

OBION COUNTY BOARD OF EDUCATION BREAD BID

Name of Company: IBC SALES CORP.

Address: 570 RIVERGATE DR.

City, State, Zip: MEMPHIS, TN 38109

Phone: 901-942-6494

Date: 06.01-2010

Category: Bread Products

I have the legal capacity to complete the attached bid.

Clint Harris, MUEM  
Signature & Title

06.01.2010

Date

I fully understand and agree to comply with all provisions and product identification as set forth by the Obion County Board of Education.

Clint Harris, MUEM  
Signature & Title

06.01.2010

Date

U.S. DEPARTMENT OF AGRICULTURE

Certification Regarding Debarment, Suspension, and Other Responsibility Matter – Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989 Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals;
(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statues or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1b) of this certification; and
(d) Have not within a three-year period preceding this application/proposal had one of more public transactions (Federal, State or local) terminated for cause or default.
(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation tot his proposal.

IBC SALES CORPORATION
Organization Name PR/Award Number or Project Name

CLINT GERVIS, WTN MUGM
Name(s) and Title(s) of Authorized Representative(s)

Signature(s) Date 6-1-2010

Interstate

BREAD BID  
OBION COUNTY BOARD OF EDUCATION  
2010-2011

School Item	Unit Size	Product Description	Unit Cost	Estimated Usage	Extension
B-1	24 Oz.	WHITE BREAD, Sandwich loaves, enriched, sliced, 24 slices plus end pieces – each slice must weigh a minimum of 25 grams or .9 ounces	0.81	5000 Packages	<del>168.75</del> 4050.00
B-2	24 Oz.	WHOLE GRAIN BREAD, (first ingredient listed must be whole wheat flour) Loaves, sliced, –each slice must weigh a minimum of 25 grams or .9 ounces. State slices per loaf: <u>24 SL / 2 ENDS</u>	0.96	6500 Packages	<del>260.00</del> 6240.00
B-3	3 1/2" 12 ct.	HAMBURGER BUNS, sliced, Enriched, 12 per package – each bun must weigh a minimum of 44 grams or 1.6 ounces	0.94	14,000 Packages	<del>1096.67</del> 13,160.00
B-5	8 Ct.	BUNS, HOT DOG, enriched, sliced - each bun must weigh a minimum of 38 grams or 1.4 ounces	0.78	4500 Packages	<del>438.75</del> 3510.00
B-7	16 Oz.	TEXAS TOAST, sliced, State number of slices per loaf: <u>15 SL / 2 ENDS</u>	1.04	1000 Loaves	<del>69.33</del> 1040.00
B-8	4" -5"	BUNS, HOAGIES, split, white, Enriched – may or may not have sesame seeds – each bun must weigh a minimum of 50 grams or 1.8 ounces, Bidder state count per package: <u>6 CT</u>	1.15	1500 Packages	<del>287.50</del> 1725.00

TOTAL BREAD PACKAGE COST 2321.00

29,725.00  
correct Total  
9/20  
9 36

NOTE: A bid must be placed on all items.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2010

<b>PRODUCER</b>	LOCKTON COMPANIES, LLC-N DALLAS 717 N. HARWOOD, LB#27 DALLAS TX 75201 214-969-6700
<b>INSURED</b>	Interstate Brands Corporation 1323661 12 East Armour Boulevard Kansas City MO 64111

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: ACE American Insurance Company	22667
INSURER B: National Union Fire Ins Co Pittsburgh PA	19445
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES** HOSBR01 C1 THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$1,000,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	XSLG24932953	1/1/2010	7/1/2010	EACH OCCURRENCE \$ 1,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A		<b>AUTOMOBILE LIABILITY</b> <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	ISAH08580170.	1/1/2010	7/1/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 3,500,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXX OTHER THAN AUTO ONLY: EA ACC \$ XXXXXXXX AGG \$ XXXXXXXX
B		<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> UMBRELLA FORM RETENTION \$	27471330	12/8/2009	7/1/2010	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX \$ XXXXXXXX \$ XXXXXXXX
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y / N <input checked="" type="checkbox"/> N	WLRC4570077A (OS)	1/1/2010	7/1/2010	<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
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

**CERTIFICATE HOLDER**

10749611  
 OBION COUNTY BOARD OF EDUCATION  
 ATTN: PAM BARBOUT  
 316 SOUTH THIRD STREET  
 UNION CITY TN 38261

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE