

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 17, 2011

Brenntag Northeast, Inc.
Attn: Markus H. Klaehn, President
81 West Huller Lane
Reading, Pennsylvania 19605

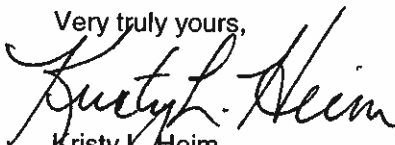
RE: Bid No. 10-191 Bulk Chemicals for Water and Wastewater Treatment

Dear Mr. Klaehn:

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

Brenntag Northeast, Inc.
Attn: Markus H. Klaehn, President
81 West Huller Lane
Reading, Pennsylvania 19605

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

Dear Mr. Klaehn:

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,

Daniel J. Guthrie
Purchasing Agent

DJG:KLH/klh

Enc. - A/S

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

Scott D. Leibowitz, President
Name and Title (Print or Type)

May 12, 2011

Date

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/27/2010

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 Marsh USA Inc. TWO LOGAN SQUARE PHILADELPHIA, PA 19103-2797 Attn: PHILADELPHIA.CERTS@MARSH.COM/FAX-212-948-0360 424780-ALL-GAWXS-11-12	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
PRODUCER CUSTOMER ID #: _____		
INSURED BRENNTAG NORTHEAST, INC. 81 W. HULLER LANE READING, PA 19605		INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company Of The State Of PA INSURER B: Greenwich Insurance Company INSURER C: XL Specialty Insurance Company INSURER D: Chartis Europe S.A. INSURER E: INSURER F:
		NAIC # 19429 22322 1320029

COVERAGES **CERTIFICATE NUMBER:** CLE-002769792-04 **REVISION NUMBER:** 5

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			0696955	01/01/2011	01/01/2012	EACH OCCURRENCE	\$ 1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$
X	POLICY							\$
	PRO-JECT							\$
	LOC							\$
B	AUTOMOBILE LIABILITY			RAD943713306 (AOS)	01/01/2011	01/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
X	ANY AUTO			RAD943713106 (MA)	01/01/2011	01/01/2012	BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTOS							\$
	NON-OWNED AUTOS							\$
D	UMBRELLA LIAB			H 13 151 3277	01/01/2011	01/01/2012	EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB						AGGREGATE	\$ 1,000,000
	DEDUCTIBLE							\$
	RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			RWR943509006 (WI)	01/01/2011	01/01/2012	X WC STATUTORY LIMITS	OTH-ER
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	RWD943509106(AOS)	01/01/2011	01/01/2012	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)
 HARFORD COUNTY, MARYLAND, IS INCLUDED AS ADDITIONAL INSURED, EXCEPT FOR WORKERS COMPENSATION, WHERE REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

HARFORD COUNTY, MARYLAND
 220 SOUTH MAIN STREET
 BEL AIR, MD 21014

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 of Marsh USA Inc.
 Donna Clampitt *Donna Clampitt*

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