

HARVEST OF HAY AGREEMENT

THIS AGREEMENT entered into this 16<sup>th</sup> day of April, 2012, by and between **JACKSON COUNTY, MISSOURI**, (hereinafter "County") and **JOSEPH HAND**, 731 NW 1501 Road, Holden, MO 64040, (hereinafter "Hand").

WHEREAS, County owns certain tracts of real property located within and as parts of Landahl Park, Fleming (Blue Springs Lake) Park, and Longview Lake Park; and,

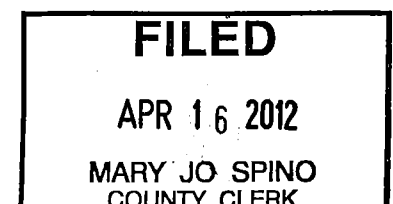
WHEREAS, by Invitation to Bid No. 17-12, County has opened bids for lease of the above lands to parties wishing to seed and harvest a variety of crops and hay; and,

WHEREAS, Hand has submitted the best bid for lease of the property at Landahl Park, Fleming (Blue Springs Lake) Park, and Longview Lake Park, and both parties seek to formalize their agreement through this document; and,

WHEREAS, by Resolution 17860, dated March 19, 2012, County awarded a lease to Hand on Bid No. 17-12 and authorized its Director of Finance and Purchasing to execute the documents necessary to the accomplishment of the award; and,

NOW THEREFORE, in consideration of the foregoing and the terms and provisions herein contained, County and Hand respectively agree with each other as follows:

1. County shall permit Hand to use tracts of land located at Landahl Park, Fleming (Blue Springs Lake) Park, and Longview Lake Park, and more specifically identified in Invitation to Bid No. 17-12, for an eight-year term running from the date of this agreement's execution to December 31, 2019 for the harvesting of hay as set out in Hand's response to Invitation to Bid No. 17-12, dated February 15, 2012, which is attached hereto



as Exhibit A and incorporated herein by reference.

2. All other activities of Hand shall be governed by the Jackson County Code.

3. Hand shall pay to County the annual total sum of \$3,200.00 for lease of property located at Landahl Park, \$1,308.00 for lease of property located at Fleming (Blue Springs Lake) Park, and \$6,916.00 for lease of property located at Longview Lake Park, for an aggregate total in the amount of \$11,424.00, to be paid from the proceeds of the sale of hay under this lease.

4. During the tenure of this lease, Hand shall use said property only for the herein designated purpose. Hand shall at all times maintain the property in good condition and shall avoid practices detrimental to the value of said property.

5. Hand shall cut no timber, conduct no mining operations, remove no sand, gravel, or kindred substances from the ground, commit no waste of any kind nor in any manner change the contour or condition of this property under the contract.

6. Hand shall not cause or permit the construction or location of any structure on the premises without prior written consent from the Director of the Parks and Recreation Department.

7. Each payment shall be in the form of a certified or cashier's check payable to Jackson County, Missouri.

8. Each payment shall be made on or before December 1 of each harvest year. Failure to remit any payment on the corresponding due date shall constitute breach of the Agreement unless written permission has been given prior to the due date by the Director of Parks and Recreation for late remittance of payment.

9. The County shall not be liable for damages to property or injuries to persons

which may arise from or be incident to the use and occupation of the premises by Hand. Hand shall indemnify County for any such damages.

10. Hand shall be liable for any damage that may be caused to County property by the activities of Hand, and shall exercise due diligence in the protection of all improvements and other property of the County which may be located on the premises.

11. Either the County or Hand may terminate this Agreement by giving thirty days' written notice to the other party. If Hand shall terminate this Agreement and termination is not the result of a breach of said Agreement, Hand shall be entitled to harvest, gather and remove his hay crops planted on said premises or, at the discretion of the County, may allow Hand reasonable compensation in lieu thereof for Hand's hay crops. If all or a portion of the hay remains unharvested at the time of such a termination, Hand's compensation will be determined by a formula approved by the Director of Parks and Recreation.

