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

Tax ID No:	76-0286332
Legal Business Name:	ALTIVIA Corporation
Address:	1100 Louisiana, Ste. 3160
City State & Zip:	Houston, Texas 77002
Contact:	Gayle Tullier
Telephone:	(713) 658-9000 x 328
Business Entity Type:	Corporation
Email Address:	gtollefsen@altivia.com
Authorized Signature	GayleTulier
Print Name	Gayle Tullier

"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	\$ NO BID
2. Sodium Bisulfite Aqueous Solution Estimated 22,000 gal/year	on 800-1000 gal/load	\$ NO BID
3. Aluminum Sulfate, Technical Gra Estimated 120,000 gal/year	de 4,500-5,000 gal/load	\$_0.6218/Gal
4. Chlorine Estimated 40 tons/year	4 one ton Cylinders/delivery	\$_579.00/Ton

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) 5/23/2011

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

ti c	ne t erti	erms and conditions of the policy ficate holder in lieu of such endor	, cert	tain ¡ ent(s	oolicies may require an er	ndorse	ement. A sta	tement on th	is certificate does not d	confer	rights to the
PRC						CONTA NAME:	CT Miccy M	Mittingto	າກ		
		eam				PHONE			FAX		***************************************
		Box 218060				(A/C, No, Ext): 713-490-4600 (A/C, No): E-MAIL ADDRESS: missy.whittington@usi.biz PRODUCER					
но	ıst	on TX 77218				ADDRE	ss: missy.	whittingt	on@usi.biz		
						CUSTO	ICER MER ID#: ALT	IVCOR			
40.00							IN	SURER(S) AFFOR	RDING COVERAGE		NAIC#
INSU AT.		IA Corporation				INSUR	RA:Stead	fast Insu	rance Company		26387
110	0	Louisiana Street, Suite	316	0		INSUR	RB:Zuricl	n America	n Insurance Compa	ny	16535
Ηοι	ıst	on TX 77002-5218				INSURE	ERC:Zurich	n America	n Insurance Compa	iny	16535
						INSURE	RD:St. Pa	aul Surpl	us Lines Insuranc	e Co	30481
						INSURE	RE:				
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					E NUMBER: 104347788				REVISION NUMBER:		
W	HIC O AL	S TO CERTIFY THAT THE POLICIES OF DD INDICATED. NOTWITHSTANDING A H THIS CERTIFICATE MAY BE ISSUED L THE TERMS, EXCLUSIONS AND CON	NY R OR M NDITIO	EQUI IAY P ONS (REMENT, TERM OR CONDITI ERTAIN, THE INSURANCE AF DF SUCH POLICIES. LIMITS S	ON OF	ANY CONTRA ED BY THE PO MAY HAVE BE	CT OR OTHER LICIES DESCR EEN REDUCED	DOCUMENT WITH RESPE	CTTD	
INSR LTR		TYPE OF INSURANCE	INSR	SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
A	GE	NERAL LIABILITY			EZL943620602		3/31/2011	3/31/2012	EACH OCCURRENCE	\$1,00	0,000
	Х	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	000
		CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$10,0	00
	х	10000		-					PERSONAL & ADV INJURY	\$1,00	0,000
	<u> </u>								GENERAL AGGREGATE	\$2,00	0,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$2,00	0,000
		POLICY PRO- JECT LOC								\$	
В	AU X	TOMOBILE LIABILITY ANY AUTO			BAP943620702		3/31/2011	3/31/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000
		ALL OWNED AUTOS		İ					BODILY INJURY (Per person)	\$	
		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	Х	NON-OWNED AUTOS								\$	
	х	MCS-90								\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DEDUCTIBLE								\$	
		RETENTION \$		<u> </u>						\$	
С		RKERS COMPENSATION D EMPLOYERS' LIABILITY			WC943620802		3/31/2011	3/31/2012	X WC STATU- OTH- TORY LIMITS ER		
	AN'	Y PROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDENT	\$1,00	0,000
	(Ma	indatory in NH)	IV / A						E.L. DISEASE - EA EMPLOYEE	\$1,000	0,000

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

MU05597693

Named Insureds include: Aluminum Chemicals, Inc., dba Coastal Products & Chemicals; Chemicaldesk; Altivia Transport Corporation; CP & C Transport, Inc.; Coastal Products & Chemicals, LLC. Pollution Legal Liability coverage is claims made. Certificate holder is provided with Waiver of Subrogation when required See Attached..

3/31/2011

3/31/2012

CERTIFICATE HOLDER	CANCELLATION 10 Day for Non-Payment
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City of Pflugerville 100 E Main, Ste 100	
Pflugerville TX 78660	AUTHORIZED REPRESENTATIVE
	igo-la Oliviniano
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E.L. DISEASE - POLICY LIMIT \$1,000,000

5,000

Leased/Rented Deductible

If yes, describe under DESCRIPTION OF OPERATIONS below

Commercial Property including Contractors Eqt

AGFN	CY	CHS	OMER	יתו	ALTI	JCOR.

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page $\underline{_1}$ of $\underline{_1}$

MD Team		ALTIVIA Corporation
OLICY NUMBER		-1100 Louisiana Street, Suite 3160 Houston TX 77002-5218
ARRIER	NAIC CODE	
		EFFECTIVE DATE:
DDITIONAL REMARKS		
HIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,	
ORM NUMBER: 25 FORM TITLE: CERTIFICATE		JITY INSURANCE
	named as	additional insured on General Liability and