

RESOLUTION NO. 2020-73

Introduced by: Joel Hagy

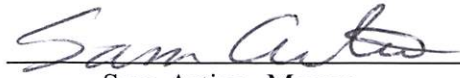
A RESOLUTION AUTHORIZING THE CITY MANAGER TO AWARD THE BID AND AUTHORIZE THE EXPENDITURE OF FUNDS FOR THE PURCHASE OF WATER TREATMENT CHEMICALS TO UNIVAR SOLUTIONS USA INC. IN AN AMOUNT NOT TO EXCEED NINE THOUSAND SIX HUNDRED TWENTY-ONE AND 60/100 DOLLARS (\$9,621.60)

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF HURON, OHIO:

SECTION 1. That the City of Sandusky having advertised for bids on behalf of the City of Huron and other entities, has provided a final bid tabulation indicating the lowest and best bid for each chemical and that based on that tabulation, the City Manager is authorized and directed to award the bid and expenditure of funds for the purchase of 12,000 Gallons Sodium Hydroxide to Univar Solutions USA Inc. in an amount not to exceed Nine Thousand Six Hundred Twenty-One and 60/100 dollars (\$9,621.60), bid in the form of Exhibit "A" attached hereto and made a part hereof.

SECTION 2. That this Council hereby finds and determines that all formal actions relative to the adoption of this Resolution were taken in an open meeting of this Council and that all deliberations of this Council and of its Committees, if any, which resulted in formal action, were taken in meetings open to the public in full compliance with applicable legal requirements, including O.R.C. §121.22.

SECTION 3. That this Resolution shall be in full force and effect from and immediately after its adoption.



Sam Artino, Mayor

ATTEST: 
Clerk of Council

ADOPTED: 27 OCT 2020



BIDDER'S NAME:

Authorized Signature:

Print Name of Authorized Signatory:

Title:

Participant Name (If different from Bidder):

Company Name:

Mailing Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

Where Incorporated:

Federal Tax Identification Number:

Contact Person for Contract processing:

Shelley Riggle

By: Shelley Riggle

Shelley Riggle

Municipal Specialist

Univar Solutions USA cove

4600 Dues Drive

Cincinnati Ohio 45246

513-969-7393

Shelley.Riggle@univarsolutions.com

Washington (State of)

91-1347935

Shelley Riggle

ADDITIONAL SIGNATURE FOR JOINT VENTURE

Authorized Signature:

By: _____

Print Name of Authorized Signature:

Title:

Participant Name:

Mailing Address:

Telephone Number:

Facsimile Number:

N/A

E-Mail Address:

Where Incorporated:

Federal Tax Identification Number:

Contact Person for Contract processing:

