. The kind of information this Bid seeks is indicated by the title appearing at the top of the first page. An "Invitation For Bid" is used when the need is well defined. An "Invitation For Proposal" is used when the County will consider solutions, which may vary significantly from each other or from the County's initial expectations.

1.2.4. **Response** - The written, sealed document submitted according to the Bid instructions.

1.3. **BID CLARIFICATION** - Questions regarding this Bid should be directed in writing, preferably by fax or e-mail, to the Purchasing Department. Answers, citing the question asked but not identifying the questioner, will be distributed simultaneously to all known prospective Bidders. Note: Written requirements in the Bid or its Amendments are binding, but any oral communications between County and Bidder are not.

1.3.1. **Bidder Responsibility** - The Bidder is expected to be thoroughly familiar with all specifications and requirements of this Bid. Bidder's failure or omission to examine any relevant form, article, site or document will not relieve them from any obligation regarding this Bid. By submitting a Response, Bidder is presumed to concur with all terms, conditions and specifications of this Bid.

1.3.2. **Bid Amendment** - If it becomes evident that this Bid must be amended, the Purchasing Department will issue a formal written Amendment to all known prospective Bidders. If necessary, a new due date will be established.

1.4. **AWARD** - Award will be made to the Bidder(s) whose offer(s) provide the greatest value to the County from the standpoint of suitability to purpose, quality, service, previous experience, price, lifecycle cost, ability to deliver, or for any other reason deemed by Purchasing to be in the best interest of the County. Thus, the result will not be determined by price alone. The County will be seeking the least costly outcome that meets the County needs as interpreted by the County.

1.5. **CONTRACT EXECUTION** - This Bid and the Contractor's Response will be made part of any resultant Contract and will be incorporated in the Contract as set forth, verbatim.

1.5.1. **Precedence** - In the event of contradictions or conflicts between the provisions of the documents comprising this Contract, they will be resolved by giving precedence in the following order:

1) the provisions of the Contract (as it may be amended);

2) the provisions of the Bid;

3) the provisions of the Bidder's Response.

1.6. **CONTRACT PERIOD** - Any Term and Supply Contract resulting from this Bid will have an **initial term from July 1, 2011 through June 30, 2012**, and may be automatically renewed for an additional four (4) years unless canceled by the Purchasing Director in writing prior to a renewal term.

1.7. **COMPLIANCE WITH STANDARD TERMS AND CONDITIONS** - Bidder agrees to be bound by the County's standard "boilerplate" terms and conditions for Contracts, a sample of which is attached to this Bid.

**2. Primary Specifications**

- 2.1. **ITEMS AND/OR SERVICES TO BE PROVIDED** – Boone County, hereafter referred to as “County”, proposes to contract with an individual(s) or organization(s), hereinafter referred to as “Contractor” for a Term and Supply contract for the furnishing of all labor, materials, tools, equipment, transportation, services, and supervision to perform **Emergency Plumbing Repair Services** to various properties of Boone County – Missouri.
- 2.2. **Contract Extension** - The County Purchasing Director may exercise the option to extend the contract on a month-to-month basis for a maximum of 6 months from the date of the third contract period expiration if it is deemed to be in the best interest of Boone County.
- 2.2.1. **Contract Documents** - The successful bidder(s) shall be obligated to enter into a written contract with the County within 21 days of award on contract forms provided by the County.
- 2.2.2. **Repair Locations** - All County owned properties.
- 2.3. **General Conditions**
- 2.3.1. This contract shall be for emergency plumbing repair/maintenance services as requested by the Facilities Maintenance Department to meet the needs of various departments within Boone County on an “as required” basis.
- 2.3.2. **Major Repairs:** Before major non-emergency repairs (\$1,000 or more) are approved, Contractor shall provide the County with a written quotation, detailing parts and labor charges within three (3) business days. Quotations shall be based on the bid prices for this invitation for bid. Major emergency repairs will be quoted verbally to expedite the job, and a written confirming quotation will follow. Unit prices bid shall not exceed the prices of the resultant agreement.
- 2.3.3. The County reserves the right to bid any job with an estimated cost of \$4,500 or more.
- 2.3.4. In the event any provisions of contract are not fulfilled by Contractor, and or the quality of workmanship is deemed unsatisfactory by the County, the County may, upon written notice to the Contractor, terminate this contract in ten (10) days after such written notice.
- 2.3.5. **Estimated Usage:** Based on past usage, the **estimated** total expenditures against this contract are expected to exceed \$5,000 annually. The expenditures specified herein are estimates only based on past usage and anticipated future requirements, and as such, do not constitute a guarantee on the part of the County.
- 2.3.6. **Sub-Contractors:** No subcontractors shall be used without prior approval of the Facilities Maintenance Manager.
- 2.3.7. **Contractor Qualifications and Experience:** The Contractor to whom a Plumbing Repair Services contract is awarded must provide evidence that they have past experience in the type of work as outlined in the attached specifications for a minimum of three years. *Exhibit A – Prior Experience* may be used for this purpose.
- 2.3.7.1. The Contractor must provide evidence that they have been licensed as a Plumbing Contractor in the State of Missouri for a period of not less than three consecutive years immediately preceding the submission of this bid and must have established offices in the Columbia – Jefferson City areas, and currently be engaged in the business of such work.
- 2.3.7.2. The Bidder, at time of bid submittal, shall possess the correct occupational licenses, all professional licenses or other authorizations necessary to carry out and perform the work required by the project pursuant to all-applicable Federal, State and Local laws, statutes, ordinances, and rules and regulations of any kind. Copies of licenses should be submitted with the bid indicating that the entity bidding the project is licensed to perform the activities or work included in the contract documents.
- 2.3.7.3. The Bidder is assumed to be familiar with all Federal, State and Local laws, ordinances, rules and regulations, that in any manner affect the work. Special attention is called to, but not limited to, the local environmental ordinances. Ignorance on the part of the Bidder will in no way relieve him from responsibility of compliance with all said laws, ordinances, rules and regulations.
- 2.3.7.4. In addition to complying with all pertinent codes and regulations, the successful Bidder must comply with:
  1. All pertinent requirements of the local codes and utility companies.
  2. National Electric Code, latest edition.
  3. Requirements of Underwriters Laboratories, Inc., for all items installed for which UL standards have been established.

- 2.3.7.5. The Contractor will be responsible for obtaining any and all required permits. The County shall be responsible for the cost of any and all permits.
- 2.3.8. **Invoices:** The County's contract number must appear on the invoice. All contracted work done for the County on a "time and material" basis must include the following information with all invoices:
  1. Name of the County location where work was performed.
  2. Date(s) work performed.
  3. Itemized list of material, if any.
  4. Itemized cost of material, if any.
  5. Labor cost per hour.

If the above information is not noted on the invoice, it will be returned to Contractor for additional information before payment can be made.

- 2.3.8.1. Monthly statements should be submitted to Boone County Facilities Maintenance for payment, which will be made 30 days after receipt of a correct and valid statement. The billing address is Boone County Facilities Maintenance, 601 East Walnut, Room 205, Columbia, MO 65201.
- 2.3.9. **Special Needs / Service Requirements**
- 2.3.9.1. On a case by case basis, the County reserves the right to use an alternative Contractor if the primary Contractor is unable to meet a necessary deadline.
- 2.4. **Contractor Responsibility / Service Requirements:**
- 2.4.1. **Work Hours:** Contractor shall provide unlimited service during normal business hours. Normal business hours are Monday – Friday, 7:00 a.m. to 5:00 p.m. and excluding holidays as defined in 4.11.
- 2.4.1.1. All County calls for service must be returned within one (1) hour of initial telephone call.
- 2.4.1.2. Contractor must state a realistic and true time when they can schedule the work. If this proposed schedule is acceptable to the County representative, the Contractor shall book the job. Proposed schedule must be honored within a time frame of plus or minus one-half (1/2) hour.
- 2.4.2. **Emergency Repairs:** The Contractor may be required to perform emergency repairs at times other than normal working hours. The Contractor should be in a position to be available on a twenty-four (24) hour basis for such emergency work. Contractor shall provide a flat hourly rate for emergency service outside normal business hours to include all workmen and repairs.
- 2.4.3. **Equipment/Safety:** The Contractor shall be responsible for providing and for the placement of barricades, tarps, plastic, flag tape and other safety/traffic control equipment required to protect its employees, the public, surrounding areas, equipment and vehicles. The flow of vehicular traffic shall not be impeded at any time during this project. The safety of the Contractor's employees and the public is of prime concern to the County, and the Contractor must take all necessary steps to assure proper safety during the performance of the Contractor. Any bidders that have a history of safety problems or a high incidence of accidents will not be considered for award of a Contract.
- 2.4.4. **Workmanship:** Where not more specifically described in any of the various sections of these specifications, workmanship shall conform to all of the methods and operations of best standards and accepted practices of the trade or trades involved, and shall include all items of fabrication, construction or installation regularly furnished or required for completion (including any finish, and for successful operations as intended). All work shall be executed by personnel skilled in their respective lines of work.
- 2.4.5. **Cleaning:** The Contractor shall keep the premises clean of all rubbish and debris generated by the work involved and shall leave the premises neat and clean. The Contractor, at the Contractor's expense, shall dispose of all surplus material, rubbish, and debris. The work area shall be cleaned at the end of each workday. All materials, tools, equipment, etc., shall be removed or safely stored. The County is not responsible for theft or damage to the Contractor's property. All possible safety hazards to workers or the public shall be corrected immediately and left in a safe condition at the end of each workday. If there is a question in this area, the Facilities Maintenance Manager shall be consulted.
- 2.4.6. **Final Inspection and Approval:** The Contractor shall request the Facilities Maintenance Manager to conduct a site inspection after the project is complete. The Facilities Maintenance Manager will prepare a "punch-list" during the inspection and will forward a copy of the "punch-list" to the Contractor. After the "punch-list" items have been corrected, the Contractor shall request a final inspection with the

Facilities Maintenance Manger. Final project approval is contingent upon the Facilities Maintenance Manager's final inspection and written approval.

- 2.4.7. **Property Damage:** Contractor shall be responsible for repair of any damage to County property and restoration of any facility damage, beyond normal wear and tear, caused by Contractor's activities. Repair and restoration shall be to the satisfaction of the County. Any repair/restoration of these damages shall be performed at no cost to the County.
- 2.4.8. **Repair/Warranties:** The contractor shall guarantee all work performed under this contract. Contractor shall list on the invoice/service ticket the brand name and part/model number of all replacement parts used. All repairs shall be warranted for a minimum period of ninety (90) calendar days from the date of repair. If the same item must be repaired again for any failure during the warranty period, the follow-up service will be performed at no charge to the County. Any replacement parts that fail during the warranty period shall be replaced at no charge to the County including all labor. Parts which carry a standard warranty that exceeds ninety (90) days shall be honored by the Contractor.
- 2.4.9. **Materials:** All materials provided by Contractor shall be new materials of high quality that shall give long life and reliable operation. All equipment shall be modern in design and shall not have been in prior service except as required by factory test.
  - 2.4.9.1. **Replacement Parts:** Replacement parts furnished must be of the same manufacturer or an equal product.
  - 2.4.9.2. When the County has a spare part available, the Contractor will be required to use that part when requested to do so by the County.
- 2.4.10. **Labor Rates:** Work performed under this contract will be subject to Prevailing Wage rates for major repair work. Maintenance work will not be subject to prevailing wage rates. For the initial contract period, **Prevailing Wage Order Number 17** is in effect through the initial contact period. For future renewal periods, the prevailing wage in effect at the start of the June 1 renewal period shall be used for that renewal period.
  - 2.4.10.1. "Major Repairs" are subject to the Prevailing Wage Law. Repairs done by overhaul or replacement of major constituent parts that have deteriorated are "major repairs." Any questions regarding "major repairs" should be addressed to the Boone County Purchasing Department. If the size, type or extent of the existing facility is changed or increased, the work performed is subject to the Prevailing Wage Law. A maintenance project is not subject to the Prevailing Wage Law. Maintenance is recurrent, day-to-day, periodic or scheduled work unless it involves the overhaul or replacement of major constituent parts. If work involves the repair but not the major repair or replacement of existing facilities, and the size, type or extent of the existing facility is not changed, it is maintenance.
    - 2.4.10.2. **Wage Rates**
      - 2.4.10.2.a. "Major repair" work from this contract shall be based upon payment by the Contractor of wage rates not less than the prevailing hourly wage rate for each craft or classification of worker engaged on the work as determined by the Labor & Industrial Relations Commission of Missouri on behalf of the Division of Labor Standards.
      - 2.4.10.2.b. The Contractor shall comply with all requirements of the prevailing wage law of Missouri, Revised Statutes of Missouri, Sections 290.210 to 290.340, including the latest amendments thereto.
      - 2.4.10.2.c. The prevailing wage law does not prohibit payment of more than the prevailing rate of wages nor does it limit the hours of work, which may be performed by any worker in any particular period of time.
      - 2.4.10.2.d. **Prevailing Annual Wage Order Number 17** is attached for the initial contract period. At any given time, the current, "applicable" Prevailing Wage Order is available for review and a copy may be obtained in the office of the Director of Purchasing, 601 E. Walnut, Room 208, Columbia, MO 65201; or e-mail: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org); or call (573) 886-4391.
      - 2.4.10.2.e. **Records**
      - 2.4.10.2.f. The Contractor and each Subcontractor shall keep an accurate record showing names, occupations, and crafts of all workers employed, together with the number of hours worked by each worker and the actual wages paid to each worker. At all reasonable hours, such records shall be open to inspection by representatives of the Labor & Industrial Relations Commission and the County. The payroll records shall not be destroyed or removed from the State for at least one (1) year after completion of the work. Contractors and Subcontractors will submit certified copies of their payrolls to the County prior to contract acceptance.

