

DAVID R. CRAIG
HARFORD COUNTY EXECUTIVE



DEPARTMENT OF PROCUREMENT
DEBORAH L. HENDERSON
DIRECTOR

MARY F. CHANCE
DIRECTOR OF ADMINISTRATION

JOSEPH S. PATTI, CPPO
DEPUTY DIRECTOR

HARFORD COUNTY GOVERNMENT

May 16, 2011

Kemira Water Solutions, Inc.
Attn: Tammy Yergey, Inside Sales Manager
3211 Clinton Parkway, Ct. #1
Lawrence, Kansas 66047

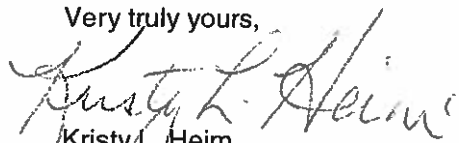
RE: Bid No. 10-191 Bulk Chemicals for Water and Wastewater Treatment

Dear Ms. Yergey:

Thank you for signing and returning the contract extension sent to you on May 2, 2011. Please note the dates of your extension were typed incorrectly. According to the contract Section VII, the original term began on July 1, 2010 and continued for a year. Therefore, the contract extension should have reflected the **contract extension period is from July 1, 2011 to June 30, 2012**. Please make the correction on your copy of the extension.

Should you have any questions, I can be contacted at the telephone number shown below.

Very truly yours,



Kristy L. Heim
Administrative Assistant

Enc. - A/S

cc: Daniel J. Guthrie, Procurement
Greg Bates, DPW/W&S/Sod Run
Talad Said, DPW/W&S/Abingdon

~ Preserving Harford's past; promoting Harford's future ~

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May 2, 2011

Kemira Water Solutions, Inc.
Attn: Tammy Yergey, Inside Sales Manager
3211 Clinton Parkway, Ct. #1
Lawrence, Kansas 66047

RECEIVED

MAY 09 2011

Lawrence, KS

RE: Bid No. 10-191 Bulk Chemicals for Water and Wastewater Treatment

Dear Ms. Yergey:

The contract with your firm under the above-referenced bid expires on June 9, 2011. It contains a provision to extend the term for three (3) additional one (1) year periods at the same terms and conditions. Harford County wishes to exercise year one (1) of this option, extending the term from June 10, 2011 to June 9, 2012.

Please acknowledge by signing at the bottom of this page and return it to this office, along with one copy of the required Certificate of Insurance within ten (10) business days. Please have your insurer indicate the above referenced Harford County bid number on the certificate and name Harford County, Maryland, 220 S. Main Street, Bel Air, Maryland 21014 as an additional insured.

Signature must be that of the Corporation President, Vice President or CEO. If another individual signs, a Power of Attorney or other authorization must accompany the Contract delegating authority to that individual.

Should you have any questions, I can be contacted at the telephone number shown below.

Very truly yours,

Handwritten signature of Daniel J. Guthrie in blue ink.

Daniel J. Guthrie
Purchasing Agent

DJG:KLH/klh

Enc. – A/S

cc: Roy Miller, DPW/W&S/Sod Run

Handwritten signature of Christina Aaddington in blue ink.

Signature

Christina Aaddington

Name and Title (Print or Type)

5/10/11

Date

~ Preserving Harford's past; promoting Harford's future ~



CERTIFICATE OF LIABILITY INSURANCE

9/15/2011

DATE (MM/DD/YYYY)

5/10/2011

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 Lockton Companies, LLC-1 Kansas City 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Liberty Mutual Fire Insurance Company		23035
INSURER B: New Hampshire Insurance Company		23841
INSURER C: National Union Fire Ins Co Pittsburgh PA		19445
INSURER D: Steadfast Insurance Company		26387
INSURER E:		
INSURER F:		

COVERAGES KEMWA01 UA **CERTIFICATE NUMBER:** 11267394 **REVISION NUMBER:** XXXXXXXX

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	POLICIES
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BLNKT ADDTL INS <input checked="" type="checkbox"/> WAIVER OF SUB GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	N	TB2-651-289679-011	1/1/2011	1/1/2012	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000	
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> BLNKT ADDTL INS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS DED-\$1,000	N	N	CA 4806665	9/15/2010	9/15/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	N	N	TL2-651-289679-031 (EXCESS AUTO LIAB)	1/1/2011	1/1/2012	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N	WC1590944 WC1590946 (CA)	9/15/2010 9/15/2010	9/15/2011 9/15/2011	<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	
D	POLLUTION (U.S. & CANADA)	N	N	EPC9384234-01	1/1/2011	1/1/2012	\$6,000,000/EACH INCIDENT \$12,000,000/AGGRAGATE \$25,000 DEDUCTIBLE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: BID NO. 10-191, BULK CHEMICALS FOR WATER AND WASTEWATER TREATMENT; HARFORD COUNTY GOVERNMENT IS ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY AS REQUIRED BY WRITTEN CONTRACT AND SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

CERTIFICATE HOLDER**CANCELLATION**

11267394
 HARFORD COUNTY GOVERNMENT
 220 SOUTH MAIN STREET
 BEL AIR MD 21014

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

Bruce J. Foster