13. In the event Hand terminates this Agreement prior to the expiration date hereof it shall be in the sole discretion of the County to determine if Hand shall be entitled to any part of hay on premises, or reasonable compensation for same.

14. The term of this Agreement may be extended by written agreement between the parties, under such additional or changed conditions as may be agreed to.

15. The Director of Parks and Recreation of Jackson County shall serve as Agreement Administrator for the County, and shall be the person to whom any notices pursuant to this Agreement shall be sent.

16. The waiver or modification by any party hereto of any term or condition hereof shall not void, waive or modify any other term or condition hereof. The failure of any party

to insist, in any one or more instances, upon the performance of any term of this Agreement shall not be construed as a waiver or relinquishment of such party's right to such performance or to future performance of such term.

17. On or before the date this Agreement's term expires or its termination by the County, Hand shall vacate the stated premises, remove the property of Hand therefrom, and restore the stated premises to a condition satisfactory to the County, damages beyond the control of the bidder and due to fair wear and tear excepted.

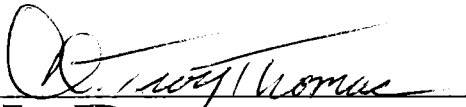
18. Hand takes the property subject to easements of record.

19. This Agreement, together with Invitation to Bid No. 17-12 and Hand's response thereto, incorporates the entire understanding and agreement of the parties.

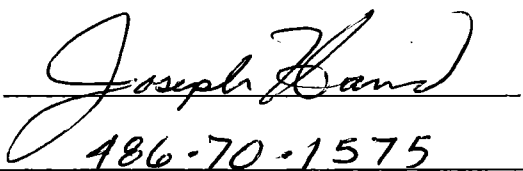
(Signature page to follow)

IN WITNESS WHEREOF, the parties hereto have signed and executed this Agreement of the date first above written.

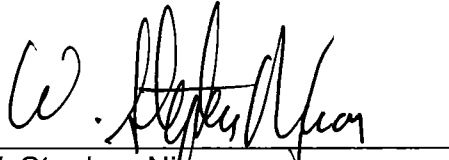
JACKSON COUNTY, MISSOURI

By   
Q. Troy Thomas  
Director of Finance and Purchasing

JOSEPH HAND

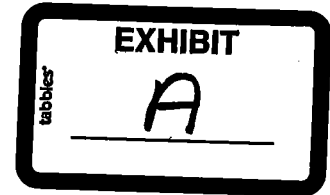
By   
486-70-1575  
Federal I. D. Number or  
Social Security Number

APPROVED AS TO FORM:

  
W. Stephen Nixon  
County Counselor

ATTEST:

  
Mary Jo Spino  
Clerk of the Legislature



QUOTATION

NO	LOCATION	HAY	CROP
1.	Little Blue Trace, ± 85 Acres	\$ NO BID	N/A
2.	Landahl Park Reserve, ± 200 Acres	\$ 3200.=	N/A
3.	Monkey Mountain Nature Reserve, ± 120 Acres	N/A	\$ NO BID
4.	Fleming Park, Blue Springs Lake, ± 109 Acres	\$ 1308.=	N/A
5.	Fleming Park, Lake Jacomo, ± 202 Acres	\$ 2828.=	N/A
6.	Blue & Gray Park Reserve, ± 268 Acres	N/A	\$ NO BID
7.	Longview Lake, ± 266 Hay Acres, ± 202 Crop Acres	\$ 6916.=	\$ NO BID
8.	TMC Farm Ground, ± 54 Acres	N/A	\$ NO BID

SIGNATURE: <i>Joseph V. Hand</i>	DATE: 2/15/2012
NAME: JOSEPH. V. HAND (Print or Type)	PHONE: 816.419.4222
TITLE: OWNER (Print or Type)	CELL: 816.419.4222
COMPANY NAME: HAYMAKER'S (Print or Type)	FAX:
EMAIL ADDRESS: jvhand@kc.rr.com (Print or Type)	
WEB ADDRESS: (Print or Type)	

