



LAKE COUNTY
FLORIDA

CONTRACT NO. 17-0615

for LP Gas

LAKE COUNTY, FLORIDA, a political subdivision of the state of Florida, its successors and assigns through its Board of County Commissioners (hereinafter "County") does hereby accept the quote from FerrellGas LP (hereinafter "Contractor") to supply LP Gas to the County pursuant to County RFQ number Q2017-00029 (hereinafter "RFQ"), which was received December 14, 2016, thereto with all County Bid provisions governing.

A copy of the Contractor's signed Quote is attached hereto and incorporated herein, thus making it a part of this Contract except that any items not awarded have been struck through.

No financial obligation under this contract shall accrue against the County until a specific purchase transaction is completed pursuant to the terms and conditions of this contract.

Contractor shall submit the documents hereinafter listed prior to commencement of this Contract: Insurance Certificate.

The County's Procurement Services Manager shall be the sole judge as to the fact of the fulfillment of this Contract, and upon any breach thereof, shall, at his or her option, declare this contract terminated, and for any loss or damage by reason of such breach, whether this Contract is terminated or not, said Contractor and their surety for any required bond shall be liable.

This Contract is effective from June 1, 2017 through May 31, 2018 except the County reserves the right to terminate this Contract immediately for cause and/or lack of funds and with thirty (30) day written notice for the convenience of the County. This Contract provides for two (2) one (1) year renewals at Lake County's sole option at the terms noted in the Bid.

Any and all modifications to this Contract must be in writing signed by the County's Procurement Services Manager.

LAKE COUNTY, FLORIDA

By: 
Senior Contracting Officer

Date: 1-5-2017

Distribution: Original-Bid File
Copy-Contractor
Copy-Department

"Earning Community Confidence Through Excellence in Service"

Office of Procurement Services
Tavares, Florida 32778-7800

315 W. Main, Suite 441
Ph (352) 343-9839

P.O. Box 7800
Fax (352) 343-9473



**LAKE COUNTY
FLORIDA**

**REQUEST FOR
QUOTATION
(RFQ)**

Commodity Code(s): 405-00, 430-42

- Open Market Existing Contract
 Original Modified

RFQ No: **Q2017-00029-4**
Due Date: 12/28/2016 at 3 p.m.
Pre-Proposal Conference: **Not Applicable**

Send Response To

Name: Donna Villinis
Address:
Phone: 352-343-9765 315 W. Main St.,
Tavares, FL 32778
Fax: 352-343-9473
Email: dvillinis@lakecountyfl.gov

THIS IS A PRICE INQUIRY, THIS IS NOT AN ORDER.
Terms and conditions governing this quotation are attached hereto. Insurance requirements, if applicable, are also attached hereto as part of this document. As this price request constitutes an inquiry, and not an order, it implies no obligation to purchase on the part of Lake County.

LP Gas

All prices submitted are to be on the form below in accordance with all terms and conditions set forth in this Request for Quotation. Prices quoted should be in unit of measure shown. Any award resulting from this RFQ will be made to the responsive, responsible vendor which offers the lowest price on an **aggregate** basis. If award is noted to be made on an aggregate basis, any vendor response that fails to include pricing for all items may be rejected.

Quotations must be received by 3 p.m. on the due date and at the response location listed above.

Prices shall be quoted F.O.B. Destination - inside delivery, freight included and shall be inclusive of all costs. Current and/or anticipated applicable fuel costs should be considered and included in the price quoted.

Delivery of items is to be within **2 days** after any purchase order is issued.

For questions regarding the commodities/services listed in this quote or for information regarding quotation procedures, terms and conditions, contact the County Point of Contact designated above.

Supporting Documents

Below are supporting documents that have been added to this RFQ. Please be sure to review these documents prior to responding to this RFQ.

- Specifications and Requirements

Description	Details	Quantity	Unit of Measure	Unit Price	Extended Price
Markup Percentage for LP Gas	Markup percentage to be applied to current rack/pipeline charge when order is placed for LP Gas - Tank Wagon Loads	1	Percentage	\$ <u>2.5¢ gallon over delivered Price or Cost</u>	\$ _____
<i>Transport Tanker</i>	Deliveries shall be made within 48 hours after placement of an order by the County (except in emergency situations which shall be 24 hour response time.) See attached Specifications and Requirements				

Specifications and/or Special Conditions

See attached Specifications and Requirements Document for information regarding this request for quotation.

