

**COUNTY OF ROCKLAND - DGS-PURCHASING**  
 BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970  
 TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE:**  
**FOODS – DAIRY PRODUCTS**  
**10/1/13-11/30/13**

**BID NUMBER:**  
**RFB-RC-F2013-904 OCT**

## INVITATION TO BID

BIDDER'S NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

**Bidders must list a physical address**

MAILING ADDRESS : \_\_\_\_\_

(P.O. BOX NUMBER, IF APPLICABLE)

Bids for the above referenced bid number and title will be received until **3:00 PM** on: **SEPTEMBER 19, 2013** at the Rockland County Purchasing Department, at the above address, at which time and place bids will be publicly opened and read. Specifications and bid forms may be downloaded at: [www.rcpurchasing.com](http://www.rcpurchasing.com). Please make note that the United States Postal Service does not deliver directly to this facility, however, other overnight couriers DO deliver directly to our facility. It is recommended that proposals be submitted in advance, at least one day prior to the specified date and time to allow for a timely receipt. LATE BIDS will NOT be considered.

TERM: **PRICES TO REMAIN FIRM FOR THE PERIOD OF 10/1/13-11/30/13**

DELIVERY: **AS DETAILED IN THE SPECIFICATIONS**

Prices are to be quoted F.O.B. DESTINATION, FREIGHT PREPAID AND ALLOWED with deliveries to be made inside building to:

**RC DR. RL YEAGER HEALTH CENTER, SANATORIUM ROAD, BLDG. A, POMONA, NY 10970**

AND

**RC CORRECTIONAL CENTER, 53 NEW HEMPSTEAD ROAD, NEW CITY, NY 10956**

### ***IMPORTANT NOTICE – Bid Distribution:***

The County of Rockland officially distributes bidding documents from the Purchasing Division Office or through the Hudson Valley Municipal Purchasing Group's Regional Bid Notification System. Copies of bidding documents obtained from any other source are not considered official copies. Only those vendors who obtain bidding documents from either the Purchasing Division Office or the Regional Bid Notification System are guaranteed to receive addendum information, if such information is issued. ***Appendix A (Revised 08/2010) – General Terms and Conditions for all Purchasing Division Contracts is a separate attachment. Bidders shall download, read, and acknowledge acceptance of Appendix A on the proposal page.***

**If you have obtained this document from a source other than the Rockland County Purchasing Division or the HVMPG Regional Bid Notification System, it is recommended that you obtain an official copy.**

NOTE:

The proposal of each bidder shall contain the certification to non-collusive bidding as set forth in section 103-d of the General Municipal Law included in the specifications. This requirement must be strictly complied with. Filing of Affidavit of Disclosure is mandatory when submitting your bid for this project.

The undersigned reserves the right to reject any and all proposals and to accept any proposal or proposals as submitted, or as modified, which in the opinion of the undersigned will be in the best interests of the County of Rockland.

DATED: 8/2/13

COUNTY OF ROCKLAND  
 POMONA, NY  
 BY: PAUL J. BRENNAN, CPPO  
 DIRECTOR OF PURCHASING

**PLEASE MAKE COPY OF BID FOR YOUR RECORDS**

Any alterations to this document made by the Offeror may be grounds for rejection of the proposal, cancellation of any subsequent award, or any legal remedies available to the County of Rockland.

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## BIDDER'S CHECK LIST

Your response to our above referenced bid may be considered unresponsive and may be rejected if the following forms are not included at the time of the bid opening.

- Notarized Affidavit of Non-Collusion as required by NYS Law
- Notarized Affidavit of Disclosure as required by Rockland County Code
- Notarized Affirmative Action form

### **BID SECURITY**

If required, each bid shall be accompanied by a certified check made payable to the County of Rockland in the amount indicated below. In lieu of such check, the bidder may furnish a bid bond in the same amount, and having as surety thereon a surety company licensed to do business in the State of New York and approved by the County Attorney. Checks or bid bonds of all formal bidders will be returned after an award has been made.

The amount of the bid deposit required for this bid is:

\$500.00     5% of Total Bid     Waived     Other: \_\_\_\_\_

### **SIGNED PROPOSAL PAGE**

As per pages 10 through 14 of the bid package, the County of Rockland requires a current insurance certificate, with the County of Rockland listed as additional insured, to be on file in the Purchasing Department. You will be given five (5) business days from notice of award to supply this form or the award will be rescinded.

Experience / References form

Disclosure of Supplier Responsibility Statement

Certification of Compliance with the Iran Divestment Act

Samples and/or Specifications as required

Bidders must send materials, marked with Company Name, Bid No. and Item No. on bid when bidding on or equal items. These must be received prior to bid opening.

### **RECEIPT CONFIRMAITON FORM**

OTHER: \_\_\_\_\_

BIDPRO10.FRM

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**RECEIPT CONFIRMATION FORM**

**PLEASE COMPLETE AND RETURN THIS CONFIRMATION FORM  
WITHIN 5 WORKING DAYS OF RECEIVING BID PACKAGE TO:**

PAUL J. BRENNAN, CPPO  
Director of Purchasing, Department of General Services  
County of Rockland  
Sanatorium Road, Bldg. A, Pomona, NY 10970  
Tele. (845) 364-3820 Fax: (845) 364-3809

**Failure to return this form may result in no further communication or addenda regarding this Bid.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ EXT: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

I have received a copy of the above noted BID.

- We will be submitting a Bid
- We will NOT be submitting a Bid – (please indicate reason)

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Title \_\_\_\_\_

If a bidders meeting has been arranged for this Bid, please indicate if you plan to attend: Yes / No

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## PURCHASES BY OTHER

### LOCAL GOVERNMENTS, SCHOOL DISTRICTS, AND NON PROFIT AGENCIES

As per the New York State General Municipal Law, all political subdivisions of New York State are allowed to make purchases through the resulting contract(s). As per Rockland County Procurement Policy, Non Profit Agencies approved to participate in New York State's Contract Extension Program are authorized to make purchases through the resulting contract(s).

1. The County of Rockland shall make all contract award information available to other political subdivisions and non profit agencies through our website: [www.rcpurchasing.com](http://www.rcpurchasing.com)
2. Any other political subdivision or Rockland County non profit agency will issue purchase orders directly to vendors within the specified contract period referencing the County's contract and shall be liable for any payments due on such purchase orders; and shall accept sole responsibility for any payment due.
3. All purchases shall be subject to audit and inspection by the other political subdivisions and Rockland County non profit agencies for which the purchase was made.
4. No officer, board or agency of a county, town, village, or school district shall make any purchase through the County when bids have been received for such purchase by such officer, board or agency, unless such purchase may be made upon the same terms, conditions and specifications at a lower price through the County.
5. All Bidders shall be on notice that as a condition of the award of a County contract, the successful bidder shall accept the award of a similar contract with any other political subdivision in New York State and Rockland County non profit agencies authorized to use New York State's contracts, if called upon to do so. A listing of approved Rockland County non profit agencies is available on the Purchasing Division's website at [www.rcpurchasing.com](http://www.rcpurchasing.com). The County, however, will not be responsible for any debts incurred by the participants pursuant to this or any other agreement.
6. Necessary deviations from the County's specifications in the award of a participant contract, whether such deviations relate to quantities, or delivery points shall be resolved between the successful bidder and the other political subdivisions and Rockland County non profit agencies.