N/A

**CITY OF SANDUSKY, HURON AND ERIE COUNTY
CHEMICALS FOR CALENDAR YEAR 2021**

ITEM NO.	CHEMICAL DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL COST
1	Liquid Sodium Permanganate (NaMnO_4)	12,000 Gallons More or Less	\$ X	\$ X
2	Hydrofluosillic Acid (H_2SiF_6)	17,000 Gallons More or Less	\$ X	\$ X
3	Sodium Hydroxide Liquid (NaOH)	50,000 Gallons More or Less	\$ 1.4425 gallon	\$ 72,125.00
4	Sodium Hypochlorite (NaOCl)	90,000 Gallons More or Less	\$ X	\$ X
5	Aluminum Sulfate Polymer Blend - Liquid (Type One) ($\text{Al}_2(\text{SO}_4)_3$)	101,250 Gallons More or Less/ 550 Wet Tons	\$ X	\$ X
6	Powdered Activated Carbon (PAC)	123,000 Pounds More or Less	\$ X	\$ X
7	Ferrous Chloride Solution (FeCl_2)	350,000 Pounds More or Less Dry Weight \$/dry lbs of Fe	\$ X	\$ X
8	Polymer - Liquid	60,000 Pounds More or Less	\$ X	\$ X
9	Ferrous Chloride Solution (FeCl_2)	25,000 Gallons More or Less	\$ X	\$ X
10	Sodium Aluminate - Liquid	16,000 Gallons More or Less in bulk loads and/or 300 gallon totes	\$ X	\$ X
11	Sodium Bisulfite Solution (Reductant)	7,000 Gallons in 300 Gallon Totes 900 Gallons in 15 Gallon Drums More or Less	\$ X	\$ X
12	Sodium Hypochlorite (NaOCl)	15,000 Gallons in 300 Gallon Totes 2,700 Gallons in 50 Gallon Drums 2,600 Gallons in 15 Gallon Drums More or Less	\$ X	\$ X
13	Polymer - Liquid	10,000 Pounds more or less in 2,300 Pound Totes	\$ X	\$ X
14	Liquid Chlorine (Cl_2)	24,000 Pounds More or Less \$/lbs Deposit fee per 150 lb. cylinder, if applicable	\$ X	\$ X
15	Powdered Activated Carbon (PAC)	8 Tons More or Less	\$ X	\$ X

**CITY OF SANDUSKY, HURON AND ERIE COUNTY
CHEMICALS FOR CALENDAR YEAR 2021**

HURON	16	Sodium Hydroxide Liquid (NaOH)	12,000 Gallons More or Less	\$ 0.8018 gallon	\$ 9621.60
	17	Aluminum Chlorhydrate Polymer Blend - Liquid (Al ₂ (OH) ₅ Cl)	16,000 Gallons More or less	\$ X	\$ X
	18	Hydrofluosilicic Acid (H ₂ SiF ₆)	4,000 Gallons More or Less	\$ X	\$ X
	19	Liquid Sodium Permanganate (NaMnO ₄)	4,000 Gallons More or Less	\$ X	\$ X
VERMILION	20	Chlorine (Cl ₂)	24,000 Pounds More or Less	\$ X	\$ X
	21	Liquid Caustic Soda - 50% NaOH	4,000 Gallons More or Less	\$ X	\$ X
	22	Hydrofluosilicic Acid - 25%	16,000 Pounds More or Less	\$ X	\$ X
	23	Polyaluminum Chloride Solution	250,000 Pounds More or Less	\$ X	\$ X
	24	Liquid Ferrous Chloride	40,000 Gallons More or Less	\$ X	\$ X
	25	Clarifloc CE-1593 Polymer	10 (275 gallon) Totes More or Less	\$ X	\$ X
	26	Sodium Hypochlorite (NaOCl)	17 (300 gallon) Totes More or Less	\$ X	\$ X
	27	Sodium Bisulfite Solution	15 (300 gallon) Totes More or Less	\$ X	\$ X
Total Amount of Bid:					\$ 81746.60
Bidder Name: <u>Univar Solutions USA LLC</u>					
Bidder Address: <u>4600 Dues Drive Cincinnati Ohio 45242</u>					
Telephone Number: <u>513-969-7393</u>					
Fax Number: _____ Email Address: <u>shelley.riggles@univarsolutions.com</u>					
Date: <u>10.05.2020</u>					

Do not leave any boxes blank. If not bidding an item, state in cost box.
See specifications for exact details

PROJECT NAME: Chemicals for Calendar
CONTRACT NO.: _____ Year
2021

PERSONAL PROPERTY TAX
CERTIFICATION
REQUIRED BY OHIO REVISED CODE
SECTION 5719.042

FINANCE DIRECTOR
CITY OF SANDUSKY

Univax Solutions USA clac
BIDDER'S NAME

STATE OF Ohio

COUNTY OF Butler SS:

THE UNDERSIGNED HEREBY CERTIFIES THAT THE BIDDER TO WHOM CONTRACT
AWARD IS BEING CONSIDERED WAS NOT CHARGED WITH ANY DELINQUENT
PERSONAL PROPERTY TAX ON THE GENERAL TAX LIST OF PERSONAL PROPERTY
FOR ANY COUNTY IN THE STATE OF OHIO AT THE TIME THE BID WAS SUBMITTED
FOR THE ABOVE-REFERENCED CONTRACT.