NOV. 14, 2016 AMENDMENT TO RFQ: NOTE: The following requirement is being added to this request for quotation with regard to terms and conditions: The Awarded Vendor(s) will be required to submit supplier invoices or other proof of their current price for LP WITH THE INVOICE TO THE COUNTY. By submitting a quote for this RFQ, vendor acknowledges that this condition can be met.

Ship To:

Various
Various
Tavares, FL 32778
Various
352-343-9765

Bill To:

Finance
PO Box 7800
Tavares, FL 32778
Finance
352-343-9839

Certain insurance requirements apply to any purchase in response to this RFQ: Yes

If "yes" is specified above, the specific requirements are described within this RFQ. The vendor selected for award must provide a Certificate of Insurance that clearly complies with the stated insurance requirements prior to issuance of any purchase order. Failure to do so within the requested timeframe (five (5) working days under otherwise noted) may be cause for rejection of that vendor's response.

I acknowledge and agree to abide by all conditions contained in this quotation as well as any special instruction sheet(s) if applicable. Payment terms 30 Days from receipt of materials and/or services and receipt of a proper invoice; delivery FOB Destination - Inside Delivery.

Company
Name

Ferrellgas LP

Signature



Address

9000 6625 N Pinedas Park
FL 33782

Name/Title

David Dodd

Phone

813-544-8754

Fax

727-544-1418

Email

DavidDodd@ferrellgas.com

FEIN No

Attached
U-9

Date:

Prompt payment discount: % if paid within days.

Reciprocal Vendor Preference

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code

document for additional information.

Vendor Administrative Margin Markup	1	Percentage	\$ <u>80</u> <i>over local wholesale</i>	\$ _____
Five Hundred (500) Gallon Capacity Tank	1	Each	\$ <u>N/C lease</u>	_____
One Thousand (1000) Gallon Capacity Tank	1	Each	\$ <u>N/C lease</u>	_____
Installation of New Tank	1	Hour	\$ <u>65⁰⁰</u>	\$ _____
As-required only; no guarantee of quantity or need for this item				
As-required only; no guarantee of need for this item- provide hourly rate that includes all labor and materials to complete installation of a new tank				

Total Price: _____

Primary Business Location: City: NATIONWIDE State: _____

Does this business maintain a significant physical location in Lake County at which employees are located and business is regularly transacted? Yes No

If "yes", provide supporting detail:

Blue Rhin Plant

Insurance Requirements

Each vendor shall include in its solicitation response package proof of insurance capabilities, including but not limited to, the following requirements: [This does not mean that the vendor must have the coverage prior to submittal], but, that the coverage must be in effect prior to a purchase order or contract being executed by the County.

An original certificate of insurance, indicating that the awarded vendor has coverage in accordance with the requirements of this section, shall be furnished by the vendor to the Contracting Officer within five (5) working days of such request and must be received and accepted by the County prior to contract execution and/or before any work begins.

The vendor shall provide and maintain at all times during the term of any contract, without cost or expense to the County, policies of insurance, with a company or companies authorized to do business in the State of Florida, and which are acceptable to the County, insuring the vendor against any and all claims, demands or causes of action whatsoever, for injuries received or damage to property relating to the performance of duties, services and/or obligations of the vendor under the terms and provisions of the contract. The vendor is responsible for timely provision of certificate(s) of insurance to the County at the certificate holder address evidencing conformance with the contract requirements at all times throughout the term of the contract.

Such policies of insurance, and confirming certificates of insurance, shall insure the vendor is in accordance with the following minimum limits:

General Liability insurance on forms no more restrictive than the latest edition of the Occurrence Form Commercial General Liability policy (CG 00 01) of the Insurance Services Office or equivalent without restrictive endorsements, with the following minimum limits and coverage:

Each Occurrence/General Aggregate	\$500,000
Products-Completed Operations	\$500,000
Personal & Adv. Injury	\$500,000
Fire Damage	\$50,000
Medical Expense	\$5,000
Contractual Liability	Included

Automobile liability insurance, including owned, non-owned, and hired autos with the following minimum limits and coverage:

Combined Single Limit	\$300,000
or	
Bodily Injury (per person)	\$100,000
Bodily Injury (per accident)	\$300,000
Property Damage	\$100,000

Workers' compensation insurance based on proper reporting of classification codes and payroll amounts in accordance with Chapter 440, Florida Statutes, and/or any other applicable law requiring workers' compensation (Federal, maritime, etc). If not required by law to maintain workers compensation insurance, the vendor must provide a notarized statement that if he or she is injured, he or she will not hold the County responsible for any payment or compensation.

