

BARRY GLASSMAN
HARFORD COUNTY EXECUTIVE

BILLY BONIFACE
DIRECTOR OF ADMINISTRATION



KAREN D. ROTTMANN, CPPB
DIRECTOR OF PROCUREMENT

DEPARTMENT OF PROCUREMENT

VIA EMAIL: betty.kendalliones@mosaicco.com

Mosaic Crop Nutrition, LLC
ATTN: Betty Kendall-Jones
13830 Circa Crossing Drive
Lithia, Florida 33547

RE: Bid No. 14-132-Bulk Chemicals for Water and Wastewater Treatment

Dear Ms. Kendall-Jones:

The contract with your firm under the above-referenced bid contains a provision to extend the term for four (4) additional one (1) year periods at the same terms and conditions. Harford County wishes to exercise the first option, extending the term from July 1, 2015 to June 30, 2016.

The successful bidder is to provide quarterly reporting to the lead agency and MAPT minimally showing the names of the participating entities under this contract and the value of their participation for that period and year to date. This information will be used to evaluate the effectiveness of the program, areas for growth, and if a variable discount structure is used, the correct pricing structure. Other reports that are reasonably available shall be provided as requested.

Please print this letter, acknowledge by signing at the bottom of this page and return it to this office by email, along with one copy of the required Certificate of Insurance within ten (10) business days. 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.

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 and Certificate Holder.

Should you have any questions, email me, djguthrie@harfordcountymd.gov or call (410) 638-3550.

Very truly yours,

Daniel J. Guthrie, CPPB
Procurement Agent

DJG/vfy

Enc. -A/S

cc: Gregg Bates, OPW
Debbie Groat, BRCP

Signature for Mosaic Crop Nutrition, LLC

Betty Kendall-Jones, Bids & Contracts Manager

Name and Title (Print or Type)
04/20/15

Date

MARYLAND'S NEW (ENTER OF OPPORTUNITY

410.638.3550 | 410.879.2000 | TTY Maryland Relay 711 | www.harfordcountyrhd.gov

220 South Main Street, Bel Air, Maryland 21014

THIS DOCUMENT IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/29/2014

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 Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A.C. No. Ext): (866) 283-7122 FAX (A.C. No.): (800) 363-0105 E-MAIL ADDRESS:														
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Old Republic Insurance Company</td> <td>24147</td> </tr> <tr> <td>INSURER B: AIG Europe Limited</td> <td>AA1120841</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Old Republic Insurance Company	24147	INSURER B: AIG Europe Limited	AA1120841	INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Old Republic Insurance Company	24147														
INSURER B: AIG Europe Limited	AA1120841														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Mosaic Global Sales, LLC; The Mosaic Company, its Subsidiaries & Affiliates Attn: Mike Bishop, Director Risk Mgmt. Atria Corporate Center, Ste E490 3033 Campus Drive Plymouth MN 55441 USA	<table border="1"> <tr> <td>INSURER A: Old Republic Insurance Company</td> <td>24147</td> </tr> <tr> <td>INSURER B: AIG Europe Limited</td> <td>AA1120841</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER A: Old Republic Insurance Company	24147	INSURER B: AIG Europe Limited	AA1120841	INSURER C:		INSURER D:		INSURER E:		INSURER F:		
	INSURER A: Old Republic Insurance Company	24147													
INSURER B: AIG Europe Limited	AA1120841														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER: 570056374992** **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY302499	10/22/2014	10/22/2015	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) Excluded MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			MWTB 302501	10/22/2014	10/22/2015	COMBINED SINGLE LIMIT (Ea accident) \$3,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			62785265/62785266 SIR applies per policy terms & conditions	10/22/2014	10/22/2015	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	MWC30250000	10/22/2014	10/22/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$3,000,000 E.L. DISEASE-EA EMPLOYEE \$3,000,000 E.L. DISEASE-POLICY LIMIT \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Bid No. 14-132 Bulk Chemicals for Water and Wastewater Treatment. Harford County, Maryland is included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Umbrella Liability policies.

CERTIFICATE HOLDER Harford County, Maryland 220 S. Main Street Bel Air MD 21014 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Central Inc</i>
---	--

Holder Identifier: 570056374992 Certificate No: 570056374992

**CERTIFICATE OF SECRETARY
OF
MOSAIC GLOBAL SALES, LLC
AS TO CORPORATE AUTHORIZATION**

The undersigned, Mark J. Isaacson, hereby certifies that he is the Corporate Secretary of Mosaic Global Sales, LLC, a Delaware limited liability company (the "Company"), and further certifies as follows:

1. Mosaic Crop Nutrition, LLC, a Delaware limited liability company ("MCN") is the managing member of the Company.
2. He is a member of the Board of Managers of MCN.
3. Attached hereto as Exhibit A is a true and correct copy of the Company's Amended and Restated Limited Liability Company Agreement dated September 18, 2014 (the "LLC Agreement"). The LLC Agreement has not been modified or rescinded since its adoption, is in full force and effect on the date hereof, and is the only effective Limited Liability Company Agreement adopted by the members of the Company on September 18, 2014.
4. The following is a true and correct copy of resolutions passed by the Managing Member of the Company on December 29, 2014, pursuant to authority set forth in Sections 18-402 and 18-407 of the Delaware Limited Liability Company Act and Article 6 of the LLC Agreement, which resolutions remain in full force and effect:

"FSA GOVERNMENTAL CONTRACT AUTHORIZATION"

WHEREAS, the Company enters into agreements relating to the distribution of Fluorosilicic Acid ("FSA") to governmental authorities, including municipalities, throughout the United States (the "Governmental Contracts");

WHEREAS, the Company desires to grant authority to Betty Kendall-Jones and Jennifer Lehman (the "Authorized Persons") and each of them acting alone, to negotiate and enter into Governmental Contracts relating to the sale and distribution of FSA and documents relating thereto on behalf of the Company, which Governmental Contracts shall be (i) for a term of not more than two years; (ii) made in the Company's ordinary course of business; (iii) on terms and conditions in which the Company has customarily entered into such contracts; and (iv) on forms approved by the Company for sale and distribution of FSA ("FSA Governmental Contract Authorization"); and

WHEREAS, the Managing Member has determined that granting the FSA Governmental Contract Authorization is in the best interests of the Company.

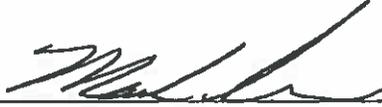
NOW THEREFORE, BE IT RESOLVED, that:

1. The FSA Governmental Contract Authorization is hereby authorized and approved.
2. Betty Kendall-Jones and Jennifer Lehman, and each of them acting alone, be and they hereby are authorized, for and on behalf of the Company, to execute any and all documents as may be necessary to complete and enter into the Governmental

Contracts including, but not limited to municipal bids or quotes, sales contracts, purchase orders, performance bonds, extension agreements and all ancillary documents related thereto.

3. Any action taken prior to the date hereof necessary or appropriate to effect the transactions contemplated by this resolution is hereby ratified, confirmed and approved in all respects.”

IN WITNESS WHEREOF, I have hereto set my hand and the seal of said Company this 29 day of December, 2014.



By: Mark J. Isaacson
Its: Corporate Secretary

STATE OF MINNESOTA)
)ss
COUNTY OF HENNEPIN)

The foregoing instrument was executed the 29th day of December, 2014, by Mark J. Isaacson, the Corporate Secretary of Mosaic Crop Nutrition, LLC, a Delaware limited liability company, on behalf of the Company.



Nancy L. Chadwick
Notary Public