**AFFIDAVIT**

STATE OF MISSOURI )  
 ) SS.  
COUNTY OF JACKSON )

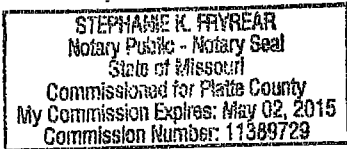
JOSEPH HAND of the City of HOLDEN, MO  
County of JOHNSON State of MISSOURI being duly sworn on her or his oath, deposes and says;

1. That I am the OWNER (Title of Affiant) of JOSEPH V. HAND (Name of Bidder) and have been authorized by said Bidder to make this Affidavit upon my best information and belief, after reasonable inquiry as to the representations herein.
2. No Officer, Agent or Employee of Jackson County, Missouri is financially interested directly or indirectly what Bidder is offering to sell to the County pursuant to this Invitation (though no representation is made regarding potential ownership of publicly traded stock of bidder).
3. If Bidder were awarded any contract, job, work or service for Jackson County, Missouri, no Officer, Agent or Employee of the County would be interested in or receive any benefit from the profit or emolument of such.
4. Either Bidder is duly listed and assessed on the tax rolls of Jackson County, Missouri and is not delinquent in the payment of any taxes due to the County or Bidder did not have on December 31, 2011, any property subject to taxation by the County and if bidder is duly listed and assessed on the tax rolls of Jackson County, Missouri, bidder agrees to permit an audit of its records, if requested by the Jackson County Director of Assessment, as they relate to the assessment of Business Personal Property.
5. Bidder has not participated in collusion or committed any act in restraint of trade, directly or indirectly, which bears upon anyone's response or lack of response to the Invitation.
6. Bidder certifies and warrants that Bidder or Bidder's firm/organization is not listed on the General Services Administration's Report of Debarred and/or Suspended Parties.
7. Bidder certifies and affirms its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.
8. Bidder certifies and affirms that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

JOSEPH V. HAND (Name of Bidder)  
By: Joseph V. Hand (Signature of Affiant)  
OWNER (Title of Affiant)

Subscribed and sworn to before me this 15 day of FEBRUARY, 2012

NOTARY PUBLIC in and for the County of PLATTE (SEAL)  
State of MISSOURI



My Commission Expires: 5/2/2015

**JACKSON COUNTY, MISSOURI  
COMPLIANCE REVIEW FORM**

Report Date: \_\_\_\_\_ (All reports expire annually on December 31<sup>st</sup>)

**DIRECTIONS FOR COMPLETION:**

Please fill out form completely. If a question refers to "past report" and this is your first one, place "1<sup>st</sup> Report" in the blank. If a question addresses an area which does not apply to your company, such as (subcontractors), place "N/A" in the blank. Please be sure this and subsequent reports are SIGNED AND DATED. If you have any questions, please call our office at (816) 881-3467.

Mail/Fax or Email reports to:  
Tom Wyrsh  
Contract Compliance Review Director  
415 East 12<sup>th</sup> Street - 2<sup>nd</sup> Floor  
Kansas City, Missouri 64106  
EMAIL: [cro@jacksongov.org](mailto:cro@jacksongov.org)  
FAX: (816) 881-1223

**1. COMPANY DESCRIPTION:**

Name of Company HAYMAKER'S  
Street Address ~~731~~ 731 NW 1501 Road  
City Holden State Mo Zip 64040-8420  
Email Address: jvhand@kc.rr.com  
Website Address: \_\_\_\_\_  
Area Code 816 Telephone Number 419.4222  
Representative Name JOE HAND

**2. COMPANY STATISTICS:**

- A. Total number of Employees 6
- B. Total Number of Employees who are:
- |                   |                          |
|-------------------|--------------------------|
| 1. Women <u>1</u> | 4. Asian _____           |
| 2. Hispanic _____ | 5. American Indian _____ |
| 3. Black _____    | 6. Other <u>5</u>        |

YES NO N/A

3. Has your company advertised for applicants since your report? \_\_\_\_\_  \_\_\_\_\_  
If so, please attach a list of publications in which ads appeared, the dates of advertising, and copies of such advertisement

4. Has there been an effort since your last report to further orientate supervisors and key personnel to the spirit and intent of the program? \_\_\_\_\_  \_\_\_\_\_  
If so, please attach a detailed report of such efforts

5. Have there been any adjustments in your job prerequisites or your recruiting and intake procedures? \_\_\_\_\_  \_\_\_\_\_  
If so, please attach a narrative of such efforts.