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**PLEASE OBSERVE THE FOLLOWING:**

**THE NEW YORK STATE SANITATION CODE AND  
THE J C A H O GUIDELINES DIRECTLY STATE THAT:**

**TRAFFIC OF UNAUTHORIZED INDIVIDUALS  
THROUGH FOOD PREPARATION AND SERVICE  
AREAS IS CONTROLLED IN ORDER TO  
DECREASE CONTAMINATION POTENTIAL.**

**ALL DELIVERIES ARE AS DETAILED IN THE SPECIFICATIONS.**

**ON ARRIVAL, PLEASE USE OUTSIDE PHONE TO CALL FOR A STOCKROOM CLERK:**

**HEALTH CTR. Ext. 2797 or Ext. 2798  
CORRECTIONAL CTR. Ext. 5605**

**DO NOT WALK THROUGH THE KITCHEN AT ANY TIME.**

**ACCESS TO ALL STORAGE AREAS IS THROUGH THE BACK SERVICE AREA CORRIDOR.**

**THANK YOU.**

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**INFORMATION AND REQUIREMENTS FOR FOOD PRODUCTS**

1. All products shall conform to the provisions of Federal and State regulator laws, including the U.S. Pure Food, Drug and Cosmetic Act, and subsequent decisions of the U.S. Dept. of Agriculture. All grading will conform to the standards of the U.S.D.A.
2. Deliveries shall be made in closed trucks, maintained in a sanitary manner. All products that require refrigeration or freezing shall be delivered in trucks with freezer and/or refrigeration equipment, otherwise delivery will be rejected.
3. The successful bidder guarantees that all items shall be the same as specified on bid. Package, size and weight as shown on specifications may be changed to meet industry standards, any changes must be noted on bid.
4. Containers shall be sanitary and packed according to good commercial practice. Shipping containers shall be plainly printed or stenciled showing name of commodity, brand and/or net weight or numerical count. Items requested by weight shall be on a basis of net weight.
5. Deliveries, unless otherwise stated, will be made as follows:
  - 5.1. Rockland County Dr. R.L. Yeager Health Center, Receiving Platform, Sanatorium Road, Pomona, NY
  - 5.2. Rockland County Correctional Center, New Hempstead Road, New City, NY
6. Unloading and placing of the products in the designated areas is the responsibility of the successful bidder, the County accepts no responsibility of the successful bidder nor does the County accept responsibility for the unloading and placing of products.
7. Designated personnel in each location has the right and the authority to ascertain if the flavor and appearance of the delivered products are acceptable to the County, and to reject a part, or all of any shipments with the approval of the Food Service Director and the knowledge of the Purchaser. The bidder shall promptly remove all rejected products at his own expense and replace the rejected products with acceptable products within 48 hours of communication to him or his agent from the County by telephone or otherwise that replacement is demanded. If this is not done to the satisfaction of the County, the County reserves the right to purchase the balance of the entire bid from other sources at the successful bidder's expense. If the bidder should deliver more than one shipment, all of which or part of which consists of unacceptable products, the County reserves the right to immediately, upon ascertainment of unacceptability and with the approval of the Purchasing Department, cancel the entire balance of the bid, and to purchase the balance of the bid from the other sources at the successful bidder's expense. The County also reserves the right to retain a small representative sample of unacceptable products for analysis purposes and should the bidder replace the unacceptable products with acceptable products, he shall not have the right to bill or make an additional charge for the retained representative sample.
8. Should it be necessary for any reason and at any time for the County to process, cook, or otherwise consume delivered unacceptable products, the bidder shall still be required to replace all the unacceptable products within the specified 48 hour time period and as liquidated damages for the bidders breach of bid specification, the bidder shall forego his right to make an additional charge for that portion of the processed, cooked or otherwise consumed unacceptable products.
9. The County reserves the right to deduct and offset against any bill or invoice submitted by the bidder an amount which would correspond to the bid price for all delivered unacceptable products which the bidder did not replace with acceptable products.
10. Orders may be written or telephoned.
11. The County reserves the right to request a representative sample of the item quoted upon either prior to the award or before shipments is made. If the sample is not in accordance with the requirements of the specifications, the County may reject the bid; or, if an award has been made, cancel the contract at the expense of the successful bidder.
12. Where a brand name or particular pack is specified, substituted products must be of equal pack. If such a substitution is offered in this bid, it must be indicated as a substitution for the required brand and samples must be submitted upon demand.
13. All samples submitted must be clearly labeled with the following information: Name of Product, Weight, Date, & Name of Vendor. Samples of items may be taken from the delivered items & submitted to the Department of Agriculture or Health Department for inspection.

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## SPECIFICATIONS

### 1. SCOPE

- 1.1. The scope of this bid is to supply dairy products for the Rockland County Dr. R.L. Yeager Health Center and the Rockland County Correctional Center.

### 2. GENERAL

- 2.1. **PLEASE READ THE BID CAREFULLY!!!**
- 2.2. **FAILURE TO COMPLY MAY RESULT IN BID BEING DECLARED NON-RESPONSIVE AND DISQUALIFIED.**
- 2.3. The County of Rockland reserves the right to cancel this bid with thirty days notice for any reason. The County of Rockland also reserves the right to rescind any award for poor service, quality, or any other valid reasons.
- 2.4. Do not call for results. Should you require the results, include this in a note with bid or fax such request. Allow at least 14 business days for an answer.
- 2.5. Bidder(s) responding to this solicitation shall have the capability to receive purchase order(s) via facsimile.

### 3. REQUIREMENTS

- 3.1. **Receipt Confirmation Form must be returned within five working days of receiving the bid. Do not send with bid.**
- 3.2. All affidavits must be completely filled out, notarized, signed, and returned with bid. Check bid security deposit requirements (certified check or bid bond).
- 3.3. Affirmative Action Plan form must be completed, notarized, signed, and returned with bid.
- 3.4. Certificate of Experience form must be completed, signed, and returned with bid.
- 3.5. Please type or print legibly in blue or black ink. **Pencil will not be accepted.** If we are unable to read the information, that item will be rejected.
- 3.6. Bids must be on original bid form. No photocopies accepted.
- 3.7. Bid only what you can supply. If unable to supply product, after award, you may be disqualified from bidding.
- 3.8. Bid only one item to a line. If bidding item and an alternate, use separate pages.
- 3.9. All items must have brand name. Where brand is required, **“Packers”** label not acceptable.
- 3.10. Brand names, model or stock numbers and product code numbers are to be entered in brand column.
- 3.11. **Unit price must be written in both price columns.** Do not put total price in unit price columns.
- 3.12. **Return only the pages that have items on which you have bid and legal documents.**
- 3.13. Rockland County’s commodity code number and purchase order number must be referenced on all packing slips and invoices.
- 3.14. Please allow enough time when sending bids to be received by bid opening date.

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#### 4. QUANTITIES/SIZES

- 4.1. All quantities shown are estimates based on previous usage. The successful bidder will be required to furnish quantities even if different than those used whether it be more or less during the term of the contract.
- 4.2. Price bid must be per unit. Check unit sizes. It is the bidder's responsibility to note any changes in packaging or product sizes or weights (entering such changes in red or other color will call our attention to the change). If this is not done, we shall presume bids are as specified.
- 4.3. **We do not accept any conditional bids (i.e.: minimum quantities, minimum dollar amount orders).**
- 4.4. Bid the weight that is requested. If bidding another size package, you must note the weight of the package you are bidding. If you do not change package size, you will be expected to deliver size requested.

#### 5. SAMPLES

- 5.1. Brands listed in the description area, of the proposal pages, are the preferred brands of the Health Center and the Correctional Center.
- 5.2. If bidding brands other than requested, alternate brands, or unknown brands, samples must be sent for testing and evaluation. Samples for testing and evaluation must precede bid, by at least 3 business days. Send samples to the above address to the attention of Mr. Michael Granata.
- 5.3. All samples must be marked with bidder's name, bid item number, brand name and product code number.
- 5.4. If bidding alternate brands, the County of Rockland reserves the right to award product based on appearance, presentation, acceptable taste, yield differentials, etc.
- 5.5. Vendors may submit samples of products, at any time, for testing and evaluation. Call the individual listed above for an appointment.

