



Commission Order No. 2020-491

Fourth Quarter Term 2020

COMMISSION ORDER

STATE OF MISSOURI }
County of Franklin } ss.

Tuesday, October 20, 2020
Contract/Agreements

**IN THE MATTER OF AWARDING THE BID TO
THE MASTER'S TOUCH, LLC. FOR PRINTING
AND MAILING OF PERSONAL PROPERTY
DECLARATION FORMS FOR THE FRANKLIN
COUNTY ASSESSOR'S OFFICE**

WHEREAS, prior hereto in the manner prescribed by law Franklin County solicited for bids for Printing and Mailing of Personal Property Declaration Forms for the Assessor's Office; and

WHEREAS, Franklin County received four (4) bids in response to said solicitation; and

WHEREAS, after due deliberation and consideration and the recommendation of the Purchasing Department, the Franklin County Commission finds it in the best interest of Franklin County to accept the bid submitted by The Master's Touch, LLC. for Printing and Mailing of Personal Property Declaration Forms, in the amount of \$10,716.00, excluding postage, as it is the lowest and most responsive bid.

IT IS THEREFORE ORDERED by the Franklin County Commission that the bid for Printing and Mailing of Personal Property Declaration Forms submitted by The Master's Touch, LLC. is hereby accepted and approved.

IT IS FURTHER ORDERED that a copy of this order be provided to The Master's Touch, LLC.; Tom Copeland, Assessor; Lynne Maloney, Accounts Payable; and Shakara Bray, Purchasing Department.

I hereby certify that there is a balance otherwise unencumbered to the credit of the current year appropriation to which this order is chargeable and a cash balance otherwise unencumbered in the treasury to the credit of the fund which payment is to be made, each sufficient to meet this obligation.

Auditor

Angela Larson

10/20/20 Act. No.
300-204-656100

[Signature]
Presiding Commissioner

[Signature]
Commissioner of 1st District

[Signature]
Commissioner of 2nd District



FRANKLIN COUNTY
PURCHASING DEPARTMENT

October 15, 2020

Tim Brinker, Presiding Commissioner
Todd Boland, 1st District Commissioner
Dave Hinson, 2nd District Commissioner

RE: 2020-28 Printing and Mailing of Personal Property Declaration Forms

Dear Commissioners:

On September 30, 2020 the Purchasing Department posted the publication for the Printing and Mailing of Personal Property Declaration Forms. On October 14, 2019 four bids were received; The Master's Touch, LLC, Presort Inc., Weldon, Williams, & Lick Inc., and Edward J. Rice Company, Inc.

The lowest and most responsive bid is The Master's Touch, LLC. It is the recommendation of the Purchasing Department, in the best interest of the County, to award the contract to The Master's Touch. The estimate of the project is \$10,716 excluding postage. However, this cost is a variable depending upon quantities needed.

Respectfully,

Shakara Bray
Asst. Purchasing Agent, Franklin County



**FRANKLIN COUNTY
PURCHASING DEPARTMENT
REQUEST FOR BID (RFB) COVER PAGE**

RFB NO: 2020-28

TITLE: Printing and Mailing of Personal Property Declaration Forms

Solicitation Schedule & Deadlines:

September 30, 2020	Solicitation Release/Advertising Date
October 06, 2020 2:00PM	Deadline for Submitting Questions
October 07, 2020 4:30PM	Deadline to post Addendum
October 14, 2020 2:00PM	Deadline to Submit Response
October 14, 2020 2:30PM	Opening Date Time

Responses must be received no later than "Deadline to Submit Response"

October 14, 2020 2:00PM

Ann Struttman, Purchasing Agent

Shakara Bray, Assistant Purchasing Agent

Phone: 636-584-6274 Email: purchasing@franklinmo.net

Submittal Instructions: Print this Packet in its entirety and complete all pages per instructions. Print the SEALED RESPONSE LABEL found in Attachment 1 of this packet and attach to the front of your envelope.