NAME: Shelley Riggle
(SIGNATURE)
NAME: Shelley Riggle
(PRINTED)
TITLE: Municipal Specialist

STATE OF Ohio
COUNTY OF Butler SS:

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS 24th DAY
OF Sept, 20 20



Geffie Stallings
NOTARY PUBLIC

NOTE: THIS AFFIDAVIT IS TO BE REPRODUCED ON THE BIDDER'S
LETTERHEAD AND SIGNED BY THE APPROPRIATE
SIGNATORY BEFORE A NOTARY PUBLIC.

**CITY OF SANDUSKY
BIDDER'S AFFIDAVIT**

[NOTE: THIS AFFIDAVIT IS TO BE REPRODUCED ON THE BIDDER'S LETTERHEAD AND SIGNED BY THE APPROPRIATE SIGNATORY BEFORE A NOTARY PUBLIC. CROSS OUT EITHER PARAGRAPH 3 OR 4, WHICHEVER IS NOT APPLICABLE. IF PARAGRAPH 3 IS NOT CROSSED OUT, EXHIBIT A MUST BE COMPLETED AND ATTACHED TO NAME AND DESCRIBE THE INTERESTS OF ALL RELATED PERSONS.]

PROJECT NAME Chemicals for the year 2021
CONTRACT: _____

ETHICS CERTIFICATION PURSUANT TO OHIO
REVISED CODE SECTIONS 9.24, 102.03, 102.04,
2921.42 AND 3517.13

DIRECTOR OF ENGINEERING SERVICES
CITY OF SANDUSKY

Univax Solutions USA clur
BIDDER'S NAME

STATE OF Ohio

COUNTY OF Butler SS:

The undersigned being duly sworn, deposes and states as follows:

1. The undersigned is duly authorized to make the statements herein on behalf of the Bidder.

2. No unresolved finding for recovery has been issued against the Bidder by the Auditor of State.

3. No official or employee of the City of Sandusky is officer, director, trustee, shareholder, partner, member or owner of the Bidder (each, a "Related Person"), or is a business associate or a member of the family of the Bidder or a Related Person.

4. An official or an employee of the City of Sandusky is an officer, director, trustee, shareholder, partner, member or owner (each, a "Related Person") of the Bidder, or is a business associate or a member of the family of the Bidder or Related Person, but

a. the subject of the Contract is necessary supplies or services for the City of

- Sandusky,
- b. the supplies or services are unobtainable elsewhere for the same or lower cost, or are being furnished to the City of Sandusky as part of a continuing course of dealing established prior to the Related Person becoming a City official or employee;
 - c. the treatment accorded the City of Sandusky is either preferential to or the same as that accorded other customers of the Bidder in similar transactions;
 - d. the entire transaction resulting in the Contract has been conducted at arms-length, with full knowledge by the City of the interest of the Related Persons as described in Exhibit A attached hereto; and
 - e. the Related Person has taken no part in the deliberations or decision of the City with respect to the Contract.

5. The Bidder is a/an (select one):

- ☐ Individual, partnership, or other unincorporated business association (including a professional association organized under Ohio Revised Code Chapter 1785), estate, or trust.
- ☒ Corporation organized and existing under the laws of the State of Washington
- ☐ Labor organization.

6. The undersigned hereby affirms that the Bidder and each of the individuals specified in Section 3517.13(I)(3), ORC, (with respect to non-corporate entities and labor organizations) or Section 3517.13(J)(3), ORC, (with respect to corporations) are in full compliance with the political contributions limitations set forth in Sections 3517.13(I) and (J), ORC, as applicable. I understand that a false representation on this certification constitutes a felony of the fifth degree pursuant to Sections 3517.13(AA) and 3517.992(R)(3), ORC. Any contract that contains a falsified certification shall be rescinded.