#### 6. DELIVERIES

- 6.1. Deliveries to be made between the hours of 8:00 am - 1:00 pm for the Health Center and 8:00 am - 3:00 pm for the Correctional Center. All initial deliveries to be made by Wednesday of the scheduled week. Delivery dates must be adhered to. Vendors must deliver correctly and on time. No split shipments. No deliveries later than Wednesday. Failure to deliver on time may result in default of bid.
- 6.2. All orders must be filled in their entirety. If the successful bidder cannot do this, it is his responsibility to notify the Health Center and Correctional Center. If the successful bidder fails to do this, the County of Rockland may purchase from other sources to take the place of the items not delivered. The County of Rockland will then purchase products on the open market and charge back the difference to the vendor.
- 6.3. If deliveries are short shipped, supplier must make delivery of such items during the same delivery week. Failure to do so may disqualify the vendor from the item or the entire bid.
- 6.4. The effective dates of award are based on purchase order dates and are not based on delivery dates. All orders placed during the effective dates of award will be invoiced at bid prices regardless of delivery date.
- 6.5. All items awarded must be delivered as specified. Brands and product numbers must be as noted on bid award.
- 6.6. Vendor agrees to pick-up any damaged goods or incorrect shipments prior to, or during, next delivery. The Purchasing Department shall advise vendor in writing of goods to be picked up and returned. Receiving Department may refuse delivery if pick-up is not made.



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**7. QUALITY ASSURANCE PROGRAM**

7.1. Vendor agrees to participate in the County of Rockland’s quality assurance program. Vendor agrees to meet with the Director of Purchasing within 72 hours notice to address problems related to product and/or service. Failure to meet with the Director, and outline corrective actions, will result in repeal of award.

**8. AWARD**

- 8.1. Award will be made, on a line by line basis, or as indicated on the proposal pages, to the lowest responsible bidders that meet the stated requirements.
- 8.2. Awards may be cancelled with thirty days written notice for any reason.

**9. VENDOR INFORMATION – THIS SECTION MUST BE COMPLETED**

- 9.1. VENDOR CONTACT PERSON: \_\_\_\_\_
- 9.2. VENDOR TELEPHONE NUMBER: \_\_\_\_\_
- 9.3. “E” MAIL ADDRESS: \_\_\_\_\_

9.4. WILL YOU ACCEPT AWARD OF ONE OR TWO ITEMS?  
YES / NO **(CIRCLE ONE)**  
PLEASE NOTE, IF THIS ITEM IS NOT CIRCLED, WE MAY NOT MAKE AWARD TO YOU.  
IF YES IS CIRCLED, BIDDER IS OBLIGATED TO ACCEPT AWARD AND MAKE DELIVERY ON ALL ORDERS REGARDLESS OF THE SIZE.

9.5. ARE YOU A REGISTERED MINORITY OR WOMAN OWNED BUSINESS?  
YES / NO **(CIRCLE ONE)** \_\_\_\_\_  
CERTIFICATION NUMBER

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**INSURANCE: THE BID NUMBER IS TO APPEAR ON ALL INSURANCE CERTIFICATES**

**INDEPENDENT CONTRACTOR:** The CORPORATION / CONTRACTOR/ AGENCY / CONSULTANT, is an independent contractor and covenants and agrees that it, its agents, servants and/or employees, will neither hold itself/themselves out as, nor claim to be an employee, servant or agent of the COUNTY, and that it, its agents and employees will not make claim, demand or application to or for any right or privilege applicable to an officer or employee of the COUNTY including, but not limited to, Worker's Compensation coverage, unemployment insurance benefits, Social Security Coverage or retirement membership or credit.

**ROCKLAND COUNTY'S INSURANCE REQUIREMENTS:**

**GENERAL LIABILITY:** Prior to commencing work, the CONTRACTOR or CONSULTANT shall, at its/his/her own cost and expense, procure and maintain insurance to cover his/her/its work, services, employees, agents and servants under the terms of the contract or purchase order which shall include, but not be limited to the coverage that is selected on the attached matrix. Insurance must be obtained from insurance companies licensed in the State of New York, carrying a Best's financial rating of A or better. Upon failure to furnish, deliver and maintain such insurance, the agreement, contract award or purchase order may be declared suspended, discontinued or terminated or canceled. If at any time any of the policies required herein shall be or become unsatisfactory to the County, as to form or substance, or if a company issuing any such policy shall be or become unsatisfactory to the County, the CONTRACTOR OR CONSULTANT shall upon notice to that effect from the County, promptly obtain a new policy and submit same with a certificate for approval by the County.

**Forced Placed Insurance.** If CONTRACTOR OR CONSULTANT does NOT provide the County of Rockland with evidence of the insurance coverage required by this Agreement, the County may purchase insurance (at Contractor's or Consultant's sole expense) to protect the County's interests. This insurance may, but need not, protect Contractor's or Consultant's interest. If the County purchases insurance under this Section, Contractor or Consultant will be responsible for the cost of that insurance, including interest and any other charges the County may impose in connection with the placement of the insurance, until the effective date of the cancellation or expiration of the insurance. The cost of insurance under this Section may be more than the cost of insurance that Contractor or Consultant may be able to obtain on its own.

In relation to purchases that are not a result of a County Bid, RFP or Contract; Vendors who cannot provide the coverage limits on the attached matrix may provide the County with an ACORD Certificate detailing the coverage limits they currently have in place and the County will review such certificates on a case-by-case basis to determine if sufficient coverage is in place in relation to the perceived risks associated with the proposed purchase.

**COVERAGES – (SEE ATTACHED MATRIX)**

An ACORD Certificate of Insurance will confirm that the required policies have been issued to the named insured; for the policy period indicated. The ACORD Certificate is to be provided to the County of Rockland within five (5) business days of notice of contract award or of notice of intent to issue a Purchase Order. Please NOTE: the Certificate of Insurance must be updated to give the County of Rockland immediate notice of the following:

1. Dilution of the limits of insurance shown on the Certificate of Insurance by more than 20% as a result of the payment of claims or expenses;
2. The downgrading of any insurer listed on the Certificate of Insurance by AM Best to less than an "A" rating;
3. The receipt, from any listed insurer, of a notice of cancellation before the expiration date thereof or non-renewal will be delivered in accordance with the policy provisions;
4. The receipt, from any listed insurer, of any failure of the named insured to comply with an insurance policy term or condition.

**All Certificates of Insurance must be updated at least annually to remain valid.**

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The ACORD Certificate of Insurance shall contain a Description of Operations and include any exclusions or special provisions added by endorsement that in any way restrict coverage. The Contract Number and/or Purchase Order Number and the name of the department requiring the insurance should be stated under the description. The description shall also contain a statement to the effect that "The following are named as Additional Insured's under General Liability and (if required) Automobile Liability, Excess Umbrella Liability, and Professional Liability (if applicable) on a primary basis, and on the broadest form available through the listed insurers with respect to this Contract or Purchase Order: ***The County of Rockland, its employees, elected officials and affiliated municipal entities.*** The signing authorized representative warrants that the insurance carrier(s) have been informed of and accepted the County of Rockland as an additional insured.

**WORKERS COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57:** The Vendor shall procure, pay for, and maintain during the entire term of the contract such insurance as will protect both the owner and the vendor from claims under worker's compensation acts and amendments thereto and from any other claims for property damage and for personal injury including death, which may arise from operations under this contract, whether such operations by the Vendor or by any other party directly or indirectly employed by the Vendor. Vendors shall provide copies of the required certificate to the County of Rockland within five (5) business days of notice of contract award or of notice of intent to issue a Purchase Order.