- 2.4.10.2.g. **Notices**
- 2.4.10.2.h. Throughout the life of this contract, a copy of the wage determination and the rules promulgated by the Labor & Industrial Relations Commission of Missouri shall be displayed in at least four (4) conspicuous places on the project under a heading of NOTICE with the heading in letters at least one inch (1”) high.
- 2.4.10.2.i. **Penalty**
- 2.4.10.2.j. Pursuant to Section 290.250 RSMo, the Contractor shall forfeit to the County as a penalty, one hundred dollars (\$100) for each worker employed, for each calendar day, or portion thereof, such worker is paid less than the stipulated rates for any work done under the contract, by them or by any Subcontractor under them.
- 2.4.10.2.k. **Affidavit of Compliance**
- 2.4.10.2.l. After completion of the work and before final payment can be made under this contract, the Contractor and each Subcontractor must file with the County an affidavit stating that they have fully complied with the provisions and requirements of the prevailing wage law of Missouri, Section 290.210 to 290.340 RSMo.
- 2.4.10.2.m. **Wage Determination**
- 2.4.10.2.n. During the life of this contract, the prevailing hourly rate of wages is subject to change by the Labor & Industrial Relations Commission or by court decision, as provided by law. Any such change shall not be the basis of any claim by the Contractor against the County, nor will deductions be made by the County against sums due the Contractor by reason of such changes.
- 2.4.10.2.o. The following prevailing wage rate determination made by the Division of Labor Standards, Labor & Industrial Relations Commission, is reproduced verbatim and is applicable to this contract.
  
- 2.4.10.3. **Mobilization:** Portal-to-Portal mobilization is allowed, not to exceed one hour total. Contractor is expected to have basic tools and stock on board. Travel for specialty items is compensable. The County will allow for a two-hour minimum charge, which includes mobilization. All jobs are expected to require one (1) service person. Authorized County representatives must approve of multiple service people before the work is started.
- 2.4.10.4. Labor quoted shall include all labor cost, insurance, overhead, profit, mileage, and be exclusive of taxes.
- 2.4.10.5. Repair work shall be performed at site unless by the nature of required repairs, it would be necessary to remove a component to the Contractor’s shop for repair. If a unit is to be down for more than twelve (12) hours, the Facilities Maintenance Manager will be advised and informed of the nature or repairs that cause the shutdown.
- 2.4.11. **Working With Owner’s Personnel:** The Contractors must agree to work alongside the County’s maintenance staff.
- 2.4.12. **FOB Point:** Prices quoted shall be FOB various County locations, unloaded and installed.
- 2.5. **BID SPECIFICATIONS LANGUAGE FOR OSHA TRAINING REQUIRED FOR PUBLIC WORKS TO BE IN PROGRESS AFTER AUGUST 28, 2009**
- 2.5.1. **OSHA Program Requirements** – The Contractor is familiar with the requirements of 292.675 RSMo. The Contractor shall provide a ten-hour Occupational Safety and Health Administration (OSHA) construction safety program for their on-site employees, subcontractors or others acting on behalf of Contractor on-site which meets the requirements of 292.675 RSMo.
- 2.5.2. The Contractor and each subcontractor shall keep accurate records of those employees who are working on-site and a record of each such employee’s completion of the OSHA program, **and certify compliance by affidavit at the conclusion of the project.**
- 2.5.3. The Contractor shall forfeit as a penalty to the County the sum of Two Thousand Five Hundred Dollars (\$2,500.00) plus One Hundred Dollars (\$100.00) for each employee employed by the Contractor or subcontractor, for each calendar day, or portion thereof, such employee is found to be employed in violation of 292.675 RSMo. Said amounts shall be withheld from all sums and amounts due under this provision when making payments to the Contractor.
- 2.6. **Contractor’s Insurance:**
- 2.6.1. **Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts,

form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

- 2.6.2. **Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Worker's Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers' Liability Insurance for the protection of their employees not otherwise protected.
- 2.6.3. **Comprehensive General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

The Contractor has the option to provide **Owner's Contingent or Protective Liability and Property Damage** instead of the **Comprehensive General Liability Insurance**- The Contractor shall provide the County with proof of Owner's Protective Liability and Property Damage Insurance with the County as named insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum amounts of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply.

- 2.6.4. **COMMERCIAL Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.
- 2.6.5. **Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed, and requiring a thirty (30) day mandatory cancellation notice. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.
- 2.7. **INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.
- 2.8. **SALES/USE TAX EXEMPTION** – County will provide the Contractor with a completed Missouri



Project Exemption and Missouri Tax Exemption letter for Boone County, Missouri and the Contractor shall be responsible for furnishing the exemption certificate and tax exemption letter to all authorized sub-contractors and suppliers providing materials incorporated in the work. All invoices issued for purchases for such materials, supplies and taxable rentals shall be in the name of Boone County and contain the project number assigned by Boone County for the contract awarded. It shall be the responsibility of the Contractor to insure that no sales or use taxes are included in the invoices and that the County pays no sales/use taxes from which it is exempt. The Contractor shall be responsible for obtaining revised exemption certificates and revised expiration dates if the work extends beyond the estimated project completion date or a certificate expiration date. The Contractor shall also be responsible for retaining a copy of the project exemption certificate for a period of five years and for compliance with all other terms and conditions of section 144.062 RSMo. Not otherwise herein specified. The Contractor agrees not to use or permit others to use the project exemption certificate for taxable purchases of materials or rentals and supplies not directly incorporated into or used in the work to which it applies and agrees to indemnify and hold the County harmless from all losses, expenses and costs including litigation expenses and attorney fees resulting from the unauthorized use of such project exemption certificates.

2.9. **Special Conditions and Requirements**

- 2.9.1. **Inspection of Facilities:** It is the bidder's responsibility to become fully informed as to where services are to be provided and/or the nature and extent of the work required and its relation to any other work in the area include possible interference from other site activities. Arrangements for bidder's inspection of facilities may be secured from the Manager of Facilities Maintenance at (573) 886-4401.
- 2.10. **Bid Clarification** - Any questions or clarifications concerning bid documents should be addressed in writing, PRIOR TO BID OPENING, to Tyson Boldan, Buyer, 601 E. Walnut, Room 208, Columbia, Missouri 65201. Phone: (573) 886-4392 Fax: (573) 886-4390 or Email: [tboldan@boonecountymo.org](mailto:tboldan@boonecountymo.org)
- 2.11. **Designee** – Bob Davidson, Manager of Boone County Facilities Maintenance, 601 E. Walnut, Room 206, Columbia, MO 65201-4460
- 2.12. **Award of Contract:** The County reserves the right to award to more than one (1) supplier. Multiple awards may be made on the basis of a primary, secondary, and tertiary supplier. The primary supplier shall furnish the County's requirements until such time as the County determines that it is in the best interest of the County to seek performance from the secondary supplier, then tertiary supplier. The County's decision will be based upon the ability of the primary source to supply acceptable goods or services within the County's time requirements. The County's decision to utilize the secondary and tertiary sources shall be final and conclusive.
- 2.12.1. The County of Boone reserves the right to accept or reject any and all bids in the best interest of the County.

**3. Response Presentation and Review**

- 3.1. **RESPONSE CONTENT** - In order to enable direct comparison of competing Responses, Bidder must submit Response in strict conformity to the requirements stated herein. Failure to adhere to all requirements may result in Bidder's Response being disqualified as non-responsive. All Responses must be submitted using the provided Response Sheet. Every question must be answered and if not applicable, the section must contain "N/A." Manufacturer's published specifications for the items requested shall be included with the response.
- 3.2. **SUBMITTAL OF RESPONSES** - Responses MUST be received by the date and time noted on the title page under "Bid Submission Information and Deadline". NO EXCEPTIONS. The County is not responsible for late or incorrect deliveries from the US Postal Service or any other mail carrier.
  - 3.2.1. **Submittal Package** - Submit, to the location specified on the title page, **three (3) complete copies** of your Response in a single sealed envelope, clearly marked on the outside with your company name and return address, **the bid number and the due date and time.**
  - 3.2.2. **Advice of Award** - The County's Bids, Bid Tabulations, and Bid Awards may be viewed on our web page at [www.showmeboone.com](http://www.showmeboone.com). View information under *Purchasing*.
- 3.3. **BID OPENING** - On the date and time and at the location specified on the title page under "Bid Opening", all Responses will be opened in public. Brief summary information from each will be read aloud.
  - 3.3.1. **Removal from Vendor Database** - If any prospective Bidder currently in our Vendor Database to whom the Bid was sent elects not to submit a Response and fails to reply in writing stating reasons for not bidding, that Bidder's name may be removed from our database. Other reasons for removal include unwillingness or inability to show financial responsibility, reported poor performance, unsatisfactory service, or repeated inability to meet delivery requirements.
- 3.4. **RESPONSE CLARIFICATION** – The County reserves the right to request additional written or oral information from Bidders in order to obtain clarification of their Responses.
  - 3.4.1. **Rejection or Correction of Responses** – The County reserves the right to reject any or all Responses. Minor irregularities or informalities in any Response which are immaterial or inconsequential in nature, and are neither affected by law nor at substantial variance with Bid conditions, may be waived at our discretion whenever it is determined to be in the County's best interest.
- 3.5. **EVALUATION PROCESS** – The County's sole purpose in the evaluation process is to determine from among the Responses received which one is best suited to meet the County's needs at the lowest possible cost. Any final analysis or weighted point score does not imply that one Bidder is superior to another, but simply that in our judgment the Contractor selected appears to offer the best overall solution for our current and anticipated needs at the lowest possible cost.
  - 3.5.1. **Method of Evaluation** – The County will evaluate submitted Responses in relation to all aspects of this Bid.
  - 3.5.2. **Acceptability** – The County reserves the sole right to determine whether goods and/or services offered are acceptable for County use.
  - 3.5.3. **Endurance of Pricing** – Bidder's pricing must be held until contract execution or 60 days, whichever comes first.

4. **Response Form** – Submit three (3) complete copies of your Response in a single sealed envelope, clearly marked on the outside, left corner with your company name and return address, the proposal number and the due date and time.

4.1. Company Name: \_\_\_\_\_

4.2. Address: \_\_\_\_\_

4.3. City/Zip: \_\_\_\_\_

4.4. Phone Number: \_\_\_\_\_

4.5. Fax Number: \_\_\_\_\_

4.6. Federal Tax ID: \_\_\_\_\_

- 4.6.1. ( ) Corporation
- ( ) Partnership - Name \_\_\_\_\_
- ( ) Individual/Proprietorship - Individual Name \_\_\_\_\_
- ( ) Other (Specify) \_\_\_\_\_

4.7. **Repair/Maintenance Work:** We propose to furnish the equipment/material as indicated in this Bid Blank, provided to the County of Boone – Missouri, with transportation charges prepaid, and for the price quoted below. All equipment/material to be furnished in accordance with the County of Boone – Missouri specifications attached hereto.

4.7.1. ITEM	DESCRIPTION	UNIT PRICE
1.	Material (Total Cost plus %) \$0-\$749	_____ %
2.	Material (Total Cost plus %) \$750-\$4,499	_____ %
3.	Material (Total Cost plus %) \$4,500 and up	_____ %
4.	Rental Equipment (Cost plus %)	_____ %

<u>Major Repair: Prevailing Wage</u>	<u>Maintenance Work – Non-Prevailing Wage</u>
5. Plumbing Services (Straight Time)	\$ _____ /hr
6. Rate per hour for each additional worker (Straight Time)	\$ _____ /hr
7. Plumbing Services (Nights and Weekends)	\$ _____ /hr
8. Rate per hour for each additional worker (Nights and Weekends)	\$ _____ /hr
9. Plumbing Services (Holidays)	\$ _____ /hr
10. Rate per hour for each additional worker (Holidays)	\$ _____ /hr

4.8. **Emergency Twenty-Four Hour Service Contact:**

4.8.1. Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

4.9. **Call Response Time:** within \_\_\_\_\_ hours after notification by County.

