



AGREEMENT TO EXTEND WILLIAMSON COUNTY BID/PROPOSAL

# 141FB00002 - Hygiene Products

☐ Champion (Vendor Name) wishes to extend bid/proposal

# 141FB00002 with Williamson County for the same pricing, terms and conditions as the existing contract for the contract period beginning \_\_\_\_\_ through \_\_\_\_\_.

BY SIGNATURE BELOW, THE PARTIES AGREE TO THE TERMS OF EXTENSION SET OUT HEREIN

Vendor Champion

Williamson County, 710 Main St., Georgetown, TX 78626

Name Dan Denzger

Dan A. Gattis

Title Vp of Sales

Williamson County Judge

Signature AZ

Signature [Signature]

Date 8/26/15

Date 10-27-2015



## WILLIAMSON COUNTY AFFIDAVIT AUTHORIZED VENDOR REPRESENTATIVE

I hereby swear, affirm and represent to Williamson County that my signature below represents that I am authorized to bind the bidder/proposer to fully comply with the pricing, terms and conditions for bid/proposal # 141800002 and any extension thereof, if applicable. If signature is by an agent, other than the Sole Proprietor(s) or an officer of a Corporation, Limited Liability Company, General Partner or a member of a General Partnership, a power of attorney or equivalent document must be submitted to the Williamson County Purchasing Department prior to being recommended for award of the bid.

Printed name of person submitting affidavit: <u>Steph Danziger</u>
Title/Representative Capacity: <u>VP of Sales</u>
Name of Company: <u>Cluson-Ten</u>
Date: <u>August</u> <u>26</u> , 20 <u>15</u>
Signature of person submitting affidavit: <u>[Signature]</u>

Notarized:

<p>On this, the <u>26</u> day of <u>August</u>, 20<u>15</u>, before me a notary public, the undersigned officer, personally appeared <u>Steph Danziger</u>, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.</p> <p>In witness hereof, I hereunto set my hand and official seal.</p> <p><u>[Signature]</u> Notary Public</p>	<p>SEPH D. DANZIGER Notary Public, State of New York N 01DA6069069 Qualified in Nassau County Commission Expires January 22, 2018</p>
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# CERTIFICATE OF LIABILITY INSURANCE

CHARM-2

OP ID: KR

DATE (MM/DD/YYYY)  
08/26/2015

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).

<b>PRODUCER</b> ICS Agency, Inc. 310 Willis Avenue Mineola, NY 11501		<b>CONTACT NAME:</b> Eulampia Appelbaum <b>PHONE (A/C, No, Ext):</b> 516-248-9200 <b>FAX (A/C, No):</b> 516-248-9017 <b>E-MAIL:</b> eulampia@icsagency.com <b>ADDRESS:</b>	
<b>INSURED</b> Charm-Tex Inc 1618 Coney Island Ave Brooklyn, NY 11230		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: HARTFORD FIRE INS CO INSURER B: HARTFORD CASUALTY INS CO INSURER C: HARTFORD PROPERTY & CASUALTY INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 19682 29424 34690	

**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	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket AI <input checked="" type="checkbox"/> Primary GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		12UUNPM7317	05/26/2015	05/26/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		12UUNPM7317	05/26/2015	05/26/2016	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 EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE		12RHUPM7490	05/26/2015	05/26/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A	12WEDR5276	05/26/2015	05/26/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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)

RE: #14IFB00202 - Hygiene Products.

**CERTIFICATE HOLDER****CANCELLATION**

<b>WILLIA4</b>  Williamson County 901 S. Austin Ave. Georgetown, TX 78626	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 <i>Kathleen Rothberg</i>
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