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A. Be legally exempt from obtaining workers' compensation insurance coverage; or
- B. Obtain such coverage from insurance carriers; or
- C. Be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

The Contractor must prove that they are in compliance with §57 of the Workers Compensation Law (WCL) by providing ONE of the following forms indicating that they are:

- **Insured Form C-105.2 or U-26.3** – (All private insurance carriers and their licensed insurance agents are authorized to use the Form C-105.2 as their Certificate of NYS Worker's Comp Insurance. The State Insurance Fund uses the U-26.3 form as its Certificate of Workers Compensation Insurance). Upon obtaining a permit, license or contract from a government agency Employers must obtain this form from their private insurance carrier. Carriers and their licensed agents may contact the Board's [Bureau of Compliance](#) to obtain this form.
- **Self-Insured Form SI-12** – Certificate of Worker's Compensation Self-Insurance or Form GSI-105.2 Certificate of Participation in Worker's Compensation Group Self-Insurance). Upon obtaining a permit, license or contract from a government agency. Board-approved self-insurers must obtain this form from Board's Self-Insurance Office.
- **Exempt Form CE-200** – Certificate of Attestation of Exemption From NYS Worker's Compensation Insurance) (Effective 12/1/08) Applicants for permits, licenses or contracts from State, county or municipal agencies in New York State that are not required to carry NYS workers' compensation and/or disability benefits insurance coverage. These exemption forms can ONLY be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS workers' compensation and/or disability benefits insurance.

The Vendor will send the appropriate forms to the Purchasing Division within five (5) business days of notification of contract award. All correspondence shall contain the Solicitation Number and Title.

**COUNTY OF ROCKLAND - DGS-PURCHASING**  
 BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970  
 TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE:**  
**FOODS – DAIRY PRODUCTS**  
**10/1/13-11/30/13**

**BID NUMBER:**  
**RFB-RC-F2013-904 OCT**

***DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8):***

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A. Be legally exempt from obtaining disability benefits insurance coverage; or
- B. Obtain such coverage from insurance carriers; or
- C. Be a Board-approved self-insured employer.

The Vendor must prove that they are in compliance with Section 220(8) of the Workers Compensation Law (WCL) by providing ONE of the following forms indicating that they are:

- **Insured Form DB-120.1** – Certificate of Disability Benefits Insurance (the businesses insurance carrier will send this form to the County upon request).
- **Self-Insured Form DB-155** – Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).
- **Exempt Form CE-200** – Certificate of Attestation of Exemption from NYS Worker's Compensation and/or Disability Benefits Coverage.

The Vendor will send the appropriate forms to the Purchasing Division within five (5) business days of notification of contract award. All correspondence shall contain the Solicitation Number and Title.

**Please note that ACORD forms are NOT acceptable proof of New York State Workers Compensation or Disability benefits insurance coverage.**

NY State Department of Labor requirements for Workmen's Compensation and Disability forms. Online address: [www.wcb.ny.gov](http://www.wcb.ny.gov)

**EMPLOYERS LIABILITY** with minimum statutory requirements

***All policies of the Contractor or Consultant shall be endorsed to contain the following clauses:***

(a) Insurers shall have no right to recovery or subrogation against the County of Rockland (including its employees and other agents and agencies), it being the intention of the parties that the insurance policies so affected shall protect both parties and be primary coverage for any and all losses covered by the above-described insurance.

(b) The clause "other insurance provisions" in a policy in which the County of Rockland is named as an insured, shall not apply to the County of Rockland.

***All contractual insurance requirements in any contract between the Contractor or Consultant and the County shall contain the following clauses:***

(a) The insurance companies issuing the policy or policies shall have no recourse against the County of Rockland (including its agents and agencies as aforesaid) for payment of any premiums or for assessments under any form of policy.

(b) Any and all deductibles in the above described insurance policies shall be assumed by and be for the account of, and at the sole risk of, the Contractor or Consultant.

**SEE FOLLOWING PAGE FOR INSURANCE COVERAGE MATRIX**

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|            | <b>VENDOR CLASSIFICATION</b>   | Commodities Delivered by Vendor     | Commodities Delivered by Common Carrier | Purchase or Lease of Equipment | Maintenance and Repair of Equipment | Public & School Transportation Services | Renovation, Maintenance & Repair of Buildings & Property |
|------------|--|-------------------------------------|---|--------------------------------|-------------------------------------|---|--|
|            | <b>CHECK APPROPRIATE BOX (cont'd on next page)</b>                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>                | <input type="checkbox"/>                                 |
|            | <b>Type of Insurance</b>   |                                     |   |                                |                                     |   |  |
| <b>A</b>   | <b>Commercial General Liability (CGL) Each Occurrence</b>                    |                                     |   |                                |                                     |   | <b>(1)</b>   |
|            | General Liability  | \$1,000,000                         | \$1,000,000                             | \$1,000,000                    | \$1,000,000                         | \$1,000,000                             | \$1,000,000  |
|            | Personal & Adv Injury  | \$1,000,000                         | \$1,000,000                             | \$1,000,000                    | \$1,000,000                         | \$1,000,000                             | \$1,000,000  |
|            | Med. Expense Any One Person  | \$5,000                             | \$5,000                                 | \$5,000                        | \$5,000                             | \$5,000                                 | \$5,000  |
|            | Damage to Rented Premises  | \$50,000                            | \$50,000                                | \$50,000                       | \$50,000                            | \$50,000                                | \$50,000   |
|            | General Aggregate  | \$2,000,000                         | \$2,000,000                             | \$2,000,000                    | \$2,000,000                         | \$2,000,000                             | \$2,000,000  |
|            | Products-Comp / Op Aggregate   | \$1,000,000                         | \$1,000,000                             | \$1,000,000                    | \$1,000,000                         | \$1,000,000                             | \$1,000,000  |
| <b>B</b>   | <b>Auto Liability – Incl BI and PD (AL)</b>                                  |                                     | <b>(2)</b>                              | <b>(2)</b>                     | <b>(2)</b>                          | <b>(2)</b>                              | <b>(2)</b>   |
|            | Combined Single Limit per accident   |                                     |   |                                |                                     |   |  |
|            | Any Auto   | \$1,000,000                         |   | \$1,000,000                    | \$1,000,000                         | \$1,000,000                             | \$1,000,000  |
|            | Or   |                                     |   |                                |                                     |   |  |
|            | All Owned  | \$1,000,000                         |   | \$1,000,000                    | \$1,000,000                         | \$1,000,000                             | \$1,000,000  |
|            | All Hired  | \$1,000,000                         |   | \$1,000,000                    | \$1,000,000                         | \$1,000,000                             | \$1,000,000  |
|            | All Non-Owned  | \$1,000,000                         |   | \$1,000,000                    | \$1,000,000                         | \$1,000,000                             | \$1,000,000  |
| <b>C</b>   | <b>Excess / Umbrella Liability</b>   |                                     |   |                                |                                     |   |  |
|            | Each Occurrence  | XXXXX                               | XXXXX                                   | \$1,000,000                    | \$1,000,000                         | \$10,000,000                            | \$1,000,000  |
|            | Aggregate  | XXXXX                               | XXXXX                                   | \$1,000,000                    | \$1,000,000                         | \$10,000,000                            | \$1,000,000  |
| <b>D</b>   | <b>Workers Compensation and Employers Liability</b>                          | <b>(3)</b>                          | <b>(3)</b>                              | <b>(3)</b>                     | <b>(3)</b>                          | <b>(3)</b>                              | <b>(3)</b>   |
|            | Each Employee  | Statutory                           | Statutory                               | Statutory                      | Statutory                           | Statutory                               | Statutory  |
|            | Each Accident  | Statutory                           | Statutory                               | Statutory                      | Statutory                           | Statutory                               | Statutory  |
| <b>E</b>   | <b>Disability Benefits</b>   | <b>(3)</b>                          | <b>(3)</b>                              | <b>(3)</b>                     | <b>(3)</b>                          | <b>(3)</b>                              | <b>(3)</b>   |
|            | Each Employee  | Statutory                           | Statutory                               | Statutory                      | Statutory                           | Statutory                               | Statutory  |
| <b>F</b>   | <b>Other-Professional Liability or errors and Omissions or Malpractice</b>   |                                     |   |                                |                                     |   |  |
|            | Per Claim  |                                     |   |                                |                                     |   |  |
| <b>Opt</b> | <b>Owners and Contractors Protection</b>                                     |                                     |   |                                |                                     |   |  |
|            | Each Occurrence  |                                     |   |                                |                                     |   |  |
|            | Aggregate  |                                     |   |                                |                                     |   |  |
| <b>*</b>   | <b>All Other Insurance as Required by Law</b>                                |                                     |   |                                |                                     |   |  |
|            |  |                                     |   |                                |                                     |   |  |
|            | <b>Rockland County to be named as Additional Insured on these coverage's</b> | <b>GL-AL</b>                        | <b>GL-AL</b>                            | <b>GL-AL</b>                   | <b>GL-AL</b>                        | <b>GL-AL</b>                            | <b>GL-AL</b>   |