Employers Liability insurance with the following minimum limits and coverage:

Each Accident	\$100,000
Disease-Each Employee	\$100,000
Disease-Policy Limit	\$500,000

Professional liability and/or specialty insurance (medical malpractice, engineers, architect, consultant, environmental, pollution, errors and omissions, etc.) as applicable, with minimum limits of \$500,000 and annual aggregate of \$1,000,000.

The following additional coverage must be provided if a dollar value is inserted below:

Loss of Use at coverage value:	0.00
Garage Keepers Liability at coverage value:	0.00

Lake County, a Political Subdivision of the State of Florida, and the Board of County Commissioners, shall be named as additional insured as their interest may appear on all applicable liability insurance policies.

The certificate(s) of insurance, shall provide for a minimum of thirty (30) days prior written notice to the County of any change, cancellation, or nonrenewal of the provided insurance. It is the vendor's specific responsibility to ensure that any such notice is provided within the stated timeframe to the certificate holder.

If it is not possible for the Vendor to certify compliance, on the certificate of insurance, with all of the above requirements, then the Vendor is required to provide a copy of the actual policy endorsement(s) providing the required coverage and notification provisions.

Certificate(s) of insurance shall identify the applicable solicitation (ITB/RFP/RFQ) number in the Description of Operations section of the Certificate.

Certificate holder shall be:

LAKE COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, AND THE BOARD OF COUNTY COMMISSIONERS.
P.O. BOX 7800
TAVARES, FL 32778-7800

Certificates of insurance shall evidence a waiver of subrogation in favor of the County, that coverage shall be primary and noncontributory, and that each evidenced policy includes a Cross Liability or Severability of Interests provision, with no requirement of premium payment by the County.

The Vendor shall be responsible for subcontractors and their insurance. Subcontractors are to provide certificates of insurance to the prime vendor evidencing coverage and terms in accordance with the Vendor's requirements.

All self-insured retentions shall appear on the certificate(s) and shall be subject to approval by the County. At the option of the County, the Insurer shall reduce or eliminate such self-insured retentions, or the vendor or subcontractor shall be required to procure a bond guaranteeing payment of losses and related claims expenses.

The County shall be exempt from, and in no way liable for, any sums of money, which may represent a deductible or self-insured retention in any insurance policy. The payment of such deductible or self-insured retention shall be the sole responsibility of the vendor and/or sub contractor providing such insurance.

Failure to obtain and maintain such insurance as set out above will be considered a breach of contract and may result in termination of the contract for default.

Neither approval by the County of any insurance supplied by the vendor or Subcontractor(s), nor a failure to disapprove that insurance, shall relieve the vendor or Subcontractor(s) of full responsibility for liability, damages, and accidents as set forth herein.

REQUEST FOR QUOTATION TERMS AND CONDITIONS

1.1 DEFINITIONS

Contract: An agreement between all parties to perform the services described in this RFQ.

Contractor or Vendor: The company or individual responding to the RFQ, or to which award is made.

County: Unless otherwise stated, refers to Lake County, Florida.

Modification: Any written change to a contract agreed to by the vendor and the County.

Request for Quotation (RFQ): An Informal solicitation used to secure competitive pricing.

Responsible: Refers to a vendor considered capable of successfully performing the required work.

Responsive: Refers to a vendor which has taken no substantial exception to any part of the RFQ.

The words "shall", "must", or "will" are equivalent and indicate a mandatory requirement or condition, generally not waived by the County. The words "should" or "may" are considered equivalent and indicate desirable conditions, or requirements that are permissive in nature.

1.2 INSTRUCTIONS TO VENDORS

A. Vendor Qualification

The County supports full and open competition among all available qualified vendors. All vendors that perform the work specified in the RFQ are encouraged to submit quotations. Vendors are encouraged to register with the County to receive notices of goods and services to be purchased by the County. Award may require vendors to comply with certain administrative requirements upon request.

B. Public Entity Crimes

Pursuant to Section 287.133(2)(a) of the Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 of the Florida Statutes, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

C. Request for Additional Information

Any inquiries regarding this RFQ are to be made in writing to the County representative identified on this RFQ. Vendors are urged to address all such issues as far ahead of the due date as possible.