4.10. **Holidays:** Contractor shall list the holidays observed by their company: \_\_\_\_\_

4.11. The undersigned offers to furnish and deliver the articles or services as specified at the prices and terms stated and in strict accordance with the specifications, instructions and general conditions of bidding which have been read and understood, and all of which are made part of this order.

4.12. **Maintenance Work (non-prevailing wage):**  
Maximum % Increase 1<sup>st</sup> Renewal Period: \_\_\_\_\_ %  
Maximum % Increase 2<sup>nd</sup> Renewal Period: \_\_\_\_\_ %  
Maximum % Increase 4<sup>th</sup> Renewal Period: \_\_\_\_\_ %  
Maximum % Increase 5<sup>th</sup> Renewal Period: \_\_\_\_\_ %

4.13. Will you honor the submitted prices for purchase by other entities in Boone County who participate in cooperative purchasing with Boone County, Missouri? \_\_\_\_\_ Yes \_\_\_\_\_ No

4.14. Authorized Representative (Sign By Hand):  
\_\_\_\_\_

4.15. \_\_\_\_\_

Type or Print Signed Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
\_\_\_\_\_

**WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of \_\_\_\_\_ )  
  )ss  
State of \_\_\_\_\_ )

My name is \_\_\_\_\_. I am an authorized agent of \_\_\_\_\_ (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

\_\_\_\_\_ Date  
Affiant

\_\_\_\_\_ Printed Name

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ Notary Public

## CERTIFICATION OF INDIVIDUAL BIDDER

Pursuant to Section 208.009 RSMo, any person applying for or receiving any grant, contract, loan, retirement, welfare, health benefit, post secondary education, scholarship, disability benefit, housing benefit or food assistance who is over 18 must verify their lawful presence in the United States. Please indicate compliance below. Note: A parent or guardian applying for a public benefit on behalf of a child who is citizen or permanent resident need not comply.

- \_\_\_\_\_ 1. I have provided a copy of documents showing citizenship or lawful presence in the United States. (Such proof may be a Missouri driver's license, U.S. passport, birth certificate, or immigration documents). Note: If the applicant is an alien, verification of lawful presence must occur prior to receiving a public benefit.
  
- \_\_\_\_\_ 2. I do not have the above documents, but provide an affidavit (copy attached) which may allow for temporary 90 day qualification.
  
- \_\_\_\_\_ 3. I have provided a completed application for a birth certificate pending in the State of \_\_\_\_\_. Qualification shall terminate upon receipt of the birth certificate or determination that a birth certificate does not exist because I am not a United States citizen.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**AFFIDAVIT**  
**(Only Required for Individual Bidder Certification Option #2)**

State of Missouri                    )  
  )SS.  
County of \_\_\_\_\_            )

I, the undersigned, being at least eighteen years of age, swear upon my oath that I am either a United States citizen or am classified by the United States government as being lawfully admitted for permanent residence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number  
or Other Federal I.D. Number

\_\_\_\_\_  
Printed Name

On the date above written \_\_\_\_\_ appeared before me and swore that the facts contained in the foregoing affidavit are true according to his/her best knowledge, information and belief.

\_\_\_\_\_  
Notary Public

My Commission Expires:

**(Please complete and return with Contract)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Name and Title of Authorized Representative

---

Signature

---

Date



**EXHIBIT A**

**PRIOR EXPERIENCE**

(References of similar services for governmental agencies are preferred)

**1. Prior Services Performed for:**

Company Name:

Address:

Contact Name:

Telephone Number:

Date of Contract:

Length of Contract:

**Description of Prior Services (include dates):**

**2. Prior Services Performed for:**

Company Name:

Address:

Contact Name:

Telephone Number:

Date of Contract:

Length of Contract:

**Description of Prior Services (include dates):**

**3. Prior Services Performed for:**

Company Name:

Address:

Contact Name:

Telephone Number:

Date of Contract:

Length of Contract:

**Description of Prior Services (include dates):**



**Boone County Purchasing**  
601 E. Walnut, Room 208  
Columbia, MO 65201

**Tyson Boldan, Buyer**

Phone: (573) 886-4392 – Fax: (573) 886-4390

---

## ***Standard Terms and Conditions***

1. Responses shall include all charges for packing, delivery, installation, etc., (unless otherwise specified) to the Boone County Department identified in the Request for Bid and/or Proposal.
2. The Boone County Commission has the right to accept or reject any part or parts of all bids, to waive technicalities, and to accept the offer the County Commission considers the most advantageous to the County. Boone County reserves the right to award this bid on an item-by-item basis, or an “all or none” basis, whichever is in the best interest of the County.
3. Bidders must use the bid forms provided for the purpose of submitting bids, must return the bid and bid sheets comprised in this bid, give the unit price, extended totals, and sign the bid.
4. When products or materials of any particular producer or manufacturer are mentioned in our specifications, such products or materials are intended to be descriptive of type or quality and not restricted to those mentioned.
5. Do not include Federal Excise Tax or Sales and Use Taxes in bid process, as law exempts the County from them.
6. The delivery date shall be stated in definite terms, as it will be taken into consideration in awarding the bid.
7. The County Commission reserves the right to cancel all or any part of orders if delivery is not made or work is not started as guaranteed. In case of delay, the Contractor must notify the Purchasing Department.
8. In case of default by the Contractor, the County of Boone will procure the articles or services from other sources and hold the Bidder responsible for any excess cost occasioned thereby.
9. Failure to deliver as guaranteed may disqualify Bidder from future bidding.
10. Prices must be as stated in units of quantity specified, and must be firm. Bids qualified by escalator clauses may not be considered unless specified in the bid specifications.
11. No bid transmitted by fax machine or **e-mail** will be accepted. **U.S. mail only.**
12. The County of Boone, Missouri expressly denies responsibility for, or ownership of any item purchased until same is delivered to the County and is accepted by the County.

13. The County reserves the right to award to one or multiple respondents. The County also reserves the right to not award any item or group of items if the services can be obtained from a state or other governmental entities contract under more favorable terms.
14. The County, from time to time, uses federal grant funds for the procurement of goods and services. Accordingly, the provider of goods and/or services shall comply with federal laws, rules and regulations applicable to the funds used by the County for said procurement, and contract clauses required by the federal government in such circumstances are incorporated herein by reference. These clauses can generally be found in the Federal Transit Administration's Best Practices Procurement Manual – Appendix A. Any questions regarding the applicability of federal clauses to a particular bid should be directed to the Purchasing Department prior to bid opening.
15. In the event of a discrepancy between a unit price and an extended line item price, the unit price shall govern.

**Boone County Purchasing**  
601 E. Walnut, Room 208  
Columbia, MO 65201

***“No Bid” Response Form***

Tyson Boldan, Buyer  
(573) 886-4392– Fax: (573) 886-4390

**“NO BID RESPONSE FORM”**

**NOTE: COMPLETE AND RETURN THIS FORM ONLY IF YOU DO NOT WANT TO  
SUBMIT A BID**

If you do not wish to respond to this bid request, but would like to remain on the Boone County vendor list for this service/commodity, please remove form and return to the Purchasing Department by mail or fax.

If you would like to FAX this “No Bid” Response Form to our office, the FAX number is (573) 886-4390.

**Bid: 23-31MAY11 – Emergency Plumbing Services Term and Supply**

Business Name: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

Date: \_\_\_\_\_

Reasons for not submitting a bid:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVAILING WAGE NOTICE OF EXCESSIVE UNEMPLOYMENT

**\*\*\* NOW IN EFFECT \*\*\***

Only Missouri laborers and laborers from nonrestrictive states are allowed by law to be employed on Missouri's public works projects when the unemployment rate exceeds 5% for two consecutive months. (See Sections 290.550 through 290.580 RSMo.) The unemployment rate has exceeded 5% for the past two months. Therefore, this statute is in effect and will remain in effect as long as this notice is posted. For questions call (573) 751-3403. View the Frequently Asked Questions at [http://www.dolr.mo.gov/ls/faq/faq\\_PublicWorksEmployment.asp](http://www.dolr.mo.gov/ls/faq/faq_PublicWorksEmployment.asp) or view the statute 290.550 - 290.580 RSMo, at <http://www.moga.mo.gov/statutes/C290.HTM>.

Nonrestrictive states, which includes the District of Columbia and the territories, and the words "United States" includes such district and territories, as of January 2008 are: Alabama, American Samoa, Arkansas, Georgia, Guam, Hawaii, Indiana, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Nebraska, New Hampshire, New Mexico, New York, North Carolina, Northern Mariana Islands, Ohio, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington and Wisconsin.

# Missouri Division of Labor Standards

WAGE AND HOUR SECTION



JEREMIAH W. (JAY) NIXON, Governor

## Annual Wage Order No. 17

Section 010  
BOONE COUNTY

In accordance with Section 290.262 RSMo 2000, within thirty (30) days after a certified copy of this Annual Wage Order has been filed with the Secretary of State as indicated below, any person who may be affected by this Annual Wage Order may object by filing an objection in triplicate with the Labor and Industrial Relations Commission, P.O. Box 599, Jefferson City, MO 65102-0599. Such objections must set forth in writing the specific grounds of objection. Each objection shall certify that a copy has been furnished to the Division of Labor Standards, P.O. Box 449, Jefferson City, MO 65102-0449 pursuant to 8 CSR 20-5.010(1). A certified copy of the Annual Wage Order has been filed with the Secretary of State of Missouri.

Original Signed by

Carla Buschjost, Director  
Division of Labor Standards

This Is A True And Accurate Copy Which Was Filed With The Secretary of State: March 10, 2010

Last Date Objections May Be Filed: April 9, 2010

Prepared by Missouri Department of Labor and Industrial Relations

OCCUPATIONAL TITLE	**Effective Date of Increase	*	Basic Hourly Rates	Over-Time Schedule	Holiday Schedule	Total Fringe Benefits
Asbestos Worker			\$32.84	FED		\$9.24
Boilermaker			\$32.31	57	7	\$21.79
Bricklayers - Stone Mason			\$27.48	59	7	\$13.60
Carpenter	4/10		\$23.59	60	15	\$11.85
Cement Mason			\$25.08	9	3	\$11.60
Electrician (Inside Wireman)			\$29.92	28	7	\$11.73 + 13%
Communication Technician			USE ELECTRICIAN (INSIDE WIREMAN) RATE			
Elevator Constructor	1/11	a	\$40.860	26	54	\$23.178
Operating Engineer						
Group I	5/10		\$26.52	86	66	\$19.19
Group II	5/10		\$26.52	86	66	\$19.19
Group III	5/10		\$25.27	86	66	\$19.19
Group III-A	5/10		\$26.52	86	66	\$19.19
Group IV	5/10		\$24.29	86	66	\$19.19
Group V	5/10		\$27.22	86	66	\$19.19
Pipe Fitter		b	\$34.00	91	69	\$21.43
Glazier	11/10	c	\$26.35	122	76	\$14.22 + 5.2%
Laborer (Building):						
General			\$20.31	42	44	\$9.94
First Semi-Skilled			\$22.31	42	44	\$9.94
Second Semi-Skilled			\$21.31	42	44	\$9.94
Lather			USE CARPENTER RATE			
Linoleum Layer & Cutter			USE CARPENTER RATE			
Marble Mason			\$20.62	124	74	\$12.03
Millwright	4/10		\$24.59	60	15	\$11.85
Iron Worker	8/10		\$27.51	11	8	\$18.30
Painter	4/10		\$21.40	18	7	\$10.57
Plasterer			\$23.89	94	5	\$11.27
Plumber		b	\$34.00	91	69	\$21.43
Pile Driver	4/10		\$24.59	60	15	\$11.85
Roofer	9/10		\$27.90	12	4	\$12.59
Sheet Metal Worker	7/10		\$28.90	40	23	\$13.35
Sprinkler Fitter	4/10		\$30.84	33	19	\$16.95
Terrazzo Worker			\$27.48	124	74	\$13.60
Tile Setter			\$20.62	124	74	\$12.03
Truck Driver - Teamster						
Group I	3/10		\$23.95	101	5	\$8.85
Group II	3/10		\$24.60	101	5	\$8.85
Group III	3/10		\$24.10	101	5	\$8.85
Group IV	3/10		\$24.60	101	5	\$8.85
Traffic Control Service Driver			\$26.415	22	55	\$9.045
Welders - Acetylene & Electric		*				

Fringe Benefit Percentage is of the Basic Hourly Rate

Attention Workers: If you are not being paid the appropriate wage rate and fringe benefits contact the Division of Labor Standards at (573) 751-3403.