**Cont'd on next page**

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- (1) The per occurrence and Aggregate limits for specified coverage should apply on a per location or per project basis.
- (2) Automobile Liability Coverage is required IF an automobile is used in the execution of their contract. A vendor using a third party for shipment or transport does not require Automobile Liability Insurance.
- (3) An ACORD form is NOT acceptable proof of NYS Workers Compensation (WC) or Disability Benefits (DBL) Insurance coverage. For WC, secure form C-105.2 or U-26.3. For DBL, secure form DB.120.  
 Workers Compensation/Employers Liability, and NYS Disability are not required of: a) a business that is owned by one individual, is not a corporation, and does not have any other employees, b) a self-employed individual, c) an out of state employer with no NYS employees. IN EACH CASE, the employer must file Form CE-200, Certificate of Attestation of Exemption, with the NYS Workers Compensation Board certifying that they are not required to obtain NYS specific Workers Compensation Insurance or NYS statutory Disability Benefits.
- (4) A consultant is someone who gives expert or professional advice. Consultants are ordinarily hired on an independent contractor basis. Therefore, the County is not liable to others for the acts or omissions of the consultant. A consultant is an individual who possesses special knowledge or skills and provides that expertise the County for a fee. Consultants help find and implement solutions to a wide variety of problems, including those related to business, marketing, manufacturing, strategy, organization structure, environmental compliance, health and safety, technology, and communications. Some consultants are self-employed, independent contractors who offer specialized skills in a certain field; other consultants work for large consulting firms, that offer expertise in a wide range of business areas; and still other consultants hail from academia. Specialists in various professional fields that work with the general public and have greater than average expertise in particular areas, for example lawyers, doctors, pharmacists and insurance agents, require additional coverage for someone who is injured as a result of their negligent acts or omissions. Therefore, Professional Liability Insurance is required if commercially available for your profession.

**SAMPLE ACORD CERTIFICATES:** Sample ACORD Certificates detailing the required insurance coverage are included in each Invitation to Bid or Request for Proposal. These are provided as for informational purposes only to County Vendors and their Insurance Brokers to assist you in obtaining the correct insurance required for County contracts. Please note that the attached certificates reflect the standard types and limits of insurance the County requires most often. The requirements of each proposal may differ in which case the proposal's specific requirements shall prevail. Please review the insurance requirements of your proposal carefully with your broker.

Exceptions: The limits shown in the matrix and samples will generally be required for service providers involved in low-risk activities. Higher limits may be required for service providers performing potentially high-risk activities.

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### INFORMATION TO BIDDERS

#### **OBLIGATION OF BIDDERS**

A Contractor shall not plead misunderstanding or deception because of estimates of quantities, character, location, or other conditions surrounding the same. Permission will not be given to withdraw, or modify, or explain any proposal or bid after it has been opened.

The proposal shall specify the costs, in the manner hereafter described for which the items will be supplied according to the specifications, together with a unit price for each of the separate items as called for. Any proposal shall be deemed informal which does not contain prices set opposite to each of the several items for which there is a quantity exhibited in the itemized proposal.

#### **AWARD OF CONTRACT**

Award of contract will be made to the lowest responsible qualified bidder whose proposal shall comply with all of the provisions required to render it formal. The County or the Director of Purchasing reserves the right to waive any informality or to reject any or all proposals and may advertise for new proposals, if the best interest of the county will be served. The County or the Director of Purchasing may require any or all bidders to present evidence of experience, ability and financial standing as well as a statement as to the equipment which the bidder will have available for the executing of this contract. The county reserves the right to award this contract either on an item-by -item basis or as a total award of all items in combination.

#### **INSURANCE & BONDS**

The bidder whose proposal is accepted will be required to furnish bonds and evidence of insurance within five days from date of Notice of Award. In case of failure or refusal on the part of the bidder to furnish bonds, if required, within the set period, the amount of deposit may be forfeited to the county and the contract may be awarded to the next lowest responsible bidder. Upon the notification of award and approval of the bond, the deposit will be returned to the proposer. The deposit of persons other than the one to whom and award is made will be returned to the person or persons making the proposal immediately after the contract and bonds have been executed.

#### **NONRESTRICTIVE USE OF BRAND NAME OR EQUAL SPECIFICATIONS**

The use of a brand name is for the purpose of describing the standard of quality, performance, and characteristics desired and are not intended to limit or restrict competition.

#### **FORM OF PROPOSAL**

All proposals shall be made upon forms furnished by the Director of Purchasing of the County of Rockland and shall be contained in sealed envelopes addressed to PAUL J. BRENNAN, CPPO, Director of Purchasing, County of Rockland, DGS - Purchasing, Bldg. A, 2nd Floor, 50 Sanatorium Road, Pomona, NY 10970. Form of proposal as issued by the county shall be completely filled in, in ink or typing. No bid will be accepted which contains any changes, additions, omissions or erasures.

#### **EXPERIENCE**

Bidder shall submit with the proposal a Certificate of Experience for the past three (3) years. Certificate of Experience is included in these documents, if applicable.

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**INFORMATION TO BIDDERS cont'd**

**EXCULPATORY CLAUSE**

The Contractor agrees to make no claim for damages for delay in the performance of this contract occasioned by any act or omission to act of the County or any of its representatives, and agrees that any such claim shall be fully compensated for by an extension of time to complete performance of the work as provided herein.

**AMERICANS WITH DISABILITIES**

"The County of Rockland is committed to full compliance with the Americans with Disabilities Act. To that end, the County is committed to creating an accessible environment for all. To request accommodations that you may require, please call Ann Marie Curley at (845) 364-3820. Please request these accommodations four (4) business days in advance so that we can seek to meet your needs."

**NOTICE TO BIDDER**

**APPENDIX A**

Appendix A, General Terms and Conditions for Department of General Services Purchasing Division Contracts, a **separate attachment to this solicitation**, is hereby expressly made a part of this Bid Document as fully as if set forth at length herein. **Please retain this document for future reference.**

***Bidders shall download, read, and acknowledge acceptance of Appendix A on the proposal page.***



COUNTY OF ROCKLAND - DGS-PURCHASING  
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**VENDORS NAME:** \_\_\_\_\_

**NON-BIDDER’S RESPONSE**

For the purpose of facilitating your firm’s response to our invitation to bid, the County of Rockland is interested in ascertaining reasons for prospective bidder’s failure to respond to “Invitations to Bid”. If your firm is not responding to this bid, please indicate the reason(s) by checking any appropriate item(s) below and return this form to the above address.

