

OBION COUNTY BOARD OF EDUCATION MILK BID

Name of Company: TURNER HOLDINGS LLC.

Address: 219 E. FOURTH ST.

City, State, Zip: FULTON, KY 42041

Phone: 270-472-2313

Date: 6/1/10

Category: Milk and Dairy Products

I have the legal capacity to complete the attached bid.

Steve W. Nipp - sales mgr.
Signature & Title

6/1/10
Date

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

Steve W. Nipp - sales mgr.
Signature & Title

6/1/10
Date

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.

TURNER HOLDINGS LLC

Organization Name

Bid Number

STEVEN W. NIPP - Sales mgr.

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

Steven W. Nipp

Signature(s)

6/1/10

Date

Turner

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	.1972	185,000 ½ pints	36,482.00
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	.18	6,000 ½ pints	1080.00
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	.1925	550,000 ½ pints	105,875.00
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	.1925	30,000 ½ pints	5,775.00
M-5	½ Pint	ORANGE JUICE, full strength, fresh, must meet FDA and USDA guidelines for 100% juice	.2050	155,000 ½ pints	31,775.00

SCHOOL ITEM #	UNIT SIZE	PRODUCT DESCRIPTION	UNIT COST	ESTIMATED USAGE	EXTENSION
M-6	½ Gallon	BUTTERMILK	1.73	400 ½ gallons	692.00
M-7	3#	COTTAGE CHEESE	3.90	50 Cartons	195.00
M-8	3#	SOUR CREAM, Bulk	3.45	10 Cartons	34.50
M-9	100/Ind	SOUR CREAM, Individual	10.50	10 cases	105.00

BOTTOM-LINE FIRM PRICE TOTAL BID PACKAGE \$ 182,013.50

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/24/2010

Marsh USA Inc.
701 Market Street, Suite 1100
St. Louis, MO 63101-1830
Attn: stlouis.certrequest@marsh.com 212-948-0811

THIS CERTIFICATION 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.

47172-NoRes-GAW-10-11 no chg

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Prairie Farms Dairy, Inc
1100 North Broadway
P.O. Box 560
Carlinville, IL #62626-0560

INSURER A: Discover Property And Casualty Ins Co

36463

INSURER B: Fidelity And Guaranty Insurance Co.

35386

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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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.

SR ADD'L R INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	D002L00390	04/01/2010	04/01/2011	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES(Ea occurrence) \$ 150,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	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	D002A00645	04/01/2010	04/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	D002W00829 (AOS) D002W00830 (WI) D002W00831 (Madison) D002W00832 (Muller Pinehurst)	04/01/2010 04/01/2010 04/01/2010 04/01/2010	04/01/2011 04/01/2011 04/01/2011 04/01/2011	<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

CERTIFICATE HOLDER

CHI-002638044-05

CANCELLATION

OBion Co Board of Education
Attn: Judy Denman
316 S. Third St.
Union City, TN 38261

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 of Marsh USA Inc.
Pamela A. Beelman

Pamela A Beelman