Company Name: The Master's Touch, LLC

SUBMISSION CHECKLIST

X I have reviewed the bid schedule and deadlines, located on the solicitation cover page

X I have read ALL Terms and Conditions and Bid documents closely

(Located at www.franklinmo.org)

THE ITEMS LISTED BELOW ARE THE REQUIRED DOCUMENTATION FOR SUBMITTING A RESPONSE

USE THESE FORMS ONLY

X Solicitation Cover page

X Contractual Terms and Conditions Acknowledgement

X Pricing Form completed and signed

X I have one original and two copies that are labeled accordingly

X I have included contact information

X COI (Certificate of Insurance)

X Envelope is sealed and label attached

X Affidavit for Work Authorization is completed and Notarized

X Affidavit of Compliance with Section 34.600 RSMo is completed and Notarized

SPECIFIC REQUIREMENTS

Vendor to print and mail personal property declaration forms according to the information outlined below. Several versions of the property declaration forms are used as outlined below.

1. Printing Requirements

- a.) 2021 Personal Assessment List – “Exhibit A”
- b.) 2021 Business Assessment List – “Exhibit B”
- c.) 2021 Personal Assessment List, March mailing – “Exhibit C”
- d.) 2021 Business Assessment List, March mailing – “Exhibit D”
- e.) Reply Envelopes – “Exhibit E”
- f.) Mailing Envelopes – “Exhibit F”
- g.) Notice to Tax Payers --“Exhibit G”

2. Specifications for printed items

- a.) “Exhibit A” is 8 ½ x 14, 24lb, 3 color on white, printed on both sides
- b.) “Exhibit B” is 8 ½ x 14, 24lb, 2 color on color, printed on both sides
- c.) “Exhibit C” is 8 ½ x 14, 24lb, 3 color on white, printed on both sides
- d.) “Exhibit D” is 8 ½ x 14, 24lb, 2 color on color, printed on both sides
- e.) “Exhibit E” is #9 window envelope white wove inside with security tint, no print
- f.) “Exhibit F” is #10 window envelope white wove inside with security tint, no print
- g.) “Exhibit G” is a buck-slip Notice, 1 color, printed on one side

3. Mailing schedule and deadlines

- a.) Franklin County Assessor’s office will provide specific mailing dates and approve all mailing schedules for production of statements and receipts prior to start of project. Electronic proofs must be provided and approved prior to mailing. Data files may be sent electronically and will be provided approximately ten (10) business days prior to vendor’s start of print production.

First mailing (*approximate dates and quantities, subject to change*)

November – first week – files received by vendor

November – third week – proofs are due to County within two weeks of receiving files (Need Proof by November 21, 2020)

January - mail drop date (Exhibits A, B, E, F, G)

Second mailing (*approximate dates and quantities, subject to change*)

March – first week – files received by vendor

SPECIFIC REQUIREMENTS - CONT

March – second week – proofs are due to County

March – mail drop date (Exhibits C, D, E, F,G)

b.) Due to County processes and state statute schedule requirements, it may be necessary for vendor to float postage prior to payment. County will make every effort to pay postage ahead or as soon after mailing as possible.

c.) Estimate of postage due to County ten days prior to mailing date.

4. Declaration forms are to be ordered in November of current year and then April of preceding year. Quantities are estimates from prior year numbers.
5. November mailing will be “Exhibits A and B” in the quantities described below:
 - 50,000 with bar code printed and mailed “Exhibits A, E, F and G”
 - 15,000 without bar code for in-house use “Exhibit A”
 - 3,300 with bar code printed and mailed “Exhibit B, E, and F”
 - 800 without bar code for in-house use “Exhibit B”
6. March printing (second mailing) will be both forms “Exhibit C and D” in the quantities described below:
 - 8,548 with bar code printed and mailed “Exhibit C, E, F and G”
 - 493 with bar code printed and mailed “Exhibit D, E, and F”
7. Additional copies of forms may be ordered “as needed.”
8. Forms will include each account holder’s name, address, codes and property owned.
9. Forms will incorporate bar coded account number.
10. Date will be provided to the vendor from Vanguard as a CSV file.
11. Contractor to provide a proof, by email, to the Assessor’s office for review with all variable data from this file. The proof must be provided to the Assessor’s office within two (2) weeks from receipt of the data.
12. All data processing, personalization of forms, folding, inserting, and mail preparations to be provided by awarded contractor only, no outsourcing is permitted under this contract.
13. It is required that contractor have a Mail Design Professional on staff to ensure maximum discounts are utilized. This is to include address validation, use of USPS approved IMB postal barcode and preparing mailings per full service standards.
14. Franklin County to be billed for actual items used, and reporting per item printed required to be submitted with invoice.