YES NO N/A

6. Has any effort been made since your last report in disseminating your policy to all your employees or in encouraging them to refer Minority or Female applicants?  
If so, please attach a narrative of such efforts.
7. Are you attaching any other comments or concerns which you would like to have reviewed as part of determining compliance with your programs?

List all minority contractors/suppliers (Minority Owned Business Enterprises MBE or Women Owned Business Enterprises WBE) with which you have contracted during this reporting period.

NAME OF COMPANY \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 REPRESENTATIVE NAME \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 WEBSITE ADDRESS \_\_\_\_\_  
 PRODUCTS, SERVICE, AREA OF SCOPE OF WORK: \_\_\_\_\_  
 DURATION OF CONTRACT \_\_\_\_\_  
 AMOUNT OF CONTRACT \_\_\_\_\_

REPEAT THE ABOVE INFORMATION ON A SEPARATE SHEET FOR ADDITIONAL MBE/WBE FIRMS WITH WHOM YOU HAVE CONTRACTED.

Figures of Employment Analysis section of this report was obtained from:

	YES	NO
1. Available employment	<u>      </u>	<u>      </u>
2. Visual check	<u>      </u>	<u>      </u>
3. Other (specify) _____		

This Compliance Review Form was prepared and submitted by:

Joe Hand  
 Signature  
Joe Hand - Owner  
 Name and Title  
2/15/2012  
 Date

I certify that all answers and information herein contained are true to the best of my knowledge, and I understand that any mis-statement of fact may subject this company to non-compliance procedures.

**STATEMENT OF CONTRACTOR'S QUALIFICATIONS**  
 (Complete in full, Use attachments if necessary)

Name of Bidder: <b>JOSEPH V. HAND</b>	
Address with Zip Code: <b>64040.8420</b>	
Federal Tax I.D. Number:	
Check One: Corporation      Partnership      Sole Proprietorship <input checked="" type="checkbox"/>	
If SOLE PROPRIETORSHIP, state name, address and phone number of owner:	
<b>JOSEPH V. HAND (HAYMAKERS)</b>	
<b>731 NW 1501 Rd. Holden, MO 64040.8420</b>	
<b>816.419.4222</b>	
If CORPORATION:	
Date of Incorporation:	Name of State(s) in which incorporated:
President's Name:	Vice-President's Name:
Secretary's Name:	Treasurer's Name:
If PARTNERSHIP:	
Is the Partnership:      General      Limited      Association      (Check one)	
Date of Organization:	
Name and addresses of all partners:	
1.	
2.	
3.	
<b>GENERAL INFORMATION:</b>	
Percent of work to be done under the proposed contract by your own staff: <b>100%</b>	
No. of Permanent Employees: <b>3</b>	Geographical Limits of Operation: <b>80mi radius</b>
No. of years in business: <b>5 yrs</b>	
Have you ever done business under a different name: Yes <input checked="" type="checkbox"/> No (Check one)	
If Yes, give Name and Location:	
<b>COWTOWN Printing, LLC &amp; HAND Graphic SYSTEMS, Inc</b>	
Has contractor ever withdrawn or defaulted on a contractual obligation: Yes      No <input checked="" type="checkbox"/> (Check one)	
If Yes, state where and why:	

STATEMENT OF CONTRACTOR'S QUALIFICATIONS - Continued

Has Contractor ever been sued for breach of any contract? Yes  No  (Check one)

If Yes, Explain:

List Completed Contracts within the Past Three Years, Including Amount of Each:

List of Current Contracts, Including Amount of Each:

Customer Reference (state name, address, and phone number):

List each subcontractor you plan to use if awarded the contract. If no, so state.