NAME: Shelley Anne Riggle
(SIGNATURE)

NAME: Shelley Riggle
(PRINTED)

TITLE: Municipal Specialist

STATE OF Ohio

COUNTY OF Butler SS:

Sworn to before me and subscribed in my presence this 20th day of Sept, 20 20.



Gezelle Stallings
NOTARY PUBLIC

**CITY OF SANDUSKY
BIDDER'S AFFIDAVIT
EXHIBIT A**

Project Name: Chemicals for the calendar year 2021

Contract: _____

Bidder's Name: Univar Solutions USA LLC

Related official/public employee:

Name:

Title/Position:

Relation to Bidder:

} N/A

**CITY OF SANDUSKY
NON-COLLUSION AFFIDAVIT**

STATE OF Ohio }
COUNTY OF Butler } ss:

The undersigned hereby certifies as follows:

(1) The bid to the City of Sandusky, Ohio, submitted by the Bidder on October 5, 2020 in accordance with the Contract Documents dated 9/21/2020 (the "Bid") has been prepared by the Bidder without collusion or fraud with any Person.

(2) The Bid is not made in the interest of or on behalf of any undisclosed Person.

(3) The Base Bid, any Unit Price and any Alternate bid in the Bid have been arrived at ~~independently~~ without collusion, consultation, communication or agreement, or for the purpose of restricting competition as to any matter relating to such Base Bid, Unit Price or Alternate with any other Bidder.

(4) Unless otherwise required by law, the Base Bid, any Unit Price and any Alternate bid in the Bid have not been knowingly disclosed by the Bidder and will not be knowingly disclosed by the Bidder prior to the bid opening, directly or indirectly, to any other Bidder who would have any interest in the Base Bid, Unit Price or Alternate bid.

(5) No attempt has been made or will be made by the Bidder to induce any other Person to submit or not to submit a bid for the purpose of restricting competition.

September 24, 2020

Univar Solutions US, Inc.
(Name of Bidder)

By: Shelley Riggs
Signature of person authorized to bind
the Bidder

STATE OF Ohio)
COUNTY OF Butler) 86

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS 24th DAY OF Sept, 2020.



Gezelle Stallings
Notary Public

**CITY OF SANDUSKY
BID GUARANTY AND CONTRACT BOND**

(Section 153.571, Ohio Revised Code)

KNOW ALL PERSONS BY THESE PRESENTS, that we, the undersigned

Univar Solutions USA Inc., 4600 Dues Drive, Cincinnati, OH 45246

(Name and Address)

as Principal, and Travelers Casualty and Surety Company of America

(Name of Surety)

as Surety, are hereby held and firmly bound unto the City of Sandusky, Ohio, as Obligee, in the penal sum of the dollar amount of the bid submitted by the Principal to the Obligee on

October 13, 2020, to undertake the Project known as:

Chemicals for the Calendar Year 2021

The penal sum referred to herein shall be the dollar amount of the Principal's bid to the Obligee, incorporating any additive Alternate bids proposals made by the Principal on the date referred to above to the Obligee, which are accepted by the Obligee. In no case shall the penal sum exceed the amount of _____ Dollars (\$_____). (If the above lines are left blank, the penal sum will be the full amount of the Principal's bid, including additive Alternates. Alternatively, if completed, the amount stated must not be less than the full amount of the bid, including additive Alternates, in dollars and cents. A PERCENTAGE IS NOT ACCEPTABLE.) For the payment of the penal sum well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH that whereas the above-named Principal has submitted a bid for the above-referenced Project;