\*\*Annual Incremental Increase

\*SEE FOOTNOTE PAGE

ANNUAL WAGE ORDER NO. 17

1/11

Building Construction Rates for  
BOONE County Footnotes

Section 010

OCCUPATIONAL TITLE	Effective Date of Increase	Basic Hourly Rates	Over-Time Schedule	Holiday Schedule	Total Fringe Benefits

\* Welders receive rate prescribed for the occupational title performing operation to which welding is incidental.

Use Building Construction Rates on Building construction in accordance with the classifications of construction work established in 8 CSR 30-3.040(2).

Use Heavy Construction Rates on Highway and Heavy construction in accordance with the classifications of construction work established in 8 CSR 30-3.040(3).

- a - Vacation: Employees over 5 years - 8%; Employees under 5 years - 6%
- b - All work over \$7 Mil. Total Mech. Contract - \$34.00, Fringes - \$21.43  
 All work under \$7 Mil. Total Mech. Contract - \$32.66, Fringes - \$16.04
- c - Vacation: Employees after 1 year - 2%; Employees after 2 years - 4%; Employees after 10 years - 6%



**BOONE COUNTY  
OVERTIME SCHEDULE - BUILDING CONSTRUCTION**

**FED:** Minimum requirement per Fair Labor Standards Act means time and one-half (1 ½) shall be paid for all work in excess of forty (40) hours per work week.

**NO. 9:** Means the regular workday starting time of 8:00 a.m. (and resulting quitting time of 4:30 p.m.) may be moved forward to 6:00 a.m. or delayed one hour to 9:00 a.m. All work performed in excess of the regular work day and on Saturday shall be compensated at one and one-half (1½) times the regular pay. In the event time is lost during the work week due to weather conditions, the Employer may schedule work on the following Saturday at straight time. All work accomplished on Sunday and holidays shall be compensated for at double the regular rate of wages. The work week shall be Monday through Friday, except for midweek holidays.

**NO. 11:** Means eight (8) hours shall constitute a day's work, with the starting time to be established between 6:00 a.m. and 8:00 a.m. from Monday to Friday. Time and one-half (1½) shall be paid for first two (2) hours of overtime Monday through Friday and the first eight (8) hours on Saturday. All other overtime hours Monday through Saturday shall be paid at double (2) time rate. Double (2) time shall be paid for all time on Sunday and recognized holidays or the days observed in lieu of these holidays.

**NO. 12:** Means the work week shall commence on Monday at 12:01 a.m. and shall continue through the following Friday, inclusive of each week. All work performed by employees anywhere in excess of forty (40) hours in one (1) work week, shall be paid for at the rate of one and one-half (1½) times the regular hourly wage scale. All work performed within the regular working hours which shall consist of a ten (10) hour work day except in emergency situations. Overtime work and Saturday work shall be paid at one and one-half (1½) times the regular hourly rate. Work on recognized holidays and Sundays shall be paid at two (2) times the regular hourly rate.

**NO. 18:** Means the regular work day shall be eight (8) hours. Working hours are from six (6) hours before Noon (12:00) to six (6) hours after Noon (12:00). The regular work week shall be forty (40) hours, beginning between 6:00 a.m. and 12:00 Noon on Monday and ending between 1:00 p.m. and 6:00 p.m. on Friday. Saturday will be paid at time and one-half (1½). Sunday and Holidays shall be paid at double (2) time. Saturday can be a make-up day if the weather has forced a day off, but only in the week of the day being lost. Any time before six (6) hours before Noon or six (6) hours after Noon will be paid at time and one-half (1½).

**NO. 22:** Means a regular work week of forty (40) hours will start on Monday and end on Friday. The regular work day shall be either eight (8) or ten (10) hours. If a crew is prevented from working forty (40) hours Monday through Friday, or any part thereof by reason of inclement weather, Saturday or any part thereof may be worked as a make-up day at the straight time rate. Employees who are part of a regular crew on a make-up day, notwithstanding the fact that they may not have been employed the entire week, shall work Saturday at the straight time rate. A workday is to begin between 6:00 a.m. and 9:00 a.m. However, the project starting time may be advanced or delayed if mutually agreed to by the interest parties. For all time worked on recognized holidays, or days observed as such, double (2) time shall be paid.

**NO. 26:** Means that the regular working day shall consist of eight (8) hours worked between 6:00 a.m., and 5:00 p.m., five (5) days per week, Monday to Friday, inclusive. Hours of work at each jobsite shall be those established by the general contractor and worked by the majority of trades. (The above working hours may be changed by mutual agreement). Work performed on Construction Work on Saturdays, Sundays and before and after the regular working day on Monday to Friday, inclusive, shall be classified as overtime, and paid for at double (2) the rate of single time. The employer may establish hours worked on a jobsite for a four (4) ten (10) hour day work week at straight time pay for construction work; the regular working day shall consist of ten (10) hours worked consecutively, between 6:00 a.m. and 6:00 p.m., four (4) days per week, Monday to Thursday, inclusive. Any work performed on Friday, Saturday, Sunday and holidays, and before and after the regular working day on Monday to Thursday where a four (4) ten (10) hour day workweek has been established, will be paid at two times (2) the single time rate of pay. The rate of pay for all work performed on holidays shall be at two times (2) the single time rate of pay.

**BOONE COUNTY  
OVERTIME SCHEDULE - BUILDING CONSTRUCTION**

**NO. 28:** Means a regular workday shall consist of eight (8) hours between 7:00 a.m. and 5:30 p.m., with at least a thirty (30) minute period to be taken for lunch. Five (5) days a week, Monday through Friday inclusive, shall constitute a work week. The Employer has the option for a workday/workweek of four (4) ten (10) hour days (4-10's) provided:

- The project must be for a minimum of four (4) consecutive days.
- Starting time may be within one (1) hour either side of 8:00 a.m.
- Work week must begin on either a Monday or Tuesday: If a holiday falls within that week it shall be a consecutive work day. (Alternate: If a holiday falls in the middle of a week, then the regular eight (8) hour schedule may be implemented).
- Any time worked in excess of any ten (10) hour work day (in a 4-10 hour work week) shall be at the appropriate overtime rate.

All work outside of the regular working hours as provided, Monday through Saturday, shall be paid at one & one-half (1½) times the employee's regular rate of pay. All work performed from 12:00 a.m. Sunday through 8:00 a.m. Monday and recognized holidays shall be paid at double (2) the straight time hourly rate of pay. Should employees work in excess of twelve (12) consecutive hours they shall be paid double time (2X) for all time after twelve (12) hours. Shift work performed between the hours of 4:30 p.m. and 12:30 a.m. (second shift) shall receive eight (8) hours pay at the regular hourly rate of pay plus ten (10%) percent for seven and one-half (7½) hours work. Shift work performed between the hours of 12:30 a.m. and 8:00 a.m. (third shift) shall receive eight (8) hours pay at the regular hourly rate of pay plus fifteen (15%) percent for seven (7) hours work. A lunch period of thirty (30) minutes shall be allowed on each shift. All overtime work required after the completion of a regular shift shall be paid at one and one-half (1½) times the shift hourly rate.

**NO. 33:** Means the standard work day and week shall be eight (8) consecutive hours of work between the hours of 6:00 a.m. and 6:00 p.m., excluding the lunch period Monday through Friday, or shall conform to the practice on the job site. Four (4) days at ten (10) hours a day may be worked at straight time, Monday through Friday and need not be consecutive. All overtime, except for Sundays and holidays shall be at the rate of time and one-half (1½). Overtime worked on Sundays and holidays shall be at double (2) time.

**NO. 40:** Means the regular working week shall consist of five (5) consecutive (8) hour days' labor on the job beginning with Monday and ending with Friday of each week. Four (4) 10-hour days may constitute the regular work week. The regular working day shall consist of eight (8) hours labor on the job beginning as early as 7:00 a.m. and ending as late as 5:30 p.m. All full or part time labor performed during such hours shall be recognized as regular working hours and paid for at the regular hourly rate. All hours worked on Saturday and all hours worked in excess of eight (8) hours but not more than twelve (12) hours during the regular working week shall be paid for at time and one-half (1½) the regular hourly rate. All hours worked on Sundays and holidays and all hours worked in excess of twelve (12) hours during the regular working day shall be paid at two (2) times the regular hourly rate. In the event of rain, snow, cold or excessively windy weather on a regular working day, Saturday may be designated as a "make-up" day. Saturday may also be designated as a "make-up" day, for an employee who has missed a day of work for personal or other reasons. Pay for "make-up" days shall be at regular rates.

**BOONE COUNTY  
OVERTIME SCHEDULE - BUILDING CONSTRUCTION**

**NO. 42:** Means eight (8) hours between the hours of 8:00 a.m. and 4:30 p.m. shall constitute a work day. The starting time may be advanced one (1) or two (2) hours. Employees shall have a lunch period of thirty (30) minutes. The Employer may provide a lunch period of one (1) hour, and in that event, the workday shall commence at 8:00 a.m. and end at 5:00 p.m. The workweek shall commence at 8:00 a.m. on Monday and shall end at 4:30 p.m. on Friday (or 5:00 p.m. on Friday if the Employer grants a lunch period of one (1) hour), or as adjusted by starting time change as stated above. All work performed before 8:00 a.m. and after 4:30 p.m. (or 5:00 p.m. where one (1) hour lunch is granted for lunch) or as adjusted by starting time change as stated above or on Saturday, except as herein provided, shall be compensated at one and one-half (1½) times the regular hourly rate of pay for the work performed. All work performed on Sunday and on recognized holidays shall be compensated at double (2) the regular hourly rate of pay for the work performed. When working a five 8-hour day schedule and an Employer is prevented from working forty (40) hours, Monday through Friday, or any part thereof by reason of inclement weather (rain or mud), Saturday or any part thereof may be worked as a make-up day at the straight time rate. The Employer shall have the option of working five eight (8) hour days or four ten (10) hour days Monday through Friday. If an Employer elects to work five (5) eight (8) hour days during any work week, hours worked more than eight (8) per day or forty (40) hours per week shall be paid at time and one-half (1½) the hourly rate Monday through Friday. If an Employer elects to work four (4) ten (10) hour days in any week, work performed more than ten (10) hours per day or forty (40) hours per week shall be paid at time and one-half (1½) the hourly rate Monday through Friday. If an Employer is working ten (10) hour days and loses a day due to inclement weather, they may work ten (10) hours Friday at straight time. All hours worked over the forty (40) hours Monday through Friday will be paid at time and one-half (1½) overtime rate. Overtime shall be computed at half-hour intervals. **Shift Work:** Two (2) or three (3) shifts shall be permitted, provided such shifts are scheduled for a minimum of three (3) consecutive days. The second shift shall begin at 4:30 p.m. and end at 12:30 a.m. with one-half (1/2) hour for lunch between 7:30 p.m. and 9:00 p.m. and shall received eighty (8) hours' pay. The third shift shall begin at 12:30 a.m. and end at 8:00 a.m. with one-half (1/2) hour for lunch between 3:30 a.m. and 5:00 a.m. and shall received (8) hours' pay. There shall be at least one (1) foreman on each shift on jobs where more than one shift is employed, provided that there are two (2) or more employees on second and on the third shifts. All shifts shall arrange to interchange working hours at the end of each week. When three shifts are used, the applicable rate must be paid from Saturday at 8:00 a.m. until the following Monday at 8:00 a.m. When three shifts are employed, the second and third shifts shall contain at least one-half (1/2) as many employees as the first shift.

**NO. 57:** Means eight (8) hours per day shall constitute a day's work and forty (40) hours per week, Monday through Friday, shall constitute a week's work. The regular starting time shall be 8:00 a.m. The above may be changed by mutual consent of authorized personnel. When circumstances warrant, the Employer may change the regular workweek to four (4) ten-hour days at the regular time rate of pay. It being understood that all other pertinent information must be adjusted accordingly. All time worked before and after the established workday of eight (8) hours, Monday through Friday, all time worked on Saturday, shall be paid at the rate of time and one-half (1½) except in cases where work is part of an employee's regular Friday shift. All time worked on Sunday and recognized holidays shall be paid at the double (2) time rate of pay.

**NO. 59:** Means that except as herein provided, eight (8) hours a day shall constitute a standard work day, and forty (40) hours per week shall constitute a week's work. All time worked outside of the standard eight (8) hour work day and on Saturday shall be classified as overtime and paid the rate of time and one-half (1½). All time worked on Sunday and holidays shall be classified as overtime and paid at the rate of double (2) time. The Employer has the option of working either five (5) eight hour days or four (4) ten hour days to constitute a normal forty (40) hour work week. When the four (4) ten-hour work week is in effect, the standard work day shall be consecutive ten (10) hour periods between the hours of 6:30 a.m. and 6:30 p.m. Forty (40) hours per week shall constitute a week's work, Monday through Thursday, inclusive. In the event the job is down for any reason beyond the Employer's control, then Friday and/or Saturday may, at the option of the Employer, be worked as a make-up day; straight time not to exceed ten (10) hours or forty (40) hours per week. When the five day eight (8) hour work week is in effect, forty (40) hours per week shall constitute a week's work, Monday through Friday, inclusive. In the event the job is down for any reason beyond the Employer's control, then Saturday may, at the option of the Employer, be worked as a make-up day; straight time not to exceed eight (8) hours or forty (40) hours per week. The regular starting time (and resulting quitting time) may be moved to 6:00 a.m. or delayed to 9:00 a.m. Make-up days shall not be utilized for days lost due to holidays.