SUBCONTRACTOR'S NAME & PHONE #	ITEM OF WORK	\$ AMOUNT OF CONTRACT	MBE/WBE
none			
↓			

State any other relevant information concerning Contractor's history, credentials, responsibility and capabilities (If none, so state):

EXPERIENCED WITH FARM EQUIPMENT. MOWING, SEEDING, BALING OF HAY. MANAGE PASTURES, UPKEEP OF CROP.

DBE STATUS Indicate status claimed:

1. Minority Owned Business (MBE) YES  NO   
 African American  Latino  Native American  Asian  Pacific Islander
2. Woman Owned Business (WBE) YES  NO
3. Small Business YES  NO

For consideration as an MBE, WBE or Small Business, a copy of any governmental entity or Minority Supplier Council certification must be attached.

Prepared by (print or type): JOSEPH V. HAND	Title: OWNER
Signature: <i>Joseph V. Hand</i>	Date: 2/15/12

**STATEMENT OF NO BID**

TO: Jackson County Purchasing Department  
Jackson County Courthouse  
415 East 12th Street, Room G1  
Kansas City, MO 64106

NOTE: Please use the enclosed return envelope when returning this page.

We, the undersigned, have declined to submit a bid in response to the above Invitation To Bid for the following reason(s):

Specifications too "tight", i.e., geared toward one brand or supplier.

Insufficient time to respond to the bid.

We do not offer this product or service.

Our schedule would not permit us to perform.

We are unable to meet specifications.

We are unable to meet bond requirements.

Specifications are not clear (explain).

We are unable to meet insurance requirements.

Remove us from your list for this commodity or service.

Other (explain) \_\_\_\_\_

REMARKS no remarks

\_\_\_\_\_

\_\_\_\_\_

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

Signature: Joseph V. Hand

Telephone: \_\_\_\_\_

Date: 2/15/12

**ACKNOWLEDGMENT OF RECEIPT OF ADDENDA**

The undersigned acknowledges receipt of Addenda through and including numbers all and that this Proposal is submitted in accordance with information, instructions, and stipulations set forth therein.

Signature of Respondent Joseph V. Hand

2/15/12  
Date

Company Name Haymakers

Address 731 NW 1501 ~~RD~~ Rd

City, State, and Zip Holden, MO 64040.8420

816.419.4222  
Phone



DEANA L. POSTON-SEIBOLD, AGENT  
6511 NORTH COSBY AVENUE  
KANSAS CITY, MISSOURI 64151-2413  
PHONE: OFF: (816) 741-1162  
ACCESS ANYTIME: 1-800-MY AMFAM / amfam.com  
E-MAIL: dposton@amfam.com

February 15, 2012

RE: Joseph Hand

To Whom It May Concern:

Please find attached current coverages for Joseph Hand's farming operations and his autos.

Upon winning the bid for the ground in Jackson County, coverages would be increased to:

\$2,000,000 liability on the farm policy  
\$1,000,000 liability on the autos  
BI PD

Also, an Umbrella policy for \$1,000,000 will be written, as well as Workman's Comp on anyone he employs.

Please call my office if you have any questions regarding this matter.

Sincerely,

Deana Poston-Seibold  
American Family Insurance Agent

**American Family Mutual Insurance Company**  
**Personal Insurance Review**  
**Farm / Ranch**

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**Hand, Joe**

6727 NW Mirror Lake  
Parkville, MO 64152-2553

**Deana Poston-Seibold Agency**

6511 N Cosby Ave  
Kansas City, MO 64151-0000

**Policy Information**

**Policy Number:** 24-K34713-01      **Version:** 0011  
**Policy Effective:** 03/11/2011 to 03/11/2012  
**Total Acres:** 62