D. Payment Terms

Payment for purchases by the County will be made pursuant to Florida Prompt Payment Act. Vendors are encouraged to offer discounts for payments processed quicker than what is required by the Act.

1.3 PREPARATION OF QUOTATION RESPONSES

Complete the pricing entries included in the RFQ, and return the entire RFQ document to the person, at the place, and in the time frame stated in the RFQ. Please double check your pricing for accuracy. All responses must be legible. An authorized agent of the vendor must sign the response. If there is a discrepancy between unit prices and extended prices, the unit prices will be used for evaluation.

1.4 CANCELLATION OF SOLICITATION

The County may cancel any part or all of this RFQ when such action serves the County's best interests.

1.5 AWARD

Unless an alternate action clearly serves the best interests of the County, award will be made to the lowest priced responsive and responsible vendor. The County reserves the right to reject any and all responses, to waive minor irregularities or technicalities, and to re-advertise for all or any part of this solicitation as deemed in its best interest. When there are multiple line items in the RFQ, the County reserves the right to award on an individual item basis, on any combination of items, or on total low price. The County reserves the right to negotiate prices with the lowest priced vendor, provided that the scope of work is not amended. Award of this solicitation will only be made to firms that satisfy all necessary legal requirements to do business with the County. The County may conduct a pre-award inspection of the vendor's site to determine the capability of the vendor to perform the required work. A vendor's performance under previous County contracts shall be taken into account in evaluating vendor responsibility. Any ties will be resolved per the County's established procedure.

1.6 WARRANTY

All warranties express and implied, shall be made available to the County for goods and services covered by this solicitation. At no expense to the County, the vendor shall correct any and all apparent and latent defects that may occur within the expressed or implied standard warranty period.

1.7 ESTIMATED QUANTITIES

The County may use "estimated" within the RFQ is for general information and evaluation only. The County makes no guarantee as to actual quantities to be ordered. The County will not be liable for payments beyond the amount due for quantities of goods or services actually ordered.

1.8 NON-EXCLUSIVITY

The County reserves the right to contract for any work and services exact or similar to those described in the RFQ from any alternate source and in any appropriate manner that serves its best interests.

1.9 RULES, REGULATIONS AND LICENSES



CERTIFICATE OF LIABILITY INSURANCE

8/1/2017

DATE (MM/DD/YYYY)

7/13/2016

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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Old Republic Insurance Company		24147
INSURER B : AIG Europe Limited		0
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
1055293
FERRELL GAS, LP
DBA: BLUE RHINO
ONE LIBERTY PLAZA
LIBERTY, MO 64068

COVERAGES FERCO03 CERTIFICATE NUMBER: 12459203 REVISION NUMBER: XXXXXXX

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 SUBR INSD YVO	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 <input checked="" type="checkbox"/> \$500,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	MWZY-302658 16	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPIOP AGG \$ 5,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	MWTR-303659 16	8/1/2016	8/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	62785190 RETROACTIVE DATE: 08/01/2001	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC 302657 02	8/1/2016	8/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

12459203
EVIDENCE OF INSURANCE ONLY

CANCELLATION

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

Joseph M. Agnello

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CERTIFICATE OF LIABILITY INSURANCE

8/1/2017

DATE (MM/DD/YYYY)

7/13/2016

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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: PHONE: (A/C, No, Ext): FAX: (A/C, No): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE NAID # INSURER A: Ofc Republic Insurance Company 24147 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED 80265 FERRELLGAS, LP DBA: BLUE RHINO ONE LIBERTY PLAZA LIBERTY, MD 64068	

COVERAGES PERCO03 CERTIFICATE NUMBER: 14149042 REVISION NUMBER: XXXXXXXX

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.

TYPE	TYPE OF INSURANCE	ADDC. SUBR. (S-SQ) (Y/N)	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 <input checked="" type="checkbox"/> (500,000 SIR) GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	N	N	ATWZY-302658 16	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED (Per accident) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPIOP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	MWTB-302659 16	8/1/2016	8/1/2017	COMBINED SINGLE LIMIT (Per accident) \$ 3,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> EXPENS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DEQ RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> PROPRIETOR/PARTNER/EXECUTIVE OFFICER/SEWER EXCLUDED? (Manifest in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC 302657 02	8/1/2016	8/1/2017	<input checked="" type="checkbox"/> PER SEATTLE <input type="checkbox"/> OFFER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - CA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	CARGO	N	N	MWTB-302659 16	8/1/2016	8/1/2017	\$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required); THE LIMIT EVIDENCED FOR GENERAL LIABILITY INCLUDES A \$500,000 SIR.