**BOONE COUNTY  
OVERTIME SCHEDULE - BUILDING CONSTRUCTION**

**NO. 60:** Means the Employer shall have the option of working five 8-hour days or four 10-hour days Monday through Friday. If an Employer elects to work five 8-hour days during any work week, hours worked more than eight (8) per day or forty (40) per week shall be paid at time and one-half (1½) the hourly wage rate plus fringe benefits Monday through Friday. **SATURDAY MAKE-UP DAY:** If an Employer is prevented from working forty (40) hours, Monday through Friday, or any part thereof by reason of inclement weather (rain or mud), Saturday or any part thereof may be worked as a make-up day at the straight time rate. It is agreed by the parties that the make-up day is not to be used to make up time lost due to recognized holidays. If an Employer elects to work four 10-hour days, between the hours of 6:30 a.m. and 6:30 p.m. in any week, work performed more than ten (10) hours per day or forty (40) hours per week shall be paid at time and one half (1½) the hourly wage rate plus fringe benefits Monday through Friday. If an Employer is working 10-hour days and loses a day due to inclement weather, the Employer may work ten (10) hours on Friday at straight time. All hours worked over the forty (40) hours Monday through Friday will be paid at time and one-half (1½) the hourly wage rate plus fringe benefits. All Millwright work performed in excess of the regular work day and on Saturday shall be compensated for at time and one-half (1½) the regular Millwright hourly wage rate plus fringe benefits. The regular work day starting at 8:00 a.m. (and resulting quitting time of 4:30 p.m.) may be moved forward to 6:00 a.m. or delayed one (1) hour to 9:00 a.m. All work accomplished on Sundays and recognized holidays, or days observed as recognized holidays, shall be compensated for at double (2) the regular hourly rate of wages plus fringe benefits. **NOTE:** All overtime is computed on the hourly wage rate plus an amount equal to the fringe benefits.

**NO. 86:** Means the regular work week shall consist of five (5) days, Monday through Friday, beginning at 8:00 a.m. and ending at 4:30 p.m. The regular work day beginning time may be advanced one or two hours or delayed by one hour. However, the Employer may have the option to schedule his work week from Monday through Thursday at ten (10) hours per day at the straight time rate of pay with all hours in excess of ten (10) hours in any one day to be at the applicable overtime rate. If the Employer elects to work from Monday through Thursday and is stopped due to circumstances beyond his control, inclement weather or holiday, he shall have the option to work Friday at the straight time rate of pay to complete his forty (40) hours. If an employee declines to work Friday as a make-up day, he shall not be penalized. All overtime work performed on Monday through Saturday shall be paid at time and one-half (1½) of the hourly rate plus an amount equal to one-half (½) of the hourly Total Indicated Fringe Benefits. All work performed on Sundays and recognized holidays shall be paid at double (2) the hourly rate plus an amount equal to the hourly Total Indicated Fringe Benefits.

**NO. 91:** Means eight (8) hours shall constitute a day's work commencing at 8:00 a.m. and ending at 4:30 p.m., allowing one-half (½) hour for lunch. The option exists for the Employer to use a flexible starting time between the hours of 6:00 a.m. and 9:00 a.m. The regular workweek shall consist of forty (40) hours of five (5) workdays, Monday through Friday. The workweek may consist of four (4) ten (10) hour days from Monday through Thursday, with Friday as a make-up day. If the make-up day is a holiday, the employee shall be paid at the double (2) time rate. The employees shall be paid time and one-half (1½) for work performed on Saturdays, before the regular starting time or after the regular quitting time or over eight (8) hours per work day (unless working a 10-hour work day, then time and one-half (1½) is paid for work performed over ten (10) hours a day) or over forty (40) hours per work week. Work performed on Sundays and recognized holidays shall be paid at the double (2) time rate of pay. **SHIFT WORK:** When it is necessary for the project to operate in shifts, there will be three (3) eight (8) hour shifts commencing at 8:00 a.m. Shift work must continue for a period of not less than three (3) consecutive work days, two (2) days which must be regular work days (Monday through Friday). In the event the second or third shift of any regular work day shall fall into a Saturday or a holiday, such extension into a Saturday or holiday shall be considered as part of the previous workday and employees shall be paid at the regular shift rate. The first day shift shall work a regular eight (8) hour day at regular rates. The second shift shall be eight (8) hours regular time pay plus \$2.00 per hour premium for seven and one-half (7½) hours work. Third shift will be for eight (8) hours regular time pay plus \$2.50 per hour premium for seven (7) hour work.

**NO. 94:** Means eight (8) hours shall constitute a day's work between the hours of 8:00 a.m. and 5:00 p.m. The regular workday starting time of 8:00 a.m. (and resulting quitting time of 4:30 p.m.) may be moved forward to 6:00 a.m. or delayed one (1) hour to 9:00 a.m. All work performed in excess of the regular work day and on Saturday shall be compensated at one and one-half (1½) times the regular pay. In the event time is lost during the work week due to weather conditions, the Employer may schedule work on the following Saturday at straight time. All work accomplished on Sunday and holidays shall be compensated at double the regular rate of wages.

**BOONE COUNTY  
OVERTIME SCHEDULE - BUILDING CONSTRUCTION**

**NO. 101:** Means that except as provided below, eight (8) hours a day shall constitute a standard work day, and forty (40) hours per week shall constitute a week's work, which shall begin on Monday and end on Friday. All time worked outside of the standard work day and on Saturday shall be classified as overtime and paid the rate of time and one-half (1½) (except as herein provided). All time worked on Sunday and recognized holidays shall be classified as overtime and paid at the rate of double (2) time. The regular starting time of 8:00 a.m. (and resulting quitting time of 4:30 p.m.) may be moved forward to 6:00 a.m. or delayed one (1) hour to 9:00 a.m. The Employer has the option of working either five (5) eight-hour days or four (4) ten-hour days to constitute a normal forty (40) hour work week. When a four (4) ten-hour day work week is in effect, the standard work day shall be consecutive ten (10) hour periods between the hours of 6:30 a.m. and 6:30 p.m. Forty (40) hours per week shall constitute a week's work Monday through Thursday, inclusive. In the event the job is down for any reason beyond the Employer's control, then Friday and/or Saturday may, at the option of the Employer, be worked as a make-up day; straight time not to exceed ten (10) hours per day or forty (40) hours per week. Starting time will be designated by the employer. When the five (5) day eight (8) hour work week is in effect, forty (40) hours per week shall constitute a week's work, Monday through Friday, inclusive. In the event the job is down for any reason beyond the Employer's control, then Saturday may, at the option of the Employer, be worked as a make-up day; straight time not to exceed eight (8) hours per day or forty (40) hours per week. Make-up days shall not be utilized for days lost due to holidays.

**NO. 110:** Means eight (8) hours between the hours of 8:00 a.m. and 4:30 p.m. shall constitute a work day. The starting time may be advanced one (1) or two (2) hours. Employees shall have a lunch period of thirty (30) minutes. The Employer may provide a lunch period of one (1) hour, and in that event, the workday shall commence at 8:00 a.m. and end at 5:00 p.m. The workweek shall commence at 8:00 a.m. on Monday and shall end at 4:30 p.m. on Friday (or 5:00 p.m. on Friday if the Employer grants a lunch period of one (1) hour), or as adjusted by starting time change as stated above. All work performed before 8:00 a.m. and after 4:30 p.m. (or 5:00 p.m. where one (1) hour lunch is granted for lunch) or as adjusted by starting time change as stated above or on Saturday, except as herein provided, shall be compensated at one and one-half (1½) times the regular hourly rate of pay for the work performed. All work performed on Sunday and on recognized holidays shall be compensated at double (2) the regular hourly rate of pay for the work performed. When working a five 8-hour day schedule and an Employer is prevented from working forty (40) hours, Monday through Friday, or any part thereof by reason of inclement weather (rain or mud), Saturday or any part thereof may be worked as a make-up day at the straight time rate. The Employer shall have the option of working five eight (8) hour days or four ten (10) hour days Monday through Friday. If an Employer elects to work five (5) eight (8) hour days during any work week, hours worked more than eight (8) per day or forty (40) hours per week shall be paid at time and one-half (1½) the hourly rate Monday through Friday. If an Employer elects to work four (4) ten (10) hour days in any week, work performed more than ten (10) hours per day or forty (40) hours per week shall be paid at time and one-half (1½) the hourly rate Monday through Friday. If an Employer is working ten (10) hour days and loses a day due to inclement weather, they may work ten (10) hours Friday at straight time. All hours worked over the forty (40) hours Monday through Friday will be paid at time and one-half (1½) overtime rate. Overtime shall be computed at half-hour intervals. **Shift work:** Where it is necessary for the project to operate in shifts, a twenty-four (24) hour or sixteen (16) hour daily schedule shall be established for not less than three (3) consecutive days at the wage rates applicable to the work being performed. One-half (1/2) hour in eight (8) hour shift shall be allowed for lunch for which there will be no deduction in the pay of the employee. Employees on the second shift shall be paid twenty-five cents (\$.25) per hour more and employees on the third shift fifty cents (\$.50) per hour more than those on the first shift. Overtime shall be computed after shift differential is added to base pay.

**NO. 122:** Means forty (40) hours between Monday and Friday shall constitute the normal work week. Work shall be scheduled between the hours of 6:00 a.m. and 6:30 p.m., with one-half hour for lunch. Work in excess of eight (8) hours per day and forty (40) hours per week, and on Saturdays, shall be paid at the rate of one and one-half times the normal rate. Due to inclement weather during the week, Saturday shall be a voluntary make up day.

**NO. 124:** Means eight (8) hours shall constitute a day's work on all classes of work between the hours of 6:00 a.m. and 5:30 p.m., Monday through Friday. The pay for time worked during these hours shall be at the regular wage rate. The regular workweek shall be Monday through Friday. Employment from 4:30 p.m. to 12:00 midnight, Monday through Friday, shall be paid for at one and one-half (1½) times the regular hourly rate. From 12:00 midnight until 8:00 a.m. on any day shall be paid for at twice the regular hourly rate. All time worked on Sundays and the recognized holidays shall be paid at the rate of double (2) time. It is understood that forty (40) hours shall constitute a regular workweek, (5-8's) Sunday Midnight through Friday Midnight, understanding anything over eight (8) hours is one and one-half (1½) times the hourly wage rate.

**BOONE COUNTY  
HOLIDAY SCHEDULE – BUILDING CONSTRUCTION**

**NO. 3:** All work done on New Year's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day (November 11), Thanksgiving Day, and Christmas Day shall be compensated at the double (2) time rate of pay. When any of these holidays fall on a Sunday, the following Monday shall be observed. No work shall be performed on the days set forth except in cases of emergencies to protect life or property.

**NO. 4:** All work done on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas Day shall be paid at the double time rate of pay. If any of the above holidays fall on Sunday, Monday will be observed as the recognized holiday. If any of the above holidays fall on Saturday, Friday will be observed as the recognized holiday.

**NO. 5:** All work that shall be done on New Year's Day, Memorial Day, Fourth of July, Labor Day, Veteran's Day, Thanksgiving Day, and Christmas Day shall be paid at the double (2) time rate of pay.

**NO. 7:** The following days are assigned days and are recognized as holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, and Christmas Day. If a holiday falls on a Sunday, it shall be observed on the following Monday. If a holiday falls on a Saturday, it shall be observed on the preceding Friday. No work shall be performed on Labor Day except in case of jeopardy to work under construction. This is applied to protect Labor Day. When a holiday falls during the normal workweek, Monday through Friday, it shall be counted as eight (8) hours toward the forty (40) hour week. However, no reimbursement for this eight (8) hours is too paid to the workman unless worked. If workman are required to work the above enumerated holidays or days observed as such, or on Sunday, they shall receive double (2) the regular rate of pay for such work.

**NO. 8:** All work performed on New Year's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, and Christmas Day, or the days observed in lieu of these holidays, shall be paid at the double time rate of pay.