SPECIFIC REQUIREMENTS - CONT

15. The satisfaction of the finished product is at the discretion of the County. Vendor should keep in mind when completing the bid that these forms will be mailed, therefore subject to the elements at that time of year. The County must process returned forms adequately, requiring the absence of smudging or running of ink.
16. Vendor to utilize all current USPS requirements to obtain best pricing on postage possible: NCOA, CASS, IMb barcode, USPS Full Service Requirements
17. All postage discounts must be passed along to the County as a straight pass through without any markup.
18. Vendor to have a USPS mailing permit. All mail to be delivered by vendor to a designated Post Office.
19. Payment for postage to be provided based on itemized report of postage by classification invoices.
20. Vendor to include a proposed printing and mailing schedule with response.
21. Payment to be made, other than postage, upon project completion. Invoice should include reporting with required breakdowns.
22. Cost to design forms to be included in pricing.
23. Vendor to provide Franklin County with electronic file of "clean" forms after final approved proof.
24. Contract Period: The contract period shall be for 12 consecutive months. The contract may be renewed at the sole option of the County for an additional 2 one-year periods, or any portion thereof. The County also reserves the right to terminate and/or cancel the contract in writing prior via a formal contract amendment issued by the Purchasing Department.

The contents of this section include mandatory requirements that will be required of the successful bidder and subsequent contractor. The offeror is requested to provide responses to the requirements/desired attributes in this section pursuant to the directions identified herein. The offeror's response, whether responding to a mandatory requirement or a desired attribute, shall be binding in the event the bid is accepted by Franklin County. The offeror must provide all costs necessary to meet the mandatory requirements and the fulfillment of any desirable attributes in the appropriate section titled Pricing.

OTHER REQUIREMENTS

Insurance Requirements

1. The Contractor shall furnish County with a certificate of insurance indicating proof of the following insurance from company's license in the State of Missouri:

A. Worker's Compensation and Employers' Liability: Worker's Compensation Statutory in compliance with the Compensation law of the Sate and Employers' Liability Insurance with a limit no less than \$1,000,000.00 each accident.

B. Comprehensive or Commercial General Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include, but not be limited to, the following coverage.

1. Premises – Operations
2. Products and Completed Operations
3. Broad Form Property Damage
4. Contractual
5. Personal Injury

C. Automobile Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate Combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include coverage for all the following:

1. Owned Automobiles
2. Hired Automobiles
3. Non-Owned Automobiles

D. The certificate shall list the Certificate Holder and Address as follows: Franklin County, 400 E Locust Street, Room 206, Union, Mo 63084. The services provided to Franklin County shall be listed under "Description of Operations."

E. Such insurance shall include under the General Liability and Automobile Liability policies Franklin County, its employees, elected officials, representatives, and members of its board and/or commissioners as "Additional Insured's".

2. The Agreement of Insurance shall provide for notice to the County of amendment or cancellation of insurance policies 30 days before such amendment or cancellation is to take effect.

OTHER REQUIREMENTS - CONTINUED

Anti-Discrimination Against Israel Act Requirement

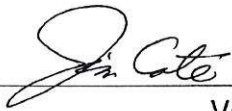
A public entity shall not enter into a contract with a company to acquire to dispose of services, supplies, information technology, or construction unless the contract includes a written certification that the company is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel. This section shall not apply to contracts with a total potential value of less than one hundred thousand dollars or to contractors with fewer than ten employees.

