

OBION COUNTY BOARD OF EDUCATION ICE CREAM 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: Ice Cream and Frozen Dairy

I have the legal capacity to complete the attached bid.

Steven W. Nepp 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.

Steven W. Nepp 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

**OBION COUNTY SCHOOLS ICE CREAM BID
2010-2011 SCHOOL YEAR**

Turner

NOTE: All items must be in compliance with Tennessee competitive foods legislation.

Complete list may be found at: http://snp.state.tn.us/TNSNP/HTML/T_Competitive_Foods_Compliance_List.pdf

SHIPPING UNIT SIZE	PRODUCT DESCRIPTION	BRAND	BIDDER ITEM CODE NUMBER (IF ANY)	COST PER UNIT	ESTIMATED USAGE	ESTIMATED TOTAL COST
2.75 Ounce	RAINBOW POP UP, Swirls of orange, lemon lime & raspberry sherbet in a push-up tube	<i>popsicle</i>		<i>.4583</i>	500	<i>229.15</i>
2.75 Ounce	ORANGE POP UP, orange sherbet in a push-up tube	<i>popsicle</i>		<i>.4583</i>	350	<i>160.41</i>
2.4 Ounce	SCRIBBLER, 50% Juice Bar in 3 bright colors shaped as a pencil or crayon	<i>popsicle</i>		<i>.2916</i>	450	<i>131.22</i>
1.7 Ounce	FIRECRACKER JR., Cherry, White Lemon, and Blueberry Juice Bar shaped like a rocket – 70% Juice	<i>popsicle</i>		<i>.1750</i>	350	<i>61.25</i>
2.0 Ounce	MINI SUNDAE CONE	<i>North STAR</i>		<i>.3000</i>	2000	<i>600.00</i>

SHIPPING UNIT SIZE	PRODUCT DESCRIPTION	BRAND	BIDDER ITEM CODE NUMBER (IF ANY)	COST PER UNIT	ESTIMATED USAGE	ESTIMATED TOTAL COST
3.0 Ounce	VANILLA SANDWICH, Vanilla flavored low fat ice cream between two chocolate cookie wafers	NORTH STAR		.2645	2500	661.25
3.5 Ounce	ROOT BEER FLOAT	NORTH STAR		.2395	100	23.95
3.0 Ounce	LEMON-LIME SHERBET, lemon-lime flavored sherbet in a tube	NORTH STAR		.3333	700	233.31
2.5 Ounce	FUDGE BAR, chocolate flavored low fat ice cream on a stick	NORTH STAR		.2083	1000	208.30
4.0 Ounce	VANILLA ICE CREAM CUP, reduced fat, no sugar vanilla ice cream in a cup	NORTH STAR		.3020	100	30.20
4.0 Ounce	CHOCOLATE ICE CREAM CUP, reduced fat, no sugar added chocolate ice cream in a cup	NORTH STAR		.3020	100	30.20
4.0 Ounce	STRAWBERRY ICE CREAM, reduced fat, no sugar added strawberry ice cream in a cup	NORTH STAR		.3020	100	30.20

ICE CREAM BID PACKAGE TOTAL \$ 2399.44

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.

#17172-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

2

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.

R 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES(Ea occurrence)</td><td style="text-align: right;">\$ 150,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 4,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 4,000,000</td></tr> </table>	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
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	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <small>(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below</small>	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> WC STATU- TORY LIMITS</td><td><input type="checkbox"/> OTH- FR</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td style="text-align: right;">1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS	<input type="checkbox"/> OTH- FR		E.L. EACH ACCIDENT	\$	1,000,000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
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	OTHER																

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

CERTIFICATE HOLDER

CHI-002638044-05

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.

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

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
Pamela A. Beelman

Pamela A. Beelman