NOW, THEREFORE, if the Obligee accepts the bid of the Principal and the Principal fails to enter into a proper Contract in accordance with the Contract Documents, including the bid, Plans, Specifications and details; and in the event the Principal pays to the Obligee the difference, not to exceed 10% of the penal sum hereof, between the amount specified in the bid and such larger amount for which the Obligee may in good faith contract with the Bidder determined by the Obligee to be the next lowest and best Bidder to perform the Work covered by the bid; or in the event the Obligee does not award the Contract to such next lowest and best Bidder and resubmits the Contract for bidding, the Principal pays to the Obligee the difference not to exceed 10% of the penal sum hereof, between the amount specified in the bid, or the costs, in connection with the resubmission, of printing new Contract Documents, required advertising, and printing and mailing notices to prospective Bidders, whichever is less, then this obligation

shall be null and void, otherwise to remain in full force and effect. If the Obligee accepts the bid of the Principal and the Principal within 10 days after written notice of intent to award the Contract executes the Contract Form in accordance with the Contract Documents, including the bid, Plans, Specifications and details, which said Contract is made a part of this Bond the same as though set forth herein;

NOW ALSO, IF THE SAID Principal shall well and faithfully perform each and every condition of such Contract; and indemnify the Obligee against all damage suffered by failure to perform such Contract according to the provisions thereof and in accordance with the Contract Documents, including the Plans, Specifications and details therefor; and shall pay all lawful claims of Subcontractors, Material Suppliers, and laborers for labor performed and materials furnished in the carrying forward, performing, or completing of said Contract; we agreeing and assenting that this undertaking shall be for the benefit of any Subcontractor, Material Supplier or laborer having a just claim, as well as for the Obligee herein; then this obligation shall be void, otherwise the same shall remain in full force and effect; it being expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall in no event exceed the penal sum of this obligation as herein stated.

THE SAID Surety hereby stipulates and agrees that no modifications, omissions, or additions in or to the terms of the said Contract, the Work thereunder or the Contract Documents, including the Plans and Specifications therefor shall in anyway affect the obligations of said Surety on this Bond, and the Surety does hereby waive notice of any such modifications, omissions or additions in or to the terms of the Contract, the Work or the Contract Documents, including the Plans and Specifications.

SIGNED This 25th day of September, 2020.

PRINCIPAL Univar Solutions USA Inc

BY- 

TITLE: Noelle J. Perkins, SVP & General Counsel

SURETY: Travelers Casualty and Surety Company of America

SURETY ADDRESS:

One Tower Square, Bond 5/PB
Street

Hartford, CT 06183
City State Zip

() 925 945-4121
Telephone Number

SURETY AGENT'S ADDRESS.

AON
Agency Name

5555 San Felipe Suite 1500
Street

Houston, Texas 77056
City State Zip

() 832 476-6803
Telephone Number

BY: 

Attorney-in-Fact
Misty Wright

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, life corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies") and that the Companies do hereby make, constitute and appoint Misty Wright, of Houston, Texas, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF the Companies have caused this instrument to be signed, and their corporate seals to be hereunto affixed, this 3rd day of February 2017.



State of Connecticut

City of Hartford ss

By

Robert L. Raney, Senior Vice President

On this the 3rd day of February 2017, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the 30th day of June 2021.



Maria C. Tetreault
 Maria C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointees such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her, and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary, and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority, and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or undertaking to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25th day of September 2020



Kevin E. Hughes
 Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
 Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

Effective Date: November 27, 1984

Expiration Date: April 1, 2021

State of Ohio
Department of Insurance
Certificate of Authority

This is to Certify, that

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

NAIC No. 31194

is authorized in Ohio to transact the business of insurance as defined in the following section(s) of the Ohio Revised Code:

Section 3929.01 (A)

Aircraft	Accident & Health
Allied Lines	Multiple Peril - Homeowners
Boiler & Machinery	Ocean Marine
Burglary & Theft	Other Liability
Commercial Auto - Liability	Private Passenger Auto - Liability
Commercial Auto - No Fault	Private Passenger Auto - No Fault
Commercial Auto - Physical Damage	Private Passenger Auto - Physical Damage
Credit	Surety
Earthquake	Workers Compensation
Fidelity	
Financial Guaranty	
Fire	
Glass	
Inland Marine	
Medical Malpractice	
Multiple Peril - Commercial	
Multiple Peril - Farmowners	

This Certificate of Authority is subject to the laws of the State of Ohio.



