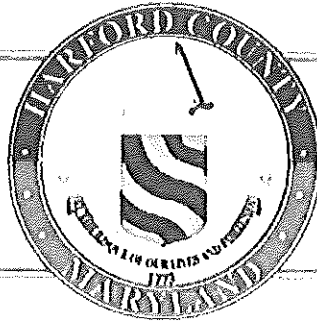


BARRY GLASSMAN
HARFORD COUNTY EXECUTIVE

BILLY BONIFACE
DIRECTOR OF ADMINISTRATION



KAREN D. ROTTMANN, CPPB
DIRECTOR OF PROCUREMENT

DEPARTMENT OF PROCUREMENT

VIA EMAIL: Jeff.Moran@SuffolkSales.com

Suffolk Sales and Service Corporation
ATTN: Jeff Moran
1881 Governor's Point
Suffolk, Virginia 23433-0140

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

Dear Mr. Moran:

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/viy

Enc. - A/S

cc: Gregg Bates, DPW
Debbie Groat, BRPCPC


Signature for Suffolk Sales and Service Corporation

Jeff Moran - Regional Sales
Name and Title (Print or Type) MANAGER
4-24-15
Date

MARYLAND'S NEW CENTER OF OPPORTUNITY

410.638.3550 | 410.879.2000 | TTY Maryland Relay 711 | www.harfordcountymd.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)
04/24/2015

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 Southeastern Ins Services, Inc 111 Mill Creek Pkwy, Ste 201 Chesapeake, VA 23323 David L. Comey		CONTACT NAME: Delane Guida, CISR PHONE (A/C, No, Ext): 757-673-3169 E-MAIL ADDRESS: dguida@sivirginia.com		FAX (A/C, No): 757-673-3269
INSURED Suffolk Sales and Service Inc PO Box 6140 Suffolk, VA 23433-0140		INSURER(S) AFFORDING COVERAGE INSURER A: Harleysville Insurance Co INSURER B: Star Insurance Company INSURER C: Hartford Ins Co of the Midwest INSURER D: INSURER E: INSURER F:		NAIC #

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 SUBR INSD 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	X	BOP13959L	06/16/2014	06/16/2015	EACH OCCURRENCE \$ 1,000,000
B	<input checked="" type="checkbox"/> Product Liab		GL0692633	07/12/2014	07/12/2015	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
B	<input checked="" type="checkbox"/> Professional Liab		GL0692633	07/12/2014	07/12/2015	MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT				GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:					\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BOP13959L	06/16/2014	06/16/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 0		CMB16839L	06/16/2014	06/16/2015	EACH OCCURRENCE \$ 1,000,000
						AGGREGATE \$ 1,000,000
						\$
C	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/A	WC71800M	02/28/2015	02/28/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property Section		BOP13959L	06/16/2014	06/16/2015	Schedule

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

Harford County Bid
 BID # 14-132
 Harford County, Maryland is added as an Additional Insured to the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

Harford County Maryland
 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
 David L. Comey

Delane Guida