**Coverages**

<u>Description</u>	<u>Premium</u>
Property Coverages	\$1,336.0
Liability and Medical Expense Coverages	Included
Farm Personal Property Coverages	\$255.00
Farm Outbuilding Coverages	\$288.00

**Options / Endorsements**

Description  
MO Prop & Cas Ins Guarnty Assn END3592/92  
ID of Issuing Insurance Comp. IL75240793  
Computer Related Problem Excl. FR04760798  
War Liability Excl FR04101003  
Farm/Ranch Policy Booklet U60B0690  
MO Amendatory Farm/Ranch 0300MO0710

**Section 1- Property Coverages**

**Location:** 00001      **Premises:** 001

<b>Policy Form:</b> Farm/Ranch Form 5 GS	<b>Town Class:</b> 006
<b>Town:</b> 47	<b>Fire Department:</b> 811
<b>Section:</b> 16	<b>Construction:</b> Frame
<b>Range:</b> 28	

**Coverages**

<u>Description</u>	<u>Limit</u>
Dwelling	113,000
Personal Property	84,800
Deductible Section I	1,000

**Current Premium:** \$1,879.00

**Renewal Premium:**

Status: Active      Renewal Status: No Current Bill  
Last Modified Date: 05/14/2011      Billing: Cust Bill 016-542-593-15

**American Family Mutual Insurance Company**  
**Personal Insurance Review**  
**Farm / Ranch**

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**Hand, Joe**  
6727 NW Mirror Lake  
Parkville, MO 64152-2553

**Deana Poston-Seibold Agency**  
6511 N Cosby Ave  
Kansas City, MO 64151-0000

**Options / Endorsements**

Description  
Personal Property Repl Cov Option 14  
Ext Cov on Jewelry Watches Fur Option 2  
Seasonal/Recreational Farm FR03220690  
Premise You Own, Rent, Occupy FR03210690  
Pd Liab. for Chem Overspray FR04680292  
Special Deluxe Form 5 FR050603  
Identity Fraud Exp Cov End FR05110410

**Section 2- Liability and Medical Expense Coverages**

Number of partners: 0  
Number of Corporations: 0

**Coverages**

<u>Description</u>	<u>Limit</u>
Medical Expense	5,000
Property Liability	1,000,000

**Location: 00001**

**Premises: 001**

<b>Town:</b> 47	<b>Number of Additional Dwellings:</b> 0
<b>Section:</b> 16	<b>Number of Additional Buildings:</b> 0
<b>Range:</b> 28	<b>Number of Additional Farms:</b> 0

**Section 3- Farm Personal Property Coverage**

**Coverages**

<u>Description</u>	<u>Limit</u>
Section III ded per occurrence	1,000
Machinery Limit	48,400

**Options / Endorsements**

Description  
Scheduled Farm Pers Property Section 3  
Theft and V&MM Option 8  
Overturn or Collision Option 9

Limit

**Current Premium: \$1,879.00**

**Renewal Premium:**

Status: Active                      Renewal Status: No Current Bill  
Last Modified Date: 05/14/2011      Billing: Cust Bill 016-542-593-15

Prepared: 02/15/2012 12:42 pm



**American Family Mutual Insurance Company**  
**Personal Insurance Review**  
**Farm / Ranch**

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**Hand, Joe**  
6727 NW Mirror Lake  
Parkville, MO 64152-2553

**Deana Poston-Seibold Agency**  
6511 N Cosby Ave  
Kansas City, MO 64151-0000

**Section 4- Farm Outbuildings Coverages**

**Coverages**

<u>Description</u>	<u>Limit</u>
Section 4 ded. per occurrence	1,000
Farm Outbuildings Class 1	15,000
Farm Outbuildings Class 2	2,000
Farm Outbuildings Class 3	10,000

**Options / Endorsements**

<u>Description</u>
Schedule of Farm Outbuildings Section 4
Outbuilding Collapse FR04270690