**NO. 15:** All work accomplished on the recognized holidays of New Year's Day, Decoration Day (Memorial Day), Independence Day (Fourth of July), Labor Day, Veteran's Day, Thanksgiving Day and Christmas Day, or days observed as these named holidays, shall be compensated for at double (2) the regular hourly rate of wages plus fringe benefits. If a holiday falls on Saturday, it shall be observed on the preceding Friday. If a holiday falls on a Sunday, it shall be observed on the following Monday. No work shall be performed on Labor Day, Christmas Day, Decoration Day or Independence Day except to preserve life or property.

**NO. 19:** All work done on New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day shall be paid at the double time rate of pay. The employee may take off Friday following Thanksgiving Day. However, the employee shall notify his or her Foreman, General Foreman or Superintendent on the Wednesday preceding Thanksgiving Day. When one of the above holidays falls on Sunday, the following Monday shall be considered a holiday and all work performed on either day shall be at the double (2) time rate. When one of the holidays falls on Saturday, the preceding Friday shall be considered a holiday and all work performed on either day shall be at the double (2) time rate.

**NO. 23:** All work done on New Year's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Christmas Day and Sundays shall be recognized holidays and shall be paid at the double time rate of pay. When a holiday falls on Sunday, the following Monday shall be considered a holiday.

**NO. 44:** All work done on New Year's Day, Memorial Day, Independence Day, Veteran's Day, Thanksgiving Day, and Christmas Day shall be paid at the double time rate of pay. If a holiday falls on a Sunday, it shall be observed on the Monday following. If a holiday falls on a Saturday, it shall be observed on the preceding Friday. No work shall be performed on these days except in emergency to protect life or property. All work performed on these holidays shall be compensated at double the regular hourly rate for the work performed. Overtime shall be computed at half-hour intervals.

**NO. 54:** All work performed on New Year's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, the Friday after Thanksgiving Day, and Christmas Day shall be paid at the double (2) time rate of pay. When a holiday falls on Saturday, it shall be observed on Friday. When a holiday falls on Sunday, it shall be observed on Monday.

ANNUAL WAGE ORDER NO. 17

AWO17 010 BHol.doc

Page 1 of 2 Pages

**BOONE COUNTY  
HOLIDAY SCHEDULE – BUILDING CONSTRUCTION**

**NO. 55:** The following days are recognized as holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. If a holiday falls on a Sunday, it shall be observed on the following Monday. No work shall be performed on Labor Day except in case of jeopardy to work under construction. This rule is applied to protect Labor Day. When a holiday falls during the normal work week, Monday through Friday, it shall be counted as eight (8) hours toward the forty (40) hour week; however, no reimbursement for this eight (8) hours is to be paid the workmen unless worked. An Employer working a four (4) day, ten (10) hour schedule may use Friday as a make up day when an observed holiday occurs during the work week. Employees have the option to work that make up day. If workmen are required to work the above enumerated holidays, or days observed as such, they shall receive double (2) the regular rate of pay for such work.

**NO. 66:** All work performed on Sundays and the following recognized holidays, or the days observed as such, of New Year's Day, Decoration Day, Fourth of July, Labor Day, Veteran's Day, Thanksgiving Day and Christmas Day, shall be paid at double (2) the hourly rate plus an amount equal to the hourly Total Indicated Fringe Benefits. Whenever any such holidays fall on a Sunday, the following Monday shall be observed as a holiday.

**NO. 69:** All work performed on New Year's Day, Decoration Day, July Fourth, Labor Day, Veteran's Day, Thanksgiving Day or Christmas Day shall be compensated at double (2) their straight-time hourly rate of pay. Friday after Thanksgiving and the day before Christmas will also be holidays, but if the employer chooses to work these days, the employee will be paid at straight -time rate of pay. If a holiday falls on a Sunday in a particular year, the holiday will be observed on the following Monday.

**NO. 74:** All work performed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Veteran's Day, Thanksgiving Day and Christmas Day, shall be paid at double (2) time of the hourly rate of pay. In the event one of the above holiday's falls on Saturday, the holiday shall be celebrated on Saturday. If the holiday falls on Sunday, the holiday will be celebrated on Monday.

**NO. 76:** Work performed on Holidays shall be paid at the rate of two times the normal rate. Holidays are: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day. If a holiday falls on a Sunday, it shall be celebrated on the following Monday, if it falls on Saturday, it shall be celebrated on the preceding Friday.

OCCUPATIONAL TITLE	*Effective Date of Increase	Basic Hourly Rates	Over-Time Schedule	Holiday Schedule	Total Fringe Benefits
<b>CARPENTER</b>					
Journeyman	5/10	\$28.87	7	16	\$11.85
Millwright	5/10	\$28.87	7	16	\$11.85
Pile Driver Worker	5/10	\$28.87	7	16	\$11.85
<b>OPERATING ENGINEER</b>					
Group I	5/10	\$25.60	21	5	\$19.09
Group II	5/10	\$25.25	21	5	\$19.09
Group III	5/10	\$25.05	21	5	\$19.09
Group IV	5/10	\$21.40	21	5	\$19.09
Oiler-Driver	5/10	\$21.40	21	5	\$19.09
<b>LABORER</b>					
General Laborer	5/10	\$25.06	2	4	\$9.92
Skilled Laborer	5/10	\$25.66	7	16	\$9.92
<b>TRUCK DRIVER - TEAMSTER</b>					
Group I	5/10	\$26.57	22	19	\$9.85
Group II	5/10	\$26.73	22	19	\$9.85
Group III	5/10	\$26.72	22	19	\$9.85
Group IV	5/10	\$26.84	22	19	\$9.85

Use Heavy Construction Rates on Highway and Heavy construction in accordance with the classifications of construction work established in 8 CSR 30-3.040(3).

Use Building Construction Rates on Building construction in accordance with the classifications of construction work established in 8 CSR 30-3.040(2).

If a worker is performing work on a heavy construction project within an occupational title that is not listed on the Heavy Construction Rate Sheet, use the rate for that occupational title as shown on the Building Construction Rate sheet.



**REPLACEMENT PAGE  
BOONE COUNTY  
OVERTIME SCHEDULE – HEAVY CONSTRUCTION**

**FED:** Minimum requirement per Fair Labor Standards Act means time and one-half (1 ½) shall be paid for all work in excess of forty (40) hours per work week.

**NO. 2:** Means a regular workweek shall be forty (40) hours and will start on Monday and end on Friday. The Employer shall have the option of working five 8-hour days or four 10-hour days Monday through Friday. If an Employer elects to work five 8-hour days during any workweek, hours worked more than eight (8) per day or 40 per week shall be paid at time and one-half the hourly rate Monday through Friday. If an Employer elects to work four 10-hour days in a week, work performed more than ten (10) hours per day or 40 hours per week shall be paid at time and one-half the hourly rate Monday through Friday. When working a five 8-hour day schedule and an Employer is prevented from working forty (40) hours Monday through Friday, or any part thereof, by reason of inclement weather, Saturday or any part thereof may be worked as a make-up day at the straight time rate. If an Employer is working a four 10-hour day schedule and loses a day due to inclement weather, he may work 10 hours Friday at straight time. All hours worked over the 40 hours Monday through Friday will be paid at 1 ½ overtime rate. A workday shift is to begin at the option of the Employer, between 6:00 a.m. and not later than 9:00 a.m. However, the project starting time may be advanced or delayed if required. If workmen are required to work the enumerated holidays or days observed as such or Sundays, they shall receive double (2) the regular rate of pay for such work. Overtime shall be computed at one-half (1/2) hour intervals. Shift: The Contractor may elect to work one, two or three shifts on any work. When operating on more than one shift, the shifts shall be known as the day shift, swing shift, and graveyard shift as such terms are recognized in the industry. When two shifts are worked on any operation, the shifts will consist of eight (8) or ten (10) hours exclusive of lunchtime. When three shifts are worked the first day or day shift will consist of eight (8) hours exclusive of lunchtime. The second or swing shift shall consist of seven and one-half (7 1/2) hours work for eight hours pay, exclusive of lunchtime, and the third or the graveyard shift shall consist of seven (7) hours work for eight (8) hours pay, exclusive of the lunchtime. All time in excess of normal shifts shall be considered overtime. Multiple shift (the two or three shift) operation will not be construed on the entire project if at anytime it is deemed advisable and necessary for the Employer to multiple shift a specific operation. However, no shift shall be started between midnight and six a.m. except the graveyard shift on a three-shift operation, or except in an unusual or emergency situation. If an Employer starts a shift between midnight and 6 a.m. except the graveyard shift on a three-shift operation, he shall reimburse all employees for the entire shift at the double time rate. Completion of the second shift on a two-shift operation or completion of the graveyard shift on a three-shift operation that carries over into Saturday morning, shall be at the straight time rate. Overtime shall be computed at ½ hour intervals.

**NO. 7:** Means the regular work week shall start on Monday and end on Friday, except where the Employer elects to work Monday through Thursday, ten (10) hours per day. All work over ten (10) hours in a day or forty (40) hours in a week shall be at the overtime rate of one and one-half (1½) times the regular hourly rate. The regular work day shall be either eight (8) or ten (10) hours. If a job can't work forty (40) hours Monday through Friday because of inclement weather or other conditions beyond the control of the Employer, Friday or Saturday may be worked as a make-up day at straight time (if working 4-10's). Saturday may be worked as a make-up day at straight time (if working 5-8's). Make-up days shall not be utilized for days lost due to holidays. A workday is to begin at the option of the Employer but not later than 11:00 a.m. except when inclement weather, requirements of the owner or other conditions beyond the reasonable control of the Employer prevent work. Except as worked as a make-up day, time on Saturday shall be worked at one and one-half (1½) times the regular rate. Work performed on Sunday shall be paid at two (2) times the regular rate. Work performed on recognized holidays or days observed as such, shall also be paid at the double (2) time rate of pay.

ANNUAL WAGE ORDER NO. 17

AWO17 010 HOT Motion to Amend.doc

Page 1 of 2

**REPLACEMENT PAGE  
BOONE COUNTY  
OVERTIME SCHEDULE – HEAVY CONSTRUCTION**

**NO. 21:** Means the regular workday for which employees shall be compensated at straight time hourly rate of pay shall, unless otherwise provided for, begin at 8:00 a.m. and end at 4:30 p.m. However, the project starting time may be advanced or delayed at the discretion of the Employer. At the discretion of the Employer, when working a five (5) day eight (8) hour schedule, Saturday may be used for a make-up day. If an Employer is prohibited from working on a holiday, that employer may work the following Saturday at the straight time rate. However, the Employer may have the option to schedule his work from Monday through Thursday at ten (10) hours per day at the straight time rate of pay with all hours in excess of ten (10) hours in any one day to be paid at the applicable overtime rate. If the Employer elects to work from Monday through Thursday and is stopped due to circumstances beyond his control, he shall have the option to work Friday or Saturday at the straight time rate of pay to complete his forty (40) hours. If an Employer is prohibited from working on a holiday, that Employer may work the following Friday or Saturday at the straight time rate. Overtime will be at one and one-half (1½) times the regular rate. If workmen are required to work the enumerated holidays or days observed as such, or Sundays, they shall receive double (2) the regular rate of pay for such work.

**NO. 22:** Means a regular work week of forty (40) hours will start on Monday and end on Friday. The regular work day shall be either eight (8) or ten (10) hours. If a crew is prevented from working forty (40) hours Monday through Friday, or any part thereof by reason of inclement weather, Saturday or any part thereof may be worked as a make-up day at the straight time rate. Employees who are part of a regular crew on a make-up day, notwithstanding the fact that they may not have been employed the entire week, shall work Saturday at the straight time rate. A workday is to begin between 6:00 a.m. and 9:00 a.m. However, the project starting time may be advanced or delayed if mutually agreed to by the interested parties. For all time worked on recognized holidays, or days observed as such, double (2) time shall be paid.

**BOONE COUNTY  
HOLIDAY SCHEDULE – HEAVY CONSTRUCTION**

**NO. 4:** All work performed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, or observed as such, shall be paid at the double time rate of pay. When a Holiday falls on a Sunday, Monday shall be observed. No work shall be performed on Labor Day, except in case of jeopardy to life or property. This is applied to protect Labor Day.

**NO. 5:** The following days are recognized as holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day. If a holiday falls on a Sunday, it shall be observed on the following Monday. If a holiday falls on a Saturday, it shall be observed on the preceding Friday. No work shall be performed on Labor Day except in case of jeopardy to work under construction. This rule is applied to protect Labor Day. When a holiday falls during the normal work week, Monday through Friday, it shall be counted as eight (8) hours toward a forty (40) hour week; however, no reimbursement for this eight (8) hours is to be paid the workman unless worked. If workmen are required to work the above recognized holidays or days observed as such, or Sundays, they shall receive double (2) the regular rate of pay for such work. The above shall apply to the four 10's Monday through Friday work week. The ten (10) hours shall be applied to the forty (40) hour work week.