We are *not* responding to this “Invitation to Bid” for the following reason(s):

\_\_\_\_\_ Items or materials requested not manufactured by us or not available to our company.

\_\_\_\_\_ Our items and/or materials do not meet specifications.

\_\_\_\_\_ Specifications not clearly understood or applicable (too vague, too rigid, etc.).

\_\_\_\_\_ Quantities too Small.

\_\_\_\_\_ Insufficient time allowed for preparation of bid.

\_\_\_\_\_ Incorrect address used. Our correct mailing address is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Our branch / division handles this type of bid. We have forwarded this bid on to them but for the future the correct name and mailing address is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **OTHER:** \_\_\_\_\_

\_\_\_\_\_

**Thank you for your participation in this bid.**

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**ALL QUESTIONS PERTAINING TO THIS SOLICITATION MUST BE SUBMITTED IN WRITING.**

(PLEASE USE THIS FORM AND TELEFAX TO 845-364-3809 TO THE ATTENTION OF PAUL, J. BRENNAN, DIRECTOR OF PURCHASING. WE WILL RESPOND AS SOON AS POSSIBLE.)

**DATE:** \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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AFFIDAVIT OF DISCLOSURE OF POLITICAL CONTRIBUTIONS PURSUANT TO CHAPTER 323
OF THE ROCKLAND COUNTY CODE

STATE OF NEW YORK)
: ss
COUNTY OF ROCKLAND)

NAME OF REPORTING ENTITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ EXT: \_\_\_\_\_ TELEFAX NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

THE REPORTING ENTITY IS (Check one of the following):

\_\_\_\_\_ AN INDIVIDUAL \_\_\_\_\_ A PARTNERSHIP \_\_\_\_\_ A CORPORATION

THE REPORTING ENTITY: (Check One)

\_\_\_\_\_ Will enter into a contract with the County of Rockland which did/did not result from public bidding in excess of Ten Thousand Dollars (\$10,000.00) this calendar year.

\_\_\_\_\_ Is currently under a contract with the County of Rockland in excess of Ten Thousand Dollars (\$10,000.00).

THE REPORTING ENTITY, ITS MEMBERS, DIRECTORS, POLICY MAKING OFFICERS, OR MAJORITY SHAREHOLDERS, HAVE DIRECTLY OR INDIRECTLY MADE THE FOLLOWING CONTRIBUTIONS TO THE PERSONS OR ORGANIZATIONS LISTED BELOW. (PLEASE LIST ALL CONTRIBUTIONS HAVING A VALUE IN EXCESS OF TWO HUNDRED DOLLARS (\$200.00) PER YEAR MADE TO ANY POLITICAL PARTY OR ANY INDIVIDUAL OR ANY COMMITTEE FOR AN INDIVIDUAL RUNNING FOR PUBLIC OFFICE IN ROCKLAND COUNTY OR IN A DISTRICT IN WHICH ROCKLAND COUNTY IS LOCATED, FOR A PERIOD OF THREE (3) YEARS PRIOR TO THE DATE OF THIS AFFIDAVIT.):

NOTE: PLEASE ANSWER "NONE" OR LIST EACH CONTRIBUTION SEPARATELY.

(Use additional sheets if necessary)

Table with 5 columns: NAME OF CONTRIBUTOR, RELATIONSHIP TO REPORTING ENTITY, CONTRIBUTION MADE TO, DATE OF CONTRIBUTION OF, VALUE & NATURE OF CONTRIBUTION

I am the \_\_\_\_\_ (Title or Office) of the reporting entity listed above.

I make this affirmation based upon my personal review of the books and records of the reporting entity. All of the foregoing information is true to the best of my knowledge, after inquiry. I make these statements under penalty or perjury.

SIGNATURE: \_\_\_\_\_

PRINT NAME & TITLE: \_\_\_\_\_

SWORN to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 201\_

\_\_\_\_\_  
Notary public

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COUNTY OF ROCKLAND - DGS-PURCHASING  
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**AFFIDAVIT OF NON-COLLUSION**

The undersigned, having a principal place of business at:

NAME OF BIDDER: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ EXT: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEFAX NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**CERTIFICATION AND SIGNATURE FORM**

I hereby attest that I am the person responsible within my firm for the final decision as to the prices(s) and amount of this bid or, if not, that I have written authorization, enclosed herewith, from that person to make the statements set out below on his or her behalf and on behalf of my firm.

I further attest that:

1. The price(s) and amount of this bid have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition with any other contractor, bidder or potential bidder.
2. Neither the price(s), nor the amount of this bid, have been disclosed to any other firm or person who is a bidder or potential bidder on this project, and will not be so disclosed prior to bid opening.
3. No attempt has been made or will be made to solicit, cause or induce any firm or person to refrain from bidding on this project, or to submit a bid higher than the bid of this firm, or any intentionally high or non-competitive bid or other form of complementary bid.
4. The bid of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from any firm or person to submit a complementary bid.
5. My firm has not offered or entered into a subcontract or agreement regarding the purchase of materials or services from any other firm or person, or offered, promised or paid cash or anything of value to any firm or person, whether in connection with this or any other project, in consideration for an agreement or promise by an firm or person to refrain from bidding or to submit a complementary bid on this project.
6. My firm has not accepted or been promised any subcontract or agreement regarding the sale of materials or services to any firm or person, and has not been promised or paid cash or anything of value by any firm or person, whether in connection with this or any project, in consideration for my firm's submitting a complementary bid, or agreeing to do so, on this project.
7. I have made a diligent inquiry of all members, officers, employees, and agents of my firm with responsibilities relating to the preparation, approval or submission of my firm's bid on this project and have been advised by each of them that he or she has not participated in any communication, consultation, discussion, agreement, collusion, act or other conduct inconsistent with any of the statements and representations made in this affidavit.

The person signing this bid, under the penalties of perjury, affirms the truth thereof.

\_\_\_\_\_  
Signature & Company Position

SWORN TO BEFORE ME THIS

\_\_\_\_\_  
Type Name & Company Position

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Federal I.D. Number

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**AFFIRMATIVE ACTION PLAN**

State of New York)  
:SS  
County of Rockland

\_\_\_\_\_ being duly sworn, deposes and  
says that he is the \_\_\_\_\_  
of the \_\_\_\_\_ Corporation. That I (DO) (DO NOT) employ fifteen (15)  
employees **AND** I (DO) (DO NOT DO) a minimum of \$50,000 per annum business with the County of Rockland.

Based on the above information (if both criteria are met), attached hereto, is an Affirmative Action Plan or, because of the above, no Affirmative Action Plan is necessary.