Mike DeWine, Governor

Jillian Froment, Director

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2019

CAPITAL STOCK \$ 8,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	\$ 90,238,215	UNEARNED PREMIUMS	\$ 1,070,716,657
BONDS	3,590,884,327	LOSSES	772,047,572
STOCKS	287,833,044	LOSS ADJUSTMENT EXPENSES	174,714,868
INVESTMENT INCOME DUE AND ACCRUED	37,250,410	COMMISSIONS	40,970,467
OTHER INVESTED ASSETS	3,988,514	TAXES, LICENSES AND FEES	14,728,588
PREMIUM BALANCES	263,364,283	OTHER EXPENSES	43,184,046
NET DEFERRED TAX ASSET	62,134,826	CURRENT FEDERAL AND FOREIGN INCOME TAXES	12,674,187
REINSURANCE RECOVERABLE	31,203,829	REMITTANCES AND ITEMS NOT ALLOCATED	17,984,748
SECURITIES LENDING REINVESTED COLLATERAL ASSETS	3,732,602	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	28,568,278
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	11,831,828	RETROACTIVE REINSURANCE RESERVE ASSUMED	826,285
ASSUMED REINSURANCE RECEIVABLE AND PAYABLE	587,398	POLICYHOLDER DIVIDENDS	11,482,846
OTHER ASSETS	3,674,888	PROVISION FOR REINSURANCE	9,837,206
		ADVANCE PREMIUM	2,140,883
		PAYABLE FOR SECURITIES LENDING	3,732,602
		CEDED REINSURANCE NET PREMIUMS PAYABLE	48,058,812
		OTHER ACCRUED EXPENSES AND LIABILITIES	421,937
		TOTAL LIABILITIES	\$ 2,263,017,458
		CAPITAL STOCK	\$ 8,480,000
		PAID IN SURPLUS	433,603,760
		OTHER SURPLUS	1,887,400,804
		TOTAL SURPLUS TO POLICYHOLDERS	\$ 2,120,884,564
TOTAL ASSETS	\$ 4,386,702,020	TOTAL LIABILITIES & SURPLUS	\$ 4,386,702,020

STATE OF CONNECTICUT 1
COUNTY OF HARTFORD 22
CITY OF HARTFORD 1

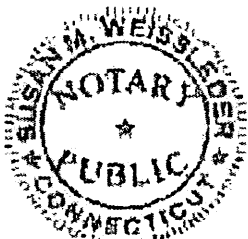
MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT - FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 31ST DAY OF DECEMBER, 2019.

VICE PRESIDENT - FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
28TH DAY OF MARCH, 2020

NOTARY PUBLIC

SUSAN M. WEISSELER
Notary Public
My Commission Expires November 30, 2022



CERTIFICATE OF ANALYSIS

Univar Solutions
30450 Tracy Road
Walbridge, Ohio 43465
PH. 419-886-7880
www.univarsolutions.com

DATE: 8/31/2020

PRODUCT: CAUSTIC SODA 25%

PRODUCT GRADE: MEMBRANE

UNIVAR SOLUTIONS PRODUCT CODE: 774791

UNIVAR SOLUTIONS LOT NUMBER: TO20885752

<u>TEST</u>	<u>RESULTS</u>	<u>SPECIFICATIONS</u>
VISUAL	PASS	CLEAR/SLIGHT HAZE
ASSAY	24.2	23.0 – 27.0
SPECIFIC GRAVITY	1.265	1.20 – 1.30

Univar Solutions

_____  _____ (Signature)

_____ Scott Post _____ (Print Name)

_____ Chemist _____ (Job Title)

Note:

Please consult the SDS for further information.