CERTIFICATE HOLDER 14149042 EVIDENCE OF INSURANCE	CANCELLATION 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
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CERTIFICATE OF LIABILITY INSURANCE

8/1/2017

DATE (MM/DD/YYYY)

7/14/2016

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PRODUCER Lockinn Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 968-9000	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED 1401365 FERRELLGAS, LP ONE LIBERTY PLAZA LIBERTY, MO 64068	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Old Republic Insurance Company 24147 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES MAIN I **CERTIFICATE NUMBER:** 3992938 **REVISION NUMBER:** XXXXXXXX

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	ADDC. SUBR. USR. WSP	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> (\$50,000 SIR) GENT. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N N	MWZY-302658 16	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGS \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N N	MWTR-302659 16	8/1/2016	8/1/2017	COMBINED SINGLE LIMIT (Per accident) \$ 3,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEF <input type="checkbox"/> RETENTION \$		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	MVC 302657 02	8/1/2016	8/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> DIR-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMP/OWEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
A	COMMERCIAL GENERAL LIABILITY STATE OF FLORIDA	N N	MWZY-302656 16	8/1/2016	8/1/2017	EACH OCCURRENCE \$500,000 EACH AGGREGATE \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERMS/CONDITIONS
 THE LIMIT EVIDENCED FOR GENERAL LIABILITY INCLUDES A \$500,000 SIR.

CERTIFICATE HOLDER

3992938
 FLORIDA DEPARTMENT OF AGRICULTURE
 & CONSUMER SERVICES
 3125 CONNER BLVD
 SUITE N
 TALLAHASSEE FL 32399-1650

CANCELLATION

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

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CERTIFICATE OF LIABILITY INSURANCE

8/1/2017

DATE (MM/DD/YYYY)

7/14/2016

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).

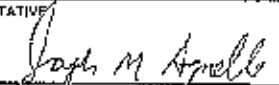
PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: _____ PHONE: _____ FAX: _____ (LIC. No. Exp): _____ (AG. No.): _____ E-MAIL: _____ ADDRESS: _____												
INSURED 1401365 FERRELLGAS, LT ONE LIBERTY PLAZA LIBERTY, MO 64068	INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <td>INSURER A: Old Republic Insurance Company</td> <td>NAC# 24147</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</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 A: Old Republic Insurance Company	NAC# 24147	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: Old Republic Insurance Company	NAC# 24147												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES MAIN 1 CERTIFICATE NUMBER: 2345436 REVISION NUMBER: XXXXXXXX

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.

INSURER	TYPE OF INSURANCE	MODELS	POLICY NO.	POLICY EFF.	POLICY EXP.	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> (500,000 SIR) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____	N N	MWZY-302658 16	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPOSITE AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NOT-OWNED AUTOS ONLY	N N	MWTTB-302659 16	8/1/2016	8/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEF <input type="checkbox"/> RETENTION \$		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED (Mandatory in MI) If yes, describe (s) by: _____ DESCRIPTION OF OPERATIONS below: _____	N N/A	MWC 302657 02	8/1/2016	8/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY STATE OF FLORIDA	N N	MWZY-302656 16	8/1/2016	8/1/2017	EACH OCCURRENCE \$500,000 EACH AGGREGATE \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THE LIMIT EVIDENCED FOR GENERAL LIABILITY INCLUDES A \$500,000 SIR. THE EVIDENCED GENERAL LIABILITY POLICY APPLIES ONLY TO FLORIDA LOCATIONS.

CERTIFICATE HOLDER 2345436 FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES 3125 CONNER BLVD SUITE N TALLAHASSEE FL 32399-1650	CANCELLATION See Attachment 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 
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Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Ferrellgas, L.P.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any): _____
 Exempt or from FATCA reporting code (if any): _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
One Liberty Plaza

6 City, state, and ZIP code
Liberty, MO 64068

7 Lat account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									
4	3		1	6	9	8	4	8	1

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | Signature of U.S. person ▶ *Walter Brown* | Date ▶ 1/5/15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irb.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report or an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099 (home mortgage interest), 1098-E (student loan interest), 1098-I (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
- Certify that you are not subject to backup withholding; or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.