**NO. 16:** The following days are recognized as holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day. If a holiday falls on Sunday, it shall be observed on the following Monday. If a holiday falls on Saturday, it shall be observed on the preceding Friday. No work shall be performed on Labor Day except in case of jeopardy to work under construction. This rule is applied to protect Labor Day. When a holiday falls during the normal work week, Monday through Friday, it shall be counted as eight (8) hours toward the forty (40) hour week; however, no reimbursement for this eight (8) hours is to be paid to the worker unless worked. If workers are required to work the above recognized holidays or days observed as such, they shall receive double (2) the regular rate of pay for such work.

**NO. 19:** The following days are recognized as holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. If a holiday falls on a Sunday, it shall be observed on the following Monday. No work shall be performed on Labor Day except in case of jeopardy to work under construction. This rule is applied to protect Labor Day. When a holiday falls during the normal work week, Monday through Friday, it shall be counted as eight (8) hours toward the forty (40) hour week; however, no reimbursement for this eight (8) hours is to be paid the workmen unless worked. An Employer working a four (4) day, ten (10) hour schedule may use Friday as a make up day when an observed holiday occurs during the work week. Employees have the option to work that make up day. If workmen are required to work the above enumerated holidays, or days observed as such, they shall receive double (2) the regular rate of pay for such work.

## OUTSIDE ELECTRICIAN

These rates are to be used for the following counties:

Adair, Audrain, Boone, Callaway, Camden, Carter, Chariton, Clark, Cole, Cooper, Crawford, Dent, Franklin, Gasconade, Howard, Howell, Iron, Jefferson, Knox, Lewis, Lincoln, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Oregon, Osage, Perry, Phelps, Pike, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, St. Charles, St. Francois, St. Louis City, St. Louis County, Ste. Genevieve, Schuyler, Scotland, Shannon, Shelby, Sullivan, Texas, Warren, and Washington.

### COMMERCIAL WORK

Occupational Title	Basic	Total
	Hourly Rate	Fringe Benefits
Journeyman Lineman	\$35.03	\$4.75 + 42%
Lineman Operator	\$30.24	\$4.75 + 42%
Groundman	\$23.38	\$4.75 + 42%

**OVERTIME RATE:** Eight (8) hours shall constitute a work day between the hours of 7:00 a.m. and 4:30 p.m. Forty (40) hours within five (5) days, Monday through Friday inclusive, shall constitute the work week. Work performed in the 9th and 10th hour, Monday through Friday, shall be paid at time and one-half (1½) the regular straight time rate of pay. Contractor has the option to pay two (2) hours per day at the time and one-half (1½) the regular straight time rate of pay between the hours of 6:00 a.m. and 5:30 p.m., Monday through Friday. Work performed outside the regularly scheduled working hours and on Saturdays, Sundays and recognized legal holidays, or days celebrated as such, shall be paid for at the rate of double (2) time.

**HOLIDAY RATE:** All work performed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Veteran's Day, Thanksgiving Day, Christmas Day, or days celebrated as such, shall be paid at the double time rate of pay. When one of the foregoing holidays falls on Sunday, it shall be celebrated on the following Monday. When one of the foregoing holidays falls on Saturday, it shall be celebrated on the Friday before the holiday.

### UTILITY WORK

Occupational Title	Basic	Total
	Hourly Rate	Fringe Benefits
Journeyman Lineman	\$35.03	\$4.75 + 39.55%
Lineman Operator	\$30.24	\$4.75 + 39.55%
Groundman	\$23.38	\$4.75 + 39.55%

**OVERTIME RATE:** Eight (8) hours shall constitute a work day between the hours of 7:00 a.m. and 4:30 p.m. Forty (40) hours within five (5) days, Monday through Friday inclusive, shall constitute the work week. Work performed in the 9th and 10th hour, Monday through Friday, shall be paid at time and one-half (1½) the regular straight time rate of pay. Contractor has the option to pay two (2) hours per day at the time and one-half (1½) the regular straight time rate of pay between the hours of 6:00 a.m. and 5:30 p.m., Monday through Friday. Work performed in the first eight (8) hours on Saturday shall be paid at the rate of one and eight tenths (1.8) the regular straight time rate. Work performed outside these hours and on Sundays and recognized legal holidays, or days celebrated as such, shall be paid for at the rate of double (2) time.

**HOLIDAY RATE:** All work performed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Veteran's Day, Thanksgiving Day, Christmas Day, or days celebrated as such, shall be paid at the double time rate of pay. When one of the foregoing holidays falls on Sunday, it shall be celebrated on the following Monday. When one of the foregoing holidays falls on Saturday, it shall be celebrated on the Friday before the holiday.

ANNUAL WAGE ORDER NO. 17

3/10

OUT STL AW17.doc

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

June Session of the April Adjourned

Term. 20 11

In the County Commission of said county, on the 28<sup>th</sup> day of June 20 11

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the request by the Sheriff's Department to dispose of the items listed in the attached memorandum. It is further ordered the Presiding Commissioner is hereby authorized to sign said disposal forms.

Done this 28<sup>th</sup> day of June, 2011.

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Edward H. Robb  
Edward H. Robb  
Presiding Commissioner

Karen M. Miller  
Karen M. Miller  
District I Commissioner

Skip Elkin  
Skip Elkin  
District II Commissioner

**Boone County Purchasing**

**David Eagle**

Office Specialist



601 E. Walnut, Room 205

Columbia, MO 65201

Phone: (573) 886-4394

**MEMORANDUM**

TO: Boone County Commission  
 FROM: David Eagle  
 RE: Surplus Disposal  
 DATE: June 8, 2011

The Purchasing Departments requests permission to dispose of the following list of surplus equipment.

	Asset #	Description	Make	Model	Condition of Asset	Serial #
1.	NO TAG	BLACK WOOD TABLE 5' X 2.5'			FAIR	
2.	NO TAG	GRAY WALL MOUNT STORAGE SHELF			FAIR	
3.	NO TAG	6 ROSE CUBICLE DIVIDERS 30" W X 43" H			FAIR	
4.	NO TAG	1 ROSE CUBICLE DIVIDER 36" W X 66" H			FAIR	
5.	NO TAG	1 MULTI COLORED DIVIDER 48" W X 66" H			FAIR	
6.	NO TAG	5 ROSE CUBICLE DIVIDER 60" W X 66" H			FAIR	
7.	NO TAG	SMALL PINK COUNTER TOP			FAIR	

8.	NO TAG	WHITE DESK WITH DRAWER			FAIR	
9.	NO TAG	GRAY STEEL INMATE TRASFER CAGE			FAIR	
10.	7381	GRAY CHAIR			FAIR	
11.	3116	GRAY 2 DOOR METAL CABINET			FAIR	
12.	NO TAG	18 GRAY SIDE SUPPORTS W/4 CROSS BRACES AND 28 SHELF BOARD SUPPORTS			FAIR	
13.	NO TAG	6 BLUE SIDE SUPPORTS 48"W X 89"H			FAIR	
14.	NO TAG	4 BLUE SIDE SUPPORTS 37"W X 96" H			FAIR	
15.	NO TAG	12 BLUE SIDE SUPPORTS 48"W X 103"H			FAIR	
16.	NO TAG	101 SHELF BOARD SUPPORTS			FAIR	
17.	NO TAG	COAT RACK			FAIR	
18.	NO TAG	OLIVE GREEN 5 DRAWER FILE CABINET			FAIR	
19.	NO TAG	LAMINATE DESK W/TOP SHELF			FAIR	
20.	NO TAG	8 BURGANDY PLASTIC AND STEEL CHAIRS			FAIR	
21.	11656	1998 FOUR WHEEL DRIVE TRACTOR	JOHN DEERE	955 (HAS A 2005 MOWER DECK AND OTHER ACCESSORIES	NEEDS WORK	LV0955E301303

S:\PU\Surplus\North Facility.doc

22.	NO TAG	ATTACHMENTS FOR JOHN DEERE 955	JOHN DEERE  ATLAS	LOADER  LANDSCAPE BOX BLADE  6' SNOW BLADE  5' SNOW BLADE		W0070AX151817
-----	-----------	--------------------------------------	----------------------------	--	--	---------------

cc: Caryn Ginter, Auditor  
Surplus File



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011

FIXED ASSET TAG NUMBER: - <sup>NONE</sup> ~~see attached~~

DESCRIPTION: ~~see attached sheet~~ 1 Wood Table - black 5' x 2.5'

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

**RECEIVED**

OTHER INFORMATION: See attached sheet

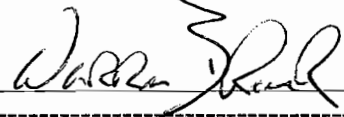
MAY 12 2011

CONDITION OF ASSET: Most items fair condition. BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: no longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / <sup>Sheet</sup> SIGNATURE: 

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

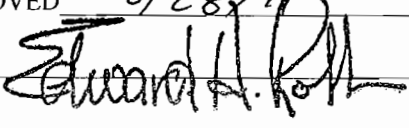
INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE: 

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
✓8	burgandy plastic and steel chairs		
✓1	laminat desk with top shelf		
✓1	coat rack		
✓1	olive green 5 drawer file cabinet		
✓6	gray shelf units 88" tall X 36" wide		
✓1	rolling wire shelf		
✓1	gray wall mount storage shelf		
✓6	rose cubicle divider 30" w X 43" h		
✓1	rose cubicle divider 36" w X 66" h		
✓1	multi colored divider 48" w X 66" h		
✓5	rose cubicle divider 60" w X 66" h		
✓1	small pink counter top		
✓1	white desk drawer		
✓1	gray steel inmate transfer cage	good	
✓1	gray chair	poor	#07381
✓1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
✓18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports	1'	
✓6	blue side supports 48"w X 89"h		
✓4	blue side supports 37"w X 96"h		
✓12	blue side supports 48"w X 103"h		
✓101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: -- ~~see attached~~ <sup>NONE</sup>

DESCRIPTION: See attached sheet 1 GRAY WALL MOUNT STORAGE SHELF

REQUESTED MEANS OF DISPOSAL: sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

CONDITION OF ASSET: Most items fair condition.

REASON FOR DISPOSITION: No longer needed

**RECEIVED**  
MAY 12 2011

BOONE COUNTY AUDITOR

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / Sheriff      SIGNATURE: [Signature]

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE [Signature]

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminat desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports	1'	
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: - <sup>NONE</sup> ~~see attached~~

DESCRIPTION: ~~see attached sheet~~ 6 ROSE CUBICLE DIVIDER 30" w x 43" H

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

CONDITION OF ASSET: Most items fair condition.

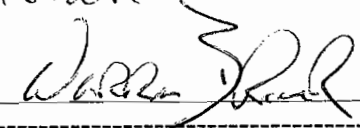
REASON FOR DISPOSITION: no longer needed

**RECEIVED**  
MAY 12 2011

BOONE COUNTY AUDITOR

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / ~~Sheet~~      SIGNATURE: 

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_ ?

ASSET GROUP \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

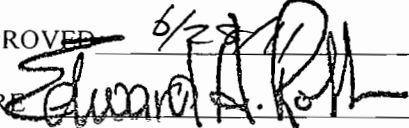
INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE 

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminate desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: - ~~see attached~~ <sup>NONE</sup>

DESCRIPTION: ~~see attached sheet~~ 1 ROSE CUBIC CE DIVIDER 36" W X 66" H

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

CONDITION OF ASSET: Most items fair condition.

RECEIVED

MAY 12 2011

BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: no longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / Sheriff      SIGNATURE: *Warren [Signature]*

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE      \_\_\_ AUCTION      \_\_\_ SEALED BIDS

\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE *Edward A. [Signature]*

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	lamine desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: - ~~See attached~~ <sup>NONE</sup>

DESCRIPTION: ~~See attached sheet~~ 1 MULTI COLORED DIVIDER 48" W X 66" H

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

CONDITION OF ASSET: Most items fair condition.

