

PURCHASE CONTRACT

STATE OF NORTH CAROLINA
COUNTY OF DURHAM

THIS CONTRACT, made and entered into this 15th day of October, 2015, for a **Term Contract for Sodium Hydroxide** between the **City of Durham**, a N.C. municipal corporation ("City") and the **Univar USA Inc.** ("Seller"), whose principal office and place of business is at the following address: 4 Steel Road East, Morrisville, PA 19067

If seller is a corporation or limited partnership, Seller is organized under the laws of the State of _____.

IT IS AGREED:

1. Seller, in consideration of the sums to be paid as provided in the attachments and in accordance with section 3 below, agrees to sell and to deliver to the City, at the times, in the quantities and quality, at the prices, and to the places, the goods described in the following attachments that are made a part of this contract:

_____ Advertisement	_____ Instructions to Bidders	_____ General Conditions
_____ Proposal	_____ Specifications	_____ Special Conditions
_____ Performance Bond	_____ Sections 6, 7, and 8 on the reverse hereof	
_____ EEO Provisions	_____ Non-Discrimination Provision	

2. This contract is known as Bid No. 16-0012 in the files of the City's Purchasing Division.
3. This is a contract to provide the quantities of goods required by the City from **November 15, 2015 to November 15, 2016** ("Initial Period"), unless that period is changed as provided in this contract. The estimated sum to be paid by the City under this contract for the Initial Period is **Five hundred eighty-five thousand dollars (\$585,000.00)**

WHEREFORE, City has caused this contract to be executed under authority of its City Council, and Seller (if corporation) has executed this contract under seal by authority of its board of directors; if not corporate, the seller has executed this contract undersigned pursuant to proper authority.

_____	_____	_____	_____
City Clerk	Date	City Manager	Date

IF SELLER IS NOT A CORPORATION

Notary Public

Name of Seller

My Commission expires: _____

By _____
Signature

IF SELLER IS A CORPORATION

ATTEST:



Univar USA Inc.
Name of Corporation

By Linda Campbell
President or Vice President
Linda Campbell, Municipal Bid Specialist

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

City's Financial Officer

Date



CERTIFICATE OF CORPORATE SECRETARY

I, Perry T. Kusakabe, hereby certify that:

1. I am a duly elected, qualified and acting Vice President, Associate General Counsel and Corporate Secretary of Univar USA Inc., a Washington corporation (the "Company"), and am a custodian of the corporate records of the Company and am familiar with the matters herein certified.
2. Pursuant to the Company's Delegation of Authority Policy, Linda Campbell has been delegated the authority to execute the Term Contract for Sodium Hydroxide between the Company and the City of Durham, North Carolina.

IN WITNESS WHEREOF, I have executed this Certificate of Corporate Secretary of the Company this 21st day of October, 2015.

A handwritten signature in black ink, appearing to read "Perry T. Kusakabe".

Perry T. Kusakabe, Corporate Secretary





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/21/2015

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).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105	
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED UNIVAR USA INC 17425 NE Union Hill Road Redmond WA 98052-3375 USA	INSURER A: National Union Fire Ins Co of Pittsburgh	19445
	INSURER B: ACE Property & Casualty Insurance Co.	20699
	INSURER C: The Insurance Co of the State of PA	19429
	INSURER D: Illinois National Insurance Co	23817
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 570059887057** **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		GL2802979 SIR applies per policy terms & conditions	03/01/2013	03/01/2014	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A	AUTOMOBILE LIABILITY		CA 4806893 Commercial Auto (AOS)	03/01/2013	03/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA 4806894 Commercial Auto (MA)	03/01/2013	03/01/2014	BODILY INJURY (Per person)
A			CA 4806895 Commercial Auto (VA)	03/01/2013	03/01/2014	BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$500,000		XOOG27049709	03/01/2013	03/01/2014	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC001591220 (AOS)	03/01/2013	03/01/2014	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
D	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC001591223 (MA, ND, WI, WY)	03/01/2013	03/01/2014	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)

RE: Term Contract for Sodium Hydroxide, Bid No. 16-0012, Location: Durham & Chapel Hill, NC. City of Durham, North Carolina is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. The insured is self-insured for physical damage to their vehicles. A waiver of subrogation is granted in favor of City of Durham, North Carolina in accordance with the policy provisions of the workers' compensation policy.

CERTIFICATE HOLDER**CANCELLATION**

City of Durham, North Carolina
 Attn: Chris Bernat, Purchasing Agent
 101 City Hall Plaza, Annex Bldg.
 Durham NC 27701 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. :

570059887057



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED UNIVAR USA INC	
POLICY NUMBER See Certificate Number: 570059887057			
CARRIER See Certificate Number: 570059887057	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.

INSR 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				CA 4806890 Truckers Liability (AOS)	03/01/2013	03/01/2014	Combined Single Limi \$5,000,000
A				CA 4806891 Truckers Liability (MA)	03/01/2013	03/01/2014	
A				CA 4806892 Truckers Liability (VA)	03/01/2013	03/01/2014	
	WORKERS COMPENSATION						
A		N/A		wc1591222 (CA, OH, OR, WA) SIR applies per policy terms & conditions	03/01/2013	03/01/2014	
C		N/A		wc001591221 (FL)	03/01/2013	03/01/2014	
C		N/A		wc012948466 (IL, KY, NC, NH, UT)	03/01/2013	03/01/2014	
C		N/A		wc012948467 (AK, AZ, GA)	03/01/2013	03/01/2014	
C		N/A		wc012948468 (NJ, PA)	03/01/2013	03/01/2014	