

**BARRY GLASSMAN**  
HARFORD COUNTY EXECUTIVE

**BILLY BONIFACE**  
DIRECTOR OF ADMINISTRATION



**KAREN D. ROTTMANN, CPPB**  
DIRECTOR OF PROCUREMENT

**DEPARTMENT OF PROCUREMENT**

VIA EMAIL: [dcflynn@shannonchem.com](mailto:dcflynn@shannonchem.com)

Shannon Chemical Corporation  
ATTN: Daniel C. Flynn  
P.O. Box 376  
Malvern, Pennsylvania 19355

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

Dear Mr. Flynn:

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](mailto:djguthrie@harfordcountymd.gov) or call (410) 638-3550.

Very truly yours,

Daniel J. Guthrie, CPPB  
Procurement Agent

DJG/vty

Enc. – A/S

cc: Gregg Bates, DPW  
Debbie Groat, BRCPC

  
Signature for Shannon Chemical Corporation

Daniel C. Flynn, President  
Name and Title (Print or Type)

4.15.15  
Date

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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)  
5/31/2014

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 Wharton Financial Group, Inc. 110 Phoenixville Pike Suite 300 Malvern PA 19355	CONTACT NAME: Doug Schroer	
	PHONE (A/C, No. Ext): (484) 328-3547	FAX (A/C, No): (484) 328-3958
E-MAIL ADDRESS: doug@creativeriskmanagement.net		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Chartis Specialty Insurance Co.		26883
INSURER B: Commerce and Industry Ins. Co.		19410
INSURER C: Granite State Insurance Co.		23809
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES** CERTIFICATE NUMBER: CL145290142 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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		EG28328983	6/1/2014	6/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	X		CA1904346	6/1/2014	6/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Physical Damage \$ ACV
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
	DED RETENTION \$	X		EGU28333478	6/1/2014	6/1/2015	
C	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	66455177	6/1/2014	6/1/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Pollution Legal Liability	X		EG28328983	6/1/2014	6/1/2015	\$ 1,000,000 Each Occurrence \$ 1,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
The Harford County Government is named as an additional insured as required by written contract

reference Bid 14-132

**CERTIFICATE HOLDER** **CANCELLATION**

The Harford County Government 220 S 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  Douglas Schroer/DOUG