REASON FOR DISPOSITION: no longer needed

**RECEIVED**  
MAY 12 2011

BOONE COUNTY AUDITOR

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / Sheet      SIGNATURE: Warren J. [Signature]

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE Edward A. [Signature]

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminat desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011

FIXED ASSET TAG NUMBER: <sup>NONE</sup> ~~see attached~~

DESCRIPTION: ~~see attached sheet~~ 5 ROSE CUBICLE DIVIDER 60"W X 66"H

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

**RECEIVED**

OTHER INFORMATION: See attached sheet


MAY 12 2011

CONDITION OF ASSET: Most items fair condition. BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: no longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / <sup>Sheet</sup> SIGNATURE: 

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

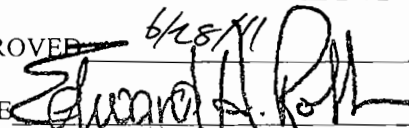
INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE: 

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminat desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011

FIXED ASSET TAG NUMBER: -- ~~see attached~~ NONE

DESCRIPTION: ~~See attached sheet~~ 1 Small Pink Counter Top

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

RECEIVED

MAY 12 2011

CONDITION OF ASSET: Most items fair condition. BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: No longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / Sheriff SIGNATURE:

### AUDITOR

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE:

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	lamine desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: - ~~see attached~~ <sup>NONE</sup>

DESCRIPTION: ~~see attached sheet~~ 1 WHITE DESK DRAWER

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

**RECEIVED**  
MAY 12 2011

CONDITION OF ASSET: Most items fair condition. BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: no longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / ~~Sheet~~      SIGNATURE: *Warren*

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE: *Edward A. Roll*

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	lamine desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports	1'	
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: - <sup>NONE</sup> ~~see attached~~

DESCRIPTION: ~~see attached sheet~~ 1 GRAY STEEL INMATE TRANSFER CAGE

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

CONDITION OF ASSET: Most items fair condition.

REASON FOR DISPOSITION: no longer needed

**RECEIVED**  
MAY 12 2011  
BOONE COUNTY AUDITOR

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / Sheet      SIGNATURE: Warren [Signature]

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE Edward A. Roll

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminade desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: ~~see attached~~ <sup>7381</sup>

DESCRIPTION: ~~see attached sheet~~ 1 GRAY CHAIR

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

**RECEIVED**  
MAY 12 2011

OTHER INFORMATION: See attached sheet

CONDITION OF ASSET: Most items fair condition. BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: No longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / <sup>Sheet</sup> 125) SIGNATURE: *Warren [Signature]*

**AUDITOR**

ORIGINAL PURCHASE DATE: 7/1/1992

RECEIPT INTO: 1190-3835

ORIGINAL COST: 276.00

ORIGINAL FUNDING SOURCE: 2731  
ASSET GROUP: 1602

TRANSFER CONFIRMED: Asset removed from inventory 12/31/2000

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE      \_\_\_ AUCTION      \_\_\_ SEALED BIDS

\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER: 243-2011

DATE APPROVED: 6/28/11

SIGNATURE: *Edward A. Roll*

QUANTITY	DESCRIPTION	CONDITION			
1	wood table - black - 5' X 2.5'	fair	no tag		
8	burgandy plastic and steel chairs				
1	laminat desk with top shelf				
1	coat rack				
1	olive green 5 drawer file cabinet				
6	gray shelf units 88" tall X 36" wide				
1	rolling wire shelf				
1	gray wall mount storage shelf				
6	rose cubicle divider 30" w X 43" h				
1	rose cubicle divider 36" w X 66" h				
1	multi colored divider 48" w X 66" h				
5	rose cubicle divider 60" w X 66" h				
1	small pink counter top				
1	white desk drawer				
1	gray steel inmate transfer cage			good	
1	gray chair			poor	#07381
1	gray door 2 door metal cabinet	fair	#03116		
	STELL SHELVING	fair	no tag		
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports				
6	blue side supports 48"w X 89"h				
4	blue side supports 37"w X 96"h				
12	blue side supports 48"w X 103"h				
101	shelf board supports				

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011  
FIXED ASSET TAG NUMBER: 3116 - ~~see attached~~  
DESCRIPTION: ~~See attached sheet~~ 1 GRAY DOOR 2 DOOR METAL CABINET  
REQUESTED MEANS OF DISPOSAL: Sale by Auction. Gov Deals  
OTHER INFORMATION: See attached sheet  
CONDITION OF ASSET: Most items fair condition.

RECEIVED

MAY 12 2011

BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: No longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / Sheet  
SIGNATURE: *Warren*

### AUDITOR

ORIGINAL PURCHASE DATE: 11/28/1983  
RECEIPT INTO: 1190-3835

ORIGINAL COST: 75.00

ORIGINAL FUNDING SOURCE: 2731

ASSET GROUP: 1602

TRANSFER CONFIRMED: Removed from inventory 12/24/1997

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN

COMMISSION ORDER NUMBER: 243-2011

DATE APPROVED: 6/28/11

SIGNATURE: *Edward H. Roll*

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminat desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011

FIXED ASSET TAG NUMBER: -- ~~see attached~~ NONE

DESCRIPTION: ~~see attached sheet~~ 18 GRAY SIDE SUPPORTS 48" W X 96" H w/ 4 CROSS BRACES AND 28 SHELF BOARD SUPPORTS

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

RECEIVED  
MAY 12 2011

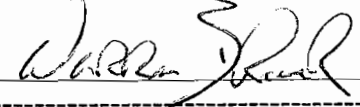
OTHER INFORMATION: See attached sheet

CONDITION OF ASSET: Most items fair condition. BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: No longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / sheet SIGNATURE: 

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_  
ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

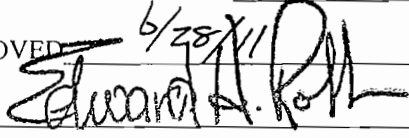
INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE 

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminated desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: -- <sup>NONE</sup> ~~See attached~~

DESCRIPTION: ~~See attached sheet~~ 6 BLUE SIDE SUPPORTS 48"W X 89"H

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

CONDITION OF ASSET: Most items fair condition.

RECEIVED

MAY 12 2011

BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: no longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / ~~Sheet~~      SIGNATURE: *Warren J. [Signature]*

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE      \_\_\_ AUCTION      \_\_\_ SEALED BIDS

\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE *Edward A. [Signature]*

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminat desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011  
FIXED ASSET TAG NUMBER: - ~~see attached~~ NONE  
DESCRIPTION: ~~see attached sheet~~ 4 BLUE SIDE SUPPORTS 37"W X 96"  
REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals  
OTHER INFORMATION: See attached sheet  
CONDITION OF ASSET: Most items fair condition.

RECEIVED  
MAY 12 2011

BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: No longer needed  
COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate  
DEPARTMENT: Corrections / sheet  
SIGNATURE: *[Signature]*

**AUDITOR**  
ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835  
ORIGINAL COST \_\_\_\_\_ ?  
ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_  
ASSET GROUP \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:  
\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_  
LOCATION WITHIN DEPARTMENT \_\_\_\_\_  
INDIVIDUAL \_\_\_\_\_  
\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS  
\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011  
DATE APPROVED 6/28/11  
SIGNATURE *[Signature]*

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminat desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: - ~~see attached~~ <sup>NONE</sup>

DESCRIPTION: ~~see attached sheet~~ 12 BLUE SIDE SUPPORTS 48" W X 103"

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

CONDITION OF ASSET: Most items fair condition.

**RECEIVED**  
MAY 12 2011

BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: no longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / sheet      SIGNATURE: *Warren*

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE *Edward A. Roll*

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminat desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: - ~~see attached~~ <sup>NONE</sup>

DESCRIPTION: ~~see attached sheet~~ 101 SHELF BOARD SUPPORTS

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

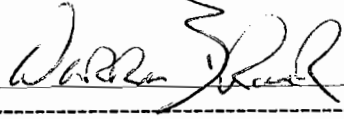
**RECEIVED**  
MAY 12 2011

CONDITION OF ASSET: Most items fair condition. BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: No longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / ~~Sheet~~      SIGNATURE: 

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_  
ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE: 

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminat desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: -- <sup>NONE</sup> ~~see attached~~

DESCRIPTION: ~~see attached sheet~~ 1 Coat Rack

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

**RECEIVED**  
MAY 12 2011

CONDITION OF ASSET: Most items fair condition.      BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: no longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / ~~Sheet~~      SIGNATURE: *Warren [Signature]*

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_  
ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE *Edward A. Roll*

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminat desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011

FIXED ASSET TAG NUMBER: - ~~see attached~~ NONE

DESCRIPTION: ~~See attached sheet~~ 1 Olive green 5 drawer file cabinet

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

RECEIVED

OTHER INFORMATION: See attached sheet

MAY 12 2011

CONDITION OF ASSET: Most items fair condition. BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: No longer needed

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / Sheet SIGNATURE:

**AUDITOR**

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE:

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	lamine desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: -- <sup>NONE</sup> ~~see attached~~

DESCRIPTION: ~~see attached sheet~~ 1 laminate desk w/top shelf

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

CONDITION OF ASSET: Most items fair condition.

REASON FOR DISPOSITION: no longer needed

RECEIVED

MAY 12 2011

BOONE COUNTY AUDITOR

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / Sheriff      SIGNATURE: *Warren J. ...*

### AUDITOR

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/23/11

SIGNATURE *Edward A. Kell*

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminade desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports	1'	
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5/11/2011      FIXED ASSET TAG NUMBER: -- <sup>NONE</sup> ~~see attached~~

DESCRIPTION: ~~see attached sheet~~ 8 Burgandy plastic + steel chairs

REQUESTED MEANS OF DISPOSAL: Sale by Auction - Gov Deals

OTHER INFORMATION: See attached sheet

CONDITION OF ASSET: Most items fair condition.

REASON FOR DISPOSITION: No longer needed

RECEIVED

MAY 12 2011

BOONE COUNTY AUDITOR

COUNTY / COURT IT DEPT:  DOES  DOES NOT WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

DEPARTMENT: Corrections / Sheriff      SIGNATURE: *[Signature]*

### AUDITOR

ORIGINAL PURCHASE DATE \_\_\_\_\_ RECEIPT INTO 1190-3835

ORIGINAL COST \_\_\_\_\_ ?

ORIGINAL FUNDING SOURCE \_\_\_\_\_ TRANSFER CONFIRMED \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE *[Signature]*

QUANTITY	DESCRIPTION	CONDITION	
1	wood table - black - 5' X 2.5'	fair	no tag
8	burgandy plastic and steel chairs		
1	laminate desk with top shelf		
1	coat rack		
1	olive green 5 drawer file cabinet		
6	gray shelf units 88" tall X 36" wide		
1	rolling wire shelf		
1	gray wall mount storage shelf		
6	rose cubicle divider 30" w X 43" h		
1	rose cubicle divider 36" w X 66" h		
1	multi colored divider 48" w X 66" h		
5	rose cubicle divider 60" w X 66" h		
1	small pink counter top		
1	white desk drawer		
1	gray steel inmate transfer cage	good	
1	gray chair	poor	#07381
1	gray door 2 door metal cabinet	fair	#03116
	STELL SHELVING	fair	no tag
18	gray side supports 48"w X 96"h with 4 cross braces and 28 shelf board supports		
6	blue side supports 48"w X 89"h		
4	blue side supports 37"w X 96"h		
12	blue side supports 48"w X 103"h		
101	shelf board supports		



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 6-2-11

FIXED ASSET TAG NUMBER: 11656

DESCRIPTION: 1998 John Deere 955 4-wheel Drive Tractor w/ 2005 72" Mower Deck

REQUESTED MEANS OF DISPOSAL: Gov Deals

OTHER INFORMATION:

CONDITION OF ASSET: Tractor will not run.

REASON FOR DISPOSITION: Not being used.

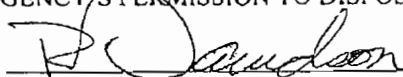
COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Facility Maintenance 6100

SIGNATURE



RECEIVED

JUN - 2 2011

BOONE COUNTY AUDITOR

**AUDITOR**

ORIGINAL PURCHASE DATE 7/23/1998

RECEIPT INTO 6100-3835

ORIGINAL COST 27,240.00

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2784

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1604

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

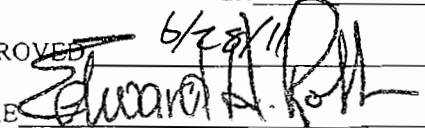
INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/28/11

SIGNATURE 

# BOONE COUNTY

RECEIVED

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

JUN - 7 2011

DATE: 6-7-11

FIXED ASSET TAG NUMBER: NO TAG

BOONE COUNTY AUDITOR

DESCRIPTION: ATTACHMENTS FOR JOHN DEERE 955  
4-WHEEL DRIVE TRACTOR

REQUESTED MEANS OF DISPOSAL: ~~TRADE~~ GOV DEALS

OTHER INFORMATION: 1. JOHN DEERE LOADER SERIAL # W0070AXIS1817  
2. 6' ATLAS LANDSCAPE BOX BLADE  
3. 6' SNOW BLADE  
4. 5' SNOW BLADE

CONDITION OF ASSET: FAIR

REASON FOR DISPOSITION: NOT BEING USED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

DEPARTMENT: 6100  
Facilities

SIGNATURE: Jody Moore

**AUDITOR**

Receipt into:  
6100-3835

ORIGINAL PURCHASE DATE \_\_\_\_\_  
ORIGINAL COST \_\_\_\_\_ ?  
ORIGINAL FUNDING SOURCE \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 243-2011

DATE APPROVED 6/7/11

SIGNATURE: Edward A. Roll