CONTRACTUAL TERMS AND CONDITIONS ACKNOWLEDGEMENT

The undersigned Vendor/Contractor has read, understood, and accepted the Terms and Conditions as published on the Franklin County Official Website located at:

<http://www.franklinmo.org>

All terms and conditions as stated shall be adhered to by Vendor/Contractor upon acceptance of contract. Vendor/Contractor enters into this agreement voluntarily, with full knowledge of its effect.



The Master's Touch, LLC

10/4/2020

Vendor/Contractor Signature

Date

Jim Cote' President The Master's Touch, LLC

Vendor/Contractor Name and Title

Affidavit of Compliance with Section 34.600 RSMo for Contracts over \$100,000 or for Contractors with Ten (10) or more employees

I, Jim Coté [Contractor Agent], being duly sworn, attest and state, under penalty of perjury, as follows:

1. I am employed by The Master's Touch, LLC [Contractor] and serve as the President [Position with Contractor].

2. I hereby affirm that The Master's Touch, LLC [Contractor]:

- a) is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; or
- b) is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or
- c) is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from persons or entities doing business in the State of Israel.

Further Affiant Sayeth Not.

Jim Coté
[Contractor Agent]

Washington
STATE OF ~~MISSOURI~~)

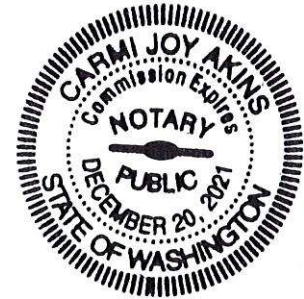
) ss.

Spokane COUNTY)

Subscribed and sworn to me, a notary public, this 5th day of October, 2020.

Carmi Joy Akins
Notary Public

My commission expires: December 20, 2021



AFFIDAVIT OF WORK AUTHORIZATION

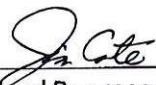
The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Jim Coté (Name of Business Entity Authorized Representative)
as President (Position/Title)

first being duly sworn on my oath, affirm The Master's Touch, LLC (Business Entity Name) is enrolled and will continue to participate in the E-Verify Federal Work Authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to RFB#2020-28 (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that The Master's Touch, LLC (Business Entity Name)

does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to RFB#2020-28 (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

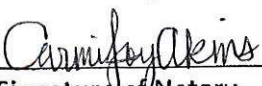
In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

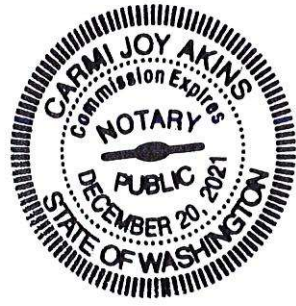
 Jim Coté
Authorized Representative's Signature Printed Name

President 10/05/2020
Title Date

Subscribed and sworn to before me this 5th of October, 2020. I am
Day Month, Year

commissioned as a notary public within the County of Spokane, State of
Washington and my commission expires on Date 12/20/21

 10/5/2020
Signature of Notary Date




AFFIDAVIT OF WORK AUTHORIZATION

(Continued)

CURRENT BUSINESS ENTITY STATUS

I certify that The Master's Touch, LLC (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

Jim Coté	
Authorized Business Entity Representative's Name (Please Print)	Authorized Business Entity Representative's Signature
The Master's Touch, LLC	10/05/2020
Business Entity Name	Date

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- ☒ Enroll and participate in the E-Verify Federal Work Authorization Program (Website: <http://www.dhs.gov/e-verify>; Phone: 888-464-4218 Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- ☒ Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify Federal Work Authorization Program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).



