

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

Tax ID No: 34-1810283

Legal Business Name: Polydyne Inc.

Address: 1 Chemical Plant Road

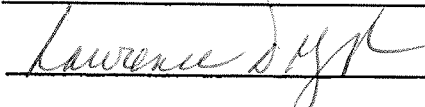
City State & Zip: Riceboro, GA 31323

Contact: Lawrence D. Grizzle

Telephone: (912) 880-2035

Business Entity Type: Corporation

Email Address: PolyBidDpt@snfhc.com

Authorized Signature 

Print Name Lawrence D. Grizzle, Business Manager

“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>2,507.00/Tote (2,300Lbs.)</u> \$1.09/Lb.
2. Sodium Bisulfite Aqueous Solution Estimated 22,000 gal/year	800-1000 gal/load	\$ <u>N/A</u>
3. Aluminum Sulfate, Technical Grade Estimated 120,000 gal/year	4,500-5,000 gal/load	\$ <u>N/A</u>
4. Chlorine Estimated 40 tons/year	4 one ton Cylinders/delivery	\$ <u>N/A</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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/4/2012

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 Frenkel & Company 350 Hudson Street – 4 th Floor New York, NY 10014	Phone No.: (212) 488-0200 Fax No.: (212) 488-0220	CONTACT NAME: PHONE (AC, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMERID#:	FAX (AC, No):													
	INSURED Polydyne Inc. One Chemical Plant Road PO Box 250 Riceboro GA 31323		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Chartis Specialty Insurance Company</td> <td>26883</td> </tr> <tr> <td>INSURER B: National Union Fire Insurance Company of Pittsburgh PA</td> <td>19445</td> </tr> <tr> <td>INSURER C: Hartford Fire Insurance Company of Midwest</td> <td>37478</td> </tr> <tr> <td>INSURER D: Commerce & Industry Insurance Company</td> <td>19410</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Chartis Specialty Insurance Company	26883	INSURER B: National Union Fire Insurance Company of Pittsburgh PA	19445	INSURER C: Hartford Fire Insurance Company of Midwest	37478	INSURER D: Commerce & Industry Insurance Company	19410	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	X	X	EG14362834	12/31/2011	12/31/2012	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS-COMP/OP AGG	\$ 2,000,000
								\$
D	AUTOMOBILE LIABILITY	X	X	CA4691818	12/31/2011	12/31/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	X	OCCUR	25030662	12/31/2011	12/31/2012	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						CLAIMS-MADE	AGGREGATE
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	X	10WNR30600	12/31/2011	12/31/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHE-R
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes describe under DESCRIPTION OF OPERATIONS below						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)

The City is included as Additional Insured under General Liability, Automobile Liability and Workers Compensation coverage according to the terms as required by contract as respects to liability arising out of the operations of the Named Insured, as their interest may appear, and subject to the policy terms conditions exclusions. Waiver of Subrogation applies under the General Liability, Automobile Liability and Workers Compensations as required by contract. RE: Bid #2012-1 - Wastewater Chemicals

45 DAY CANCELLATION CLAUSE INCLUDED

CERTIFICATE HOLDER**CANCELLATION**

City of Pflugerville
 100 E. Main Street, Ste. 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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