

City of Pflugerville
Bid Number: 2012-1
Wastewater Chemical Bid

Tax ID No: 74 3104940

Legal Business Name: GENERAL CHEMICAL PERFORMANCE PRODUCTS LLC

Address: 90 EAST HALSEY ROAD

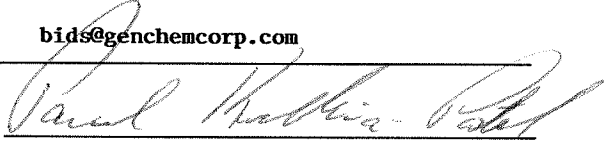
City State & Zip: PARSIPPANY, NJ 07054

Contact: PARUL KACHHIA-PATEL, MARKETING SPECIALIST

Telephone: 800 631 8050

Business Entity Type: LLC

Email Address: bids@genchemcorp.com

Authorized Signature 

Print Name PARUL KACHHIA-PATEL, MARKETING SPECIALIST

“By the signature hereon affixed, the bidder hereby certifies that neither the bidder nor the entity represented by the bidder, or anyone acting for such entity has violated the antitrust laws of this State, codified in section 15.01 et seq., Texas Business and Commerce Code, or Federal Antitrust laws, nor communicated directly or indirectly, The bid made to any competitor or any other person engaged in such line of business.”

Two original bids are due to the City of Pflugerville
Attn: Sabrina Schmidt
100 E Main St. Suite 100
Pflugerville, TX 78660

Prior to 2 pm on January 10, 2012.

Envelopes must have bid number, opening date and time on the outside of the sealed envelope. Bidders name must also appear on the outside of the envelope.

City of Pflugerville
Bid No. 2012-1
Wastewater Chemical Bid Sheet
Opening January 10, 2012 @ 2PM

1. Clarifloc C-6232 Polymer Estimated (275gal)-21 totes/year	3-275 gal totes	\$ <u>NO BID</u>
2. Sodium Bisulfite Aqueous Solution Estimated 22,000 gal/year	800-1000 gal/load	\$ <u>NO BID</u>
3. Aluminum Sulfate, Technical Grade Estimated 120,000 gal/year	4,500-5,000 gal/load	* \$ <u>0.59872/GAL</u>
4. Chlorine Estimated 40 tons/year	4 one ton Cylinders/delivery	\$ <u>NO BID</u>

All Chemicals are to be delivered to the wastewater treatment plant at 2609 E Pecan St. Pflugerville, TX 78660. Between the hours 7am –4pm, Monday – Friday.

***FOR CONVERSION PURPOSES ONLY PRICE EQUATES TO \$221.75 PER DRY TON.**



CERTIFICATE OF LIABILITY INSURANCE

OP ID: WH

DATE (MM/DD/YYYY)

01/03/12

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 Rose and Klernan, Inc. 99 Troy Road East Greenbush, NY 12061	518-244-4245 518-244-4262	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No.): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: GENE-10																					
	INSURED General Chemical Performance Products, LLC 90 East Halsey Road Parsippany, NJ 07054	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>National Union Fire Insurance</td> <td>19445</td> </tr> <tr> <td>INSURER B:</td> <td>Chartis Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td>New Hampshire Insurance</td> <td>23841</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	National Union Fire Insurance	19445	INSURER B:	Chartis Insurance Company		INSURER C:	New Hampshire Insurance	23841	INSURER D:			INSURER E:			INSURER F:	
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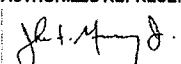
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GL1914576	04/01/11	04/01/12	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
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			CA3506204 CA3506203 - VIRGINIA	04/01/11	04/01/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
					04/01/11	04/01/12	BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
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/A	WC015883433 SEE NOTE FOR ADDL POL	04/01/11	04/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is included as an additional insured on the general and auto liability policies but only when required by written contract. Waiver of subrogation applies but only when required by contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Pflugerville Attn: Sabrina Schmidt 100 E. Main St. Suite 100 Pflugerville, TX 78660	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 
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NOTEPAD

INSURED'S NAME **General Chemical Performance**

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Workers Compensation Policies effective 4/1/11-4/1/12:
Co "A" - Pol #WC015883433 AR, AZ, CO, MI, NJ, NY, WI, OR
Co "B" - Pol #WC015883434 GA, IL, IN, MS, NC, PA, SC, TN, VA
Co "C" - Pol #WC015883435 California
Co "C" - Pol #WC015883436 Florida
Co "C" - Pol #WC015883437 Texas