\_\_\_\_\_  
SIGNED

SWORN to before me this  
\_\_\_\_\_ day of \_\_\_\_\_  
201\_\_\_\_  
Notary Public: \_\_\_\_\_

\*\*Strike out non-applicable information

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**BID NUMBER:**  
**RFB-RC-F2013-904 OCT**

**CERTIFICATE OF EXPERIENCE**

(THIS FORM MUST BE FILLED IN BY VENDOR)

I \_\_\_\_\_ HEREBY CERTIFY THAT (COMPANY) \_\_\_\_\_

\_\_\_\_\_ HAS PERFORMED THE FOLLOWING WORK WITHIN THE LAST THREE YEARS:

NAME OF BUSINESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT OF CONTRACT: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT OF CONTRACT: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT OF CONTRACT: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT OF CONTRACT: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT OF CONTRACT: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**NAME OF BIDDER:** \_\_\_\_\_ **BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **WITNESS:** \_\_\_\_\_

COUNTY OF ROCKLAND - DGS-PURCHASING  
BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970  
TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE:**  
**FOODS – DAIRY PRODUCTS**  
**10/1/13-11/30/13**

**BID NUMBER:**  
**RFB-RC-F2013-904 OCT**

**DISCLOSURE OF SUPPLIER RESPONSIBILITY STATEMENT**

1. List any convictions of any person, subsidiary, or affiliate of the company, arising out of obtaining, or attempting to obtain a public or private contract or subcontract, or in the performance of such contract or subcontract.  
\_\_\_\_\_
2. List any convictions of any person, subsidiary, or affiliate of this company for offenses such as embezzlement, theft, fraudulent schemes, etc. or any other offense indicating a lack of business integrity or business honesty which affect the responsibility of the contractor.  
\_\_\_\_\_
3. List any convictions or civil judgments under state or federal antitrust statutes.  
\_\_\_\_\_
4. List any violations of contract provisions such as knowingly (without good cause) to perform, or unsatisfactory performance, in accordance with the specifications of a contract.  
\_\_\_\_\_
5. List any prior suspensions or debarments by any government agency.  
\_\_\_\_\_
6. List any contracts not completed on time.  
\_\_\_\_\_
7. List any documented violations of federal or state labor laws, regulations or standards, or occupational safety and health rules.  
\_\_\_\_\_

I, \_\_\_\_\_, as \_\_\_\_\_  
Name of Individual Title & Authority

Of \_\_\_\_\_, declare under oath that the above  
Company Name  
Statements, including any supplemental responses attached hereto, are true.

\_\_\_\_\_  
Signature FID No.: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ by \_\_\_\_\_

Representing him/herself to be \_\_\_\_\_ of the Company

COUNTY OF ROCKLAND - DGS-PURCHASING  
BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970  
TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE:**  
**FOODS – DAIRY PRODUCTS**  
**10/1/13-11/30/13**

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**CERTIFICATION OF COMPLIANCE WITH THE IRAN DIVESTMENT ACT**

Pursuant to State Finance Law §165-a, on August 10, 2012 the Commissioner of the Office of General Services (OGS) posted a prohibited entities list of “persons” who are engaged in “investment activities in Iran” (both are defined terms in the law) on the OGS website at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, each Bidder/Contractor, any person signing on behalf of any Bidder/Contractor and any assignee or subcontractor and, in the case of a joint bid, each party thereto, certifies, under penalty of perjury, that once the Prohibited Entities List is posted on the OGS website, that to the best of its knowledge and belief, that each Bidder/Contractor and any subcontractor or assignee is not identified on the Prohibited Entities List created pursuant to SFL § 165-a(3)(b).

Additionally, Bidder/Contractor is advised that once the Prohibited Entities List is posted on the OGS Website, any Bidder/Contractor seeking to renew or extend a Contract or assume the responsibility of a Contract awarded in response to this solicitation must certify at the time the Contract is renewed, extended or assigned that it is not included on the Prohibited Entities List.

During the term of the Contract, should the County receive information that a Bidder/Contractor is in violation of the above-referenced certification, the County will offer the person or entity an opportunity to respond. If the person or entity fails to demonstrate that he/she/it has ceased engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then the County shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages or declaring the Bidder/Contractor in default.

The County reserves the right to reject any bid or request for assignment for a Bidder/Contractor that appears on the Prohibited Entities List prior to the award of a contract and to pursue a responsibility review with respect to any Bidder/Contractor that is awarded a contract and subsequently appears on the Prohibited Entities List.

I, \_\_\_\_\_, being duly sworn, deposes and says that he/she is the \_\_\_\_\_ of the \_\_\_\_\_

Corporation and that neither the Bidder/Contractor nor any proposed subcontractor is identified on the Prohibited Entities List.

\_\_\_\_\_  
SIGNED

SWORN to before me this

\_\_\_\_\_ day of \_\_\_\_\_

201\_\_\_\_

Notary Public: \_\_\_\_\_



10/1/13-11/30/13

**COUNTY OF ROCKLAND  
DGS – PURCHASING DEPARTMENT  
BLDG. A, 2ND FLOOR, 50 SANATORIUM ROAD  
POMONA, NY 10970  
TELEPHONE NO.: 845-364-3820  
FAX NO.: 845-364-3809**

VENDOR: \_\_\_\_\_

| LINE NO. | DESCRIPTION   | ITEM NUMBER | EST. QTY. PER MO. | UNIT                  | PKG               | PRICE/LB.                             | BRAND NAME AND PRODUCT CODE |
|----------|---|-------------|-------------------|-----------------------|-------------------|---------------------------------------|-----------------------------|
| 1        | <b>AMERICAN PROCESS CHEESE,</b><br>Low Sodium, Yellow, Loaf. Sliced - 160 Slices per Loaf.<br>(American Process Cheese food not acceptable) | 39007070003 | 360 LB.           | 5 LB.                 | 6/5 LB. Pk.       |                                       |                             |
| 2        | <b>AMERICAN PROCESS CHEESE, SLICED</b><br>Yellow, Loaf. Sliced - 160 Slices per Loaf. (American Process Cheese food not acceptable)         | 39007070002 | 450 LB.           | 5 LB.                 | 6/5 LB. Pk.       |                                       |                             |
| 3        | <b>BUTTER, SALT, PRINT</b><br>93 Score "AA"   | 38010110001 | 216 LB.           | Indiv. wrapped bricks | 36/1 LB. Case     |                                       |                             |
| 4        | <b>BUTTER, SALT, PRINT</b><br>Redipats - 93 Score "AA"  | 38010110003 | 75 LB.            | 90 Pats per LB.       | 15 LB. Case       |                                       |                             |
| 5        | <b>BUTTER, SWEET</b><br>Print - 93 Score "AA"   | 38010110002 | 144 LB.           | Indiv. wrapped bricks | 36/1 LB. Case     |                                       |                             |
| 6        | <b>CHEDDAR CHEESE</b><br>Black Rind Wheel   | 39007170001 | 10 LB.            | LB.                   | 10-12 LB. Wheel   |                                       |                             |
| 7        | <b>CHEDDAR CHEESE</b><br>Low Sodium, Yellow, Shredded<br>Sodium Content: 10 mg. per oz.   | 39007170003 | 120 LB.           | LB.                   | 4/10 LB. Pk.      |                                       |                             |
| 8        | <b>CHEDDAR CHEESE, SHREDDED</b>   | 39007170002 | 100 LB.           | 5 LB.                 | 4-5 LB.           |                                       |                             |
| 9        | <b>CREAM CHEESE</b><br>Indiv. Foil Wrapped  | 39007250002 | 25 LB.            | 1 OZ.                 | 100<br>1 OZ. /BOX | <u>          </u><br><b>PRICE/BOX</b> |                             |
| 10       | <b>CREAM CHEESE</b><br>Individually Wrapped Loaf  | 39007250001 | 30 LB.            | 3 LB.                 | 10/3 LB. PK.      |                                       |                             |
| 11       | <b>MARGARINE, CORN OIL</b><br>Redipats, Corn Oil Blend<br>NO PARTIALLY HYDROGENATED VEGETABLE OIL TRANS FAT                                 | 39056100003 | 170 LB.           | 90 Pats / LB.         | 12 LB. / Case     |                                       |                             |

10/1/13-11/30/13

**COUNTY OF ROCKLAND  
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POMONA, NY 10970  
TELEPHONE NO.: 845-364-3820  
FAX NO.: 845-364-3809**