Univar Solutions represents only that the Product shall meet the specifications herein. All transactions involving this Product are subject to Univar Solutions' standard Terms and Conditions, available at www.univarsolutions.com or upon request. Univar Solutions makes no additional representations or warranties, express or implied, as to the Product.

QA 6.20 x 2; 03/05/2019 Page 1

CERTIFICATE OF ANALYSIS



Univar Solutions
30450 Tracy Road
Walbridge, Ohio 43485
PH. 419-688-7880
www.univarsolutions.com

DATE: 08/02/2020

PRODUCT: Caustic Soda 50% (50% Sodium Hydroxide Solution)

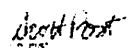
PRODUCT GRADE: DIAPHRAM

UNIVAR SOLUTIONS LOT NUMBER: SBLX24111

MANUFACTURER: OLIN

<u>TEST</u>	<u>RESULTS</u>	<u>SPECIFICATIONS</u>
SODIUM HYDROXIDE, %	50.15	49.0 – 51.0
ALKALINITY, %Na ₂ O	38.86	38.0 – 39.5
SODIUM CHLORIDE, %	1.0000	1.1 MAX
SODIUM SULFATE, NaSO ₄ PPM	225	600 MAX
SODIUM CARBONATE (Na ₂ CO ₃), %	0.03	0.2 MAX
IRON, Fe PPM	2.1	7 MAX
MERCURY, Hg PPM	<0.002 PPM TYPICAL	NO SPEC

Univar Solutions


 _____ (Signature)
 _____ Scott Post _____ (Print Name)
 _____ Chemist _____ (Job Title)



Note: Maximum Use Level: 100mg/L (50% Sodium Hydroxide). All test data based off manufacturer's certificate of analysis

Sodium Hydroxide (Caustic Soda) is a stable product but its storage life is dependent upon the storage conditions. If the caustic is exposed to air, a change in the product quality will be seen over time, since the caustic soda solution will pick up carbon dioxide to form sodium carbonate (Na₂CO₃) solids. In addition, iron pick up is common in carbon steel storage vessels or in lined carbon steel storage vessels where the liner has been damaged. Therefore, minimizing its exposure to air and its direct contact with iron containing metals will extend the storage life of caustic soda solution.

Please consult the SDS for further information.

Univar Solutions represents only that the Product shall meet the specifications herein. All transactions involving this Product are subject to Univar Solutions' standard Terms and Conditions, available at www.univarsolutions.com or upon request. Univar Solutions makes no additional representations or warranties, express or implied, as to the Product.

QA 6.20 x 2; 03/05/2019 Page 1



The Public Health and Safety Organization

NSF Product and Service Listings

These NSF Official Listings are current as of **Wednesday, September 23, 2020** at 12:15 a.m. Eastern Time. Please contact NSF to confirm the status of any Listing, report errors, or make suggestions.

Alert: NSF is concerned about fraudulent downloading and manipulation of website text. Always confirm this information by clicking on the below link for the most accurate information:

<http://info.nsf.org/Certified/PwsChemicals/Listings.asp?>

[CompanyName=Univar+Solutions+USA+Inc%2E+DBA+Univar+USA+Inc%2E+&ChemicalName=Sodium+Hydroxide&PlantState=Ohio+OH&](http://info.nsf.org/Certified/PwsChemicals/Listings.asp?CompanyName=Univar+Solutions+USA+Inc%2E+DBA+Univar+USA+Inc%2E+&ChemicalName=Sodium+Hydroxide&PlantState=Ohio+OH&)

NSF/ANSI/CAN 60 Drinking Water Treatment Chemicals - Health Effects

Univar Solutions USA Inc. DBA Univar USA Inc.

