

Certification Regarding Debarment,
Suspension, Ineligibility and Voluntary
Exclusion
Lower Tier Covered Transactions

**(Before completing certification, read instructions
on reverse.)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its Principals is presently debarred, suspended, proposed for debarment, declared ineligible, or Voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this Certification, such prospective participant shall attach an explanation to this proposal.

U.C. Milk Co., LLC
d/b/a Goldenrod Dairy

Organization Name

Obion Co. Schools

Bid Number

Tony Mayes

Name(s) and Title(s) of Authorized Representative(s)

General Manager

Tony Mayes

Signature(s)

5-31-10

Date

Goldenrod

OBION COUNTY BOARD OF EDUCATION

MILK, DAIRY PRODUCTS & JUICES
 BOTTOM-LINE FIRM PRICE
 2010-2011 SCHOOL YEAR

SCHOOL ITEM #	UNIT SIZE	PRODUCT DESCRIPTION	UNIT COST	ESTIMATED USAGE	EXTENSION
M-1	½ Pint	MILK, 2%, UNFLAVORED, Grade A – Must meet Federal Standards of Identity: Code of Federal Regulations 21, Food & Drugs, Part 18.10 – Each carton shall contain 10% RDA of Vitamin A and 25% for Vitamin D	.202	185,000 ½ pints	37,370. ⁰⁰
M-2	½ Pint	MILK, SKIM, UNFLAVORED, Grade A - Must meet Federal Standards of Identity: Code of Federal Regulations 21, Food & Drugs, Part 18.10 – Each carton shall contain 10% RDA of Vitamin A and 25% for Vitamin D	.202	6,000 ½ pints	1,212. ⁰⁰
M-3	½ Pint	MILK, 1% OR SKIM CHOCOLATE–made from Grade A low-fat or skim milk which meets Federal Standards of Identity: Code of Federal Regulations 21, Food & Drugs, Part 18.10 – Each carton shall contain 10% RDA of Vitamin A and 25% for Vitamin D	.202	550,000 ½ pints	111,100. ⁰⁰
M-4	½ Pint	MILK, 1% OR SKIM STRAWBERRY - made from Grade A low-fat or skim milk which meets Federal Standards of Identity: Code of Federal Regulations 21, Food & Drugs, Part 18.10 – Each carton shall contain 10% RDA of Vitamin A and 25% for Vitamin D	.202	30,000 ½ pints	6,060. ⁰⁰
M-5	½ Pint	ORANGE JUICE, full strength, fresh, must meet FDA and USDA guidelines for 100% juice	.209	155,000 ½ pints	32,395. ⁰⁰

SCHOOL ITEM #	UNIT SIZE	PRODUCT DESCRIPTION	UNIT COST	ESTIMATED USAGE	EXTENSION
M-6	½ Gallon	BUTTERMILK	1.75	400 ½ gallons	700.00
M-7	5# 2#	COTTAGE CHEESE Lowfat 1%	6.75	50 Cartons	337.50
M-8	5# 2#	SOUR CREAM, Bulk	6.50	10 Cartons	65.00
M-9	100/Ind	SOUR CREAM, Individual	10.75	10 cases	107.50

BOTTOM-LINE FIRM PRICE TOTAL BID PACKAGE

\$189,347.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/23/2009

6/22/2010

LOCKTON COMPANIES, LLC-N DALLAS
717 N. HARWOOD, LB#27
DALLAS TX 75201
214-969-6700

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 #**

INSURED 1073327	UC Milk Company, LLC Goldenrod Dairy Foods 234 N. Scott St. Madisonville KY 42431	INSURER A: ACE American Insurance Company	22667
		INSURER B: Indemnity Insurance Co of North America	43575
		INSURER C: AXIS Specialty Insurance Company	15610
		INSURER D: RSUI Indemnity Company	22314
		INSURER E: Lexington/Lloyds of London/AXIS	

COVERAGES

NATDA04 I6

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		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Excess General Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	XSLG24934810	9/24/2009	9/24/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <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	ISAH08581629 INSURED IS SELF-INSURED FOR PHYSICAL DAMAGE	9/24/2009	9/24/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXX OTHER THAN EA ACC AGG \$ XXXXXXXX AUTO ONLY: \$ XXXXXXXX
C		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> UMBRELLA FORM RETENTION \$	EAU709732012009 NHA224587	9/24/2009 9/24/2009	9/24/2010 9/24/2010	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX \$ XXXXXXXX
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y / N <input checked="" type="checkbox"/> N	WLRC4570287A (AOS)	1/26/2010	9/24/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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
E		OTHER Property Special Form Including Theft	19946032/PP0901651/ EAF71596409	6/22/2009	6/22/2010	\$10,000,000 Limit per Occurrence

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

10554971

Obion County Board of Education
Attn: School Food Service Department
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

ACORD 25 (2009/01)

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For questions regarding this certificate, contact the number listed in the 'Producer' section above and specify the client code 'NATDA04'.