VENDOR: \_\_\_\_\_

| LINE NO.   | DESCRIPTION   | ITEM NUMBER | EST. QTY. PER MO. | UNIT                  | PKG             | PRICE/LB. | BRAND NAME AND PRODUCT CODE |
|--|---|-------------|-------------------|-----------------------|-----------------|-----------|-----------------------------|
| 12   | <b>MARGARINE, SALT</b><br>Print - Yellow<br>NO PARTIALLY HYDROGENATED VEGETABLE OIL TRANS FAT | 39056100001 | 375 LB.           | Indiv. wrapped bricks | 30 / 1 LB. Case |           |                             |
| 13   | <b>MOZZARELLA CHEESE</b><br>Loaf  | 39007470001 | 60 LB.            | 5 LB.                 | 6/5 LB. Pk.     |           |                             |
| 14   | <b>MOZZARELLA CHEESE</b><br>Part Skim, Loaf   | 39007470004 | 90 LB.            | 5 LB.                 | 6/5 LB. Pk.     |           |                             |
| 15   | <b>MOZZARELLA CHEESE</b><br>Part Skim, Shredded   | 39007470003 | 1200 LB.          | 5 LB.                 | 4/5 LB. PK.     |           |                             |
| 16   | <b>MOZZARELLA CHEESE SHREDDED</b>   | 39007470002 | 80 LB.            | 5 LB.                 | 4/5 LB. PK.     |           |                             |
| 17   | <b>MUENSTER CHEESE</b><br>Regular, Loaf   | 39007220001 | 60 LB.            | 5 LB.                 | 6/5 LB. Pk.     |           |                             |
| 18   | <b>PARMESAN CHEESE SHREDS</b><br>Unique or approved equal                                     | 39007530002 | 20 LB.            | 5 LB.                 | 3/5 LB./ Case   |           |                             |
| 19   | <b>PROVOLONE CHEESE</b><br>Loaf   | 39007400001 | 30 LB.            | 5 LB.                 | 1/5 LB. Pk      |           |                             |
| 20   | <b>RICOTTA CHEESE</b>   | 39007220002 | 210 LB.           | 1 LB.                 | 3 LB. Cont.     |           |                             |
| 21   | <b>SWISS CHEESE</b><br>Grade A, Loaf  | 39007820001 | 100 LB.           | 6 LB.                 | 4/6 LB. Loafs   |           |                             |
| 22   | <b>TOFU</b><br>Pando Farms or approved equal  | 39007000001 | 24 LB.            | 1 LB.                 | 12/32 OZ./CS.   |           |                             |
| <b>SALADS (ITEMS 23 - 26) ARE TO BE AWARDED AS A GROUP</b> |   |             |                   |                       |                 |           |                             |
| 23   | <b>SALADS, COLE SLAW</b><br>10 Pound  | 39068800004 | 330 LB.           | 10 LB.                | Cont.           |           |                             |

10/1/13-11/30/13

**COUNTY OF ROCKLAND  
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POMONA, NY 10970  
TELEPHONE NO.: 845-364-3820  
FAX NO.: 845-364-3809**

VENDOR: \_\_\_\_\_  
\_\_\_\_\_

| LINE NO. | DESCRIPTION                              | ITEM NUMBER | EST. QTY. PER MO. | UNIT   | PKG   | PRICE/LB. | BRAND NAME AND PRODUCT CODE |
|----------|--|-------------|-------------------|--------|-------|-----------|-----------------------------|
| 24       | <b>SALADS, MACARONI</b><br>10 Pound      | 39068600002 | 330 LB.           | 10 LB. | Cont. |           |                             |
| 25       | <b>SALADS, POTATO</b><br>10 Pound        | 39068800002 | 330 LB.           | 10 LB. | Cont. |           |                             |
| 26       | <b>SALADS, ROTELLI PASTA</b><br>10 Pound | 39068600003 | 60 LB.            | 10 LB. | Cont. |           |                             |

**Upon receipt of all required approvals a Contract shall be deemed executed and created with the successful Bidder(s) upon the Commissioner's mailing or electronic communication to the address on the bid of: i) a Letter of Acceptance; or ii) a fully executed contract; or iii) a Purchase Order authorized by the Commissioner**

Print Name: \_\_\_\_\_  
Name of person responsible for this solicitation

**By signing this solicitation, I acknowledge that I have downloaded, read, and accept Appendix A (Revised 08/2010) - General Terms and Conditions for this solicitation**

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I acknowledge the receipt of \_\_\_\_\_ addendums

Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

OP ID TD

DATE (MM/DD/YYYY)

06/09/10

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 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).

| <b>PRODUCER</b><br><br>The Ducey Agency, Inc.<br>43 South Liberty Drive<br>Stony Point NY 10980<br>Phone: 845-429-5000 Fax: 845-942-1004 | <b>CONTACT NAME:</b> Thomas Torpey<br><b>PHONE (A/C, No, Ext):</b><br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b><br><b>PRODUCER CUSTOMER ID #:</b> COUNT-1   |                               |        |  |  |                           |  |                                 |  |            |  |            |  |            |
|--|---|-------------------------------|--------|--|--|---------------------------|--|---------------------------------|--|------------|--|------------|--|------------|
|  | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: "A" Rated General Liability</td> <td></td> </tr> <tr> <td>INSURER B: "A" Rated Auto</td> <td></td> </tr> <tr> <td>INSURER C: Workers Compensation</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: "A" Rated General Liability |  | INSURER B: "A" Rated Auto |  | INSURER C: Workers Compensation |  | INSURER D: |  | INSURER E: |  | INSURER F: |
| INSURER(S) AFFORDING COVERAGE  | NAIC #  |                               |        |  |  |                           |  |                                 |  |            |  |            |  |            |
| INSURER A: "A" Rated General Liability   |   |                               |        |  |  |                           |  |                                 |  |            |  |            |  |            |
| INSURER B: "A" Rated Auto  |   |                               |        |  |  |                           |  |                                 |  |            |  |            |  |            |
| INSURER C: Workers Compensation  |   |                               |        |  |  |                           |  |                                 |  |            |  |            |  |            |
| INSURER D:   |   |                               |        |  |  |                           |  |                                 |  |            |  |            |  |            |
| INSURER E:   |   |                               |        |  |  |                           |  |                                 |  |            |  |            |  |            |
| INSURER F:   |   |                               |        |  |  |                           |  |                                 |  |            |  |            |  |            |
| <b>INSURED</b><br><br>Commodities Delivered by Vendor<br>123 Main Street<br>New City NY 10956  |   |                               |        |  |  |                           |  |                                 |  |            |  |            |  |            |

**COVERAGES****CERTIFICATE NUMBER:****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.

| INSUR LTR | TYPE OF INSURANCE  | ADDL SUBR INSR WVD | POLICY NUMBER                        | POLICY EFF (MM/DD/YYYY) | POLICY EXPI (MM/DD/YYYY) | LIMITS  |
|-----------|--|--------------------|--------------------------------------|-------------------------|--------------------------|---|
| A         | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | X                  | 123XYZ                               | 02/01/10                | 01/01/11                 | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| B         | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS  |                    | 123XYZ                               | 01/01/10                | 01/01/11                 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>EACH OCCURRENCE \$<br>AGGREGATE \$   |
| C         | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br><input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A                | FC 44 C-105.2 OR U-26.3<br>OR CE-200 | 01/01/10                | 01/01/11                 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 The County of Rockland, its employees, elected officials, and affiliated municipal entities are included as additional insureds. The signing authorized representative warrants that the insurance carrier(s) have been informed of, and accepted The County of Rockland as an additional insured.

RECEIVED  
 JUN 10 2010  
 INSURANCE DEPARTMENT

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>COUNT-1<br><br>The County of Rockland<br>18 New Hempstead Road<br>New City NY 10956 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|