Company ID Number: 512305

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer The Masters Touch, LLC

James Cote

Name (Please Type or Print)

Title

Electronically Signed

02/29/2012

Signature

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

02/29/2012

Signature

Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	The Masters Touch, LLC
Company Facility Address:	1405 N Ash St
	Spokane, WA 99201
Company Alternate Address:	
County or Parish:	SPOKANE
Employer Identification Number:	141867056



Company ID Number: 512305

North American Industry Classification Systems Code:	323
Administrator:	
Number of Employees:	20 to 99
Number of Sites Verified for:	1
Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:	
<ul style="list-style-type: none">WASHINGTON 1 site(s)	

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Penny Drake	Fax Number:	(509) 326 - 7214
Telephone Number:	(509) 326 - 7475		
E-mail Address:	PeJohn@themasterstouch.com		
Name:	James M Cote	Fax Number:	(509) 326 - 7214
Telephone Number:	(509) 326 - 7475		
E-mail Address:	Jacote@themasterstouch.com		
Name:	James D Cote	Fax Number:	(509) 326 - 7214
Telephone Number:	(509) 326 - 7475		
E-mail Address:	masters@themasterstouch.com		
Name:	Christine M Cote	Fax Number:	(509) 326 - 7214
Telephone Number:	(509) 326 - 7475		
E-mail Address:	crcote@themasterstouch.com		

PRICING FORM

202028 Printing and Mailing of Personal Property Declaration Forms

REQUIRED PRICING

The vendor shall complete the following pricing table and provide firm, fixed pricing necessary to meet the mandatory requirements of the solicitation.

All invoices must reflect discounts applied to final order.

Printing to reflect cost per 1,000/total

2021 Assessment List – “Exhibit A” (est. 65,000)	\$2,436.00
2021 Business Assessment List – “Exhibit B” (est. 4,000)	\$220.00
2021 Assessment List – “Exhibit C” (est. 9,000)	\$380.00
2021 Business Assessment List – “Exhibit D” (est. 1,000)	\$95.00
Reply Envelopes – “Exhibit E” (est. 75,000)	\$1,800.00
Mailing Envelopes – “Exhibit F” (est. 75,000)	\$1,875.00
Buck-slip Notice-“Exhibit G” (est. 50,000)	\$545.00
Inserting, Processing	\$3,365.00
Additional fees/explain	No added fees. Optional eNotices available upon request
Total Proposed Pricing	\$10,716.00
Postage Estimate	\$.389 each for all 5 digit presort. For 79,000 mail pieces = \$30,731.00

Company Name The Master's Touch, LLC

Authorized Signature 

Printed name and title Jim Cote' President

Franklin County reserves the right to request supporting documentation for the proposed pricing. In addition, it may be necessary to evaluate the bidder's expertise and experience in order to award a bid. Franklin County reserves the right to request reference information and/or proof of expertise if necessary.

VENDOR INFORMATION

Company Name The Master's Touch, LLC

Mailing Address 1405 N Ash Street, Spokane WA, 99201

Phone number 800-301-1347

Contact Name Jim Cote'

Contact Name Title President

Email Address masters@themasterstouch.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/05/2020

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 have **ADDITIONAL INSURED** provisions or 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 All Lines Insurance, LLC 616 E 3rd Ave Spokane WA 99202		CONTACT NAME: Pamela Hartley PHONE (A/C, No, Ext): (509) 624-5110 E-MAIL ADDRESS: pam@alllinesinc.com	FAX (A/C, No):
INSURED The Master's Touch LLC 1405 N Ash St Spokane WA 99201		INSURER(S) AFFORDING COVERAGE	
		INSURER A: OHIO SECURITY INS CO (24082)	NAIC # 24082
		INSURER B: OHIO CAS INS CO (24074)	24074
		INSURER C: HULL & COMPANY*	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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 INSD	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BZS55710712	09/06/2020	09/06/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BAS55710712	09/06/2020	09/06/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			USO55710712	09/06/2020	09/06/2021	EACH OCCURRENCE \$ 2,000,000 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	Washington Stop Gap	09/06/2020	09/06/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Internet Liability			P-001-000060873-02	01/28/2020	01/28/2021	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Printing and mailing of personal property declaration forms

Franklin County is named as an Additional Insured under the General Liability and Automobile Liability

CERTIFICATE HOLDER Franklin County 400 E Locust St, Room 206 Union MO 63084	CANCELLATION 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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PRINTING AND MAILING SCHEDULE