3075 Highland Parkway

Suite 200

Downers Grove, IL 60515

United States

425-889-3400

Facility : # 2 Distribution Center - Toledo, OH

Sodium Hydroxide

Trade Designation

Caustic Soda 50%

Product Function

Corrosion Control

pH Adjustment

Max Use

100mg/L

Sodium Hydroxide 50%

Corrosion Control

pH Adjustment

100mg/L

NOTE: Only products bearing the "NSF 60" designation are Certified by NSF International.

Facility : Distribution Center - Cincinnati, OH**Sodium Hydroxide****Trade Designation**

Caustic Soda 50%

Product Function

Corrosion & Scale Control

pH Adjustment

Max Use

100mg/L

Sodium Hydroxide 50%

Corrosion & Scale Control

pH Adjustment

100mg/L

NOTE: Only products bearing the "NSF 60" designation are Certified by NSF International.

Facility : Distribution Center - Walbridge, OH**Sodium Hydroxide****Trade Designation**

Caustic Soda 25%

Product Function

Corrosion & Scale Control

pH Adjustment

Max Use

200mg/L

Caustic Soda 50%

Corrosion & Scale Control

pH Adjustment

100mg/L

Sodium Hydroxide 25%

Corrosion & Scale Control

pH Adjustment

200mg/L

Sodium Hydroxide 50%

Corrosion & Scale Control

pH Adjustment

100mg/L

NOTE: Only products bearing the "NSF 60" designation are Certified by NSF International.

Number of matching Manufacturers is 1

Number of matching Products is 8

Processing time was 0 seconds



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/22/2020

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000		CONTACT NAME: PHONE: (AC. No. Ext): (866) 283-7122 FAX (AC. No.): 800-363-0105 E-MAIL ADDRESS:	
INSURED Univar Solutions USA Inc. 3075 Highland Parkway Suite 200 Downers Grove IL 60515 USA		INSURER(S) AFFORDING COVERAGE NAIC #	
		INSURER A: ACE American Insurance Company 22667	
		INSURER B: Indemnity Insurance Co of North America 43575	
		INSURER C: ACE Fire Underwriters Insurance Co. 20702	
		INSURER D: Illinois Union Insurance Company 27960	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 570083975516 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	ADDL INSR	SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			XSLG71451732 SIR applies per policy terms & conditions	06/01/2020	06/01/2021	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$1,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COM/PROP AGG \$3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H25306582 Commercial Auto	06/01/2020	06/01/2021	COMBINED SINGLE LIMIT (EA accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> COED <input checked="" type="checkbox"/> RETENTION			XCEG27380566007 SIR applies per policy terms & conditions	06/01/2020	06/01/2021	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory to RW) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLRC67459180 AOS WLRC67459222 MA	06/01/2020	06/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Sandusky, Ohio is included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Truckers Liability policies. Named Insured is Self-Insured for Automobile/Truckers Liability physical damage. A Waiver of Subrogation is granted in favor of City of Sandusky, Ohio in accordance with the policy provisions of the General Liability, Automobile Liability and Workers' Compensation policies.

CERTIFICATE HOLDER

CANCELLATION

City of Sandusky, Ohio
Department of Public Works
222 Meigs Street
Sandusky OH 44870 USA

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

Aon Risk Services Central, Inc.

Holder Identifier:

Certificate No: 570083975516



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Univar Solutions USA Inc.
POLICY NUMBER See Certificate Number: 570083975516		
CARRIER See Certificate Number: 570083975516	NAIC CODE	EFFECTIVE DATE

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSA LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	AUTOMOBILE LIABILITY							
A				MMT H25306624 Truckers Liability	06/01/2020	06/01/2021	Combined Single Limi	\$5,000,000
	WORKERS COMPENSATION							
C		N/A		SCFC6745926A WI	06/01/2020	06/01/2021		
A		N/A		WCUC67459301 Excess WC--CA OH OR,WA SIR applies per policy terms & conditions	06/01/2020	06/01/2021		