**Current Premium: \$1,879.00**

**Renewal Premium:**

Status: Active

Renewal Status: No Current Bill

Last Modified Date: 05/14/2011

Billing: Cust Bill 016-542-593-15

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Prepared: 02/15/2012 12:42 pm

**American Family Mutual Insurance Company**  
**Personal Insurance Review**  
**AFMIC Family Auto**

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**Hand, Joseph & Karen**  
6727 NW Mirror Lake  
Parkville, MO 64152-2553

**Deana Poston-Seibold Agency**  
6511 N Cosby Ave  
Kansas City, MO 64151-0000

**Policy Information**

**Policy Number:** 1656-8772-08-08-FPPA-MO  
**Policy Effective:** 12/10/2011 to 06/10/2012

**Vehicle Information**

2011 DODG 350 3D73Y4CL2BG567690

**Symbol:** 36  
**Demerit Points:** 0  
**Rate Class:** C7B  
**Territory:** 39

**Gross Vehicle Weight:** 0  
**Camper/Trailer Cost:**  
**Usage:** Work/School > 7500 Miles  
**Location of Risk:** Parkville, MO 64152

**Basic Coverages**

<u>Description</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
Bodily Injury Liability Per Person	100,000		\$109.90
Bodily Injury Liability Per Occurrence	300,000		Included
Property Damage Liability Per Occurrence	100,000		Included
Comprehensive		1000	\$67.10
Collision		1000	\$122.90
Uninsured Motorist Per Person	100,000		\$15.70
Uninsured Motorist Per Occurrence	300,000		Included
Underinsured Motorist Per Person	100,000		\$9.20
Underinsured Motorist Per Occurrence	300,000		Included

**Discounts / Surcharges**

<u>Description</u>	<u>Premium</u>
Multiple Vehicle Discount	
Air Bag Discount	
Advantage Discount (24-BP0903-01) 25%	

**Lienholders / Titleholders / Other**

Lienholder

Ally Financial, PO Box 8116, Cockeysville, MD 21030-8116

**Current Premium:** \$324.80

**Renewal Premium:**

Status: Active

Inception Date: 08/10/2008

Renewal Status: No Current Bill

Last Modified Date: 12/15/2011

Billing: Cust Bill 011-044-198-95

**American Family Mutual Insurance Company**  
**Personal Insurance Review**  
**AFMIC Family Auto**

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**Hand, Joseph & Karen**  
6727 NW Mirror Lake  
Parkville, MO 64152-2553

**Deana Poston-Seibold Agency**  
6511 N Cosby Ave  
Kansas City, MO 64151-0000

**Policy Information**

**Policy Number:** 1656-8772-11-88-FPPA-MO  
**Policy Effective:** 12/10/2011 to 06/10/2012

**Vehicle Information**

**2005 DODG SQ3 3D7MR48C45G806994**

**Symbol:** 33  
**Demerit Points:** 0  
**Rate Class:** F7  
**Territory:** 39

**Gross Vehicle Weight:** 0  
**Camper/Trailer Cost:**  
**Usage:** Farm < 7500 Miles  
**Location of Risk:** Parkville, MO 64152

**Basic Coverages**

<u>Description</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
Bodily Injury Liability Per Person	100,000		\$72.70
Bodily Injury Liability Per Occurrence	300,000		Included
Property Damage Liability Per Occurrence	100,000		Included
Comprehensive		1000	\$42.90
Collision		1000	\$71.20
Uninsured Motorist Per Person	100,000		\$15.70
Uninsured Motorist Per Occurrence	300,000		Included
Underinsured Motorist Per Person	100,000		\$9.20
Underinsured Motorist Per Occurrence	300,000		Included

**Discounts / Surcharges**

<u>Description</u>	<u>Premium</u>
Multiple Vehicle Discount	
Air Bag Discount	
Advantage Discount (24-BP0903-01) 25%	

**Current Premium:** \$211.70

**Renewal Premium:**

Status: Active  
Inception Date: 08/20/2009      Renewal Status: No Current Bill  
Last Modified Date: 12/15/2011      Billing: Cust Bill 011-044-198-95