



6 pages

# Bohm Farm & Ranch Inc.

632 S. Broadway - Salina, KS 67401  
PH: 785-476-5076 FAX: 785-823-9308  
785-820-0094 Cell

10/8/15

### Landfill Staff:

BOHM FARM & RANCH wishes to submit a bid of \$ -0- per ton for any & all metals & white goods from your facility. We are also interested in any batteries that you may have at your site. Should we be awarded this bid, we would remove the finished product within the deadline of the landfill.

Our equipment consists of an EZ Auto Logger or an Overbuilt car crusher. We also have the loaders, semis with trailers, and help to load & transport the processed metal.

We have worked for the following counties, & submit them as references:

CLARK Co.	Kenny Allison	620-635-2742
City of Oakley	Marc Burris	785-953-0054
GREELEY Co.	Mike Michler	620-376-8163
KEARNY Co.	Ron Vanover	620-290-1539
MORGAN Co., CO	Alberta Naill	970-867-9713
OSAGE Co.	Glen Tyson	785-220-2091
SALINE Co.	Ron Roush	785-309-5750
STANTON Co.	Vaughn Lorensen	620-492-6892
WILSON Co.	Allen Barnhart	620-383-3035

Thank you for your consideration. We look forward to hearing from you. It will be our privilege to work with you & your staff. If freon removal should be needed, we have the equipment necessary to do the job on site.

*Our bid is based on today's market price in Kansas City & subject to change with the market. We would bale, pick-up, & haul the metal if agreed upon. We would offer 15¢/# for batteries.*

BOHM FARM & RANCH



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/27/2015

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).

<b>PRODUCER</b> Bergkamp Insurance Center, Inc. 300 N. Main Street  So. Hutchinson KS 67505	<b>CONTACT NAME:</b> Kathy <b>PHONE (A/C No. Ext):</b> (620) 662-7067 <b>FAX (A/C No.):</b> (620) 662-8966 <b>E-MAIL ADDRESS:</b> kathyc@bergkampinsurance.com														
<b>INSURED</b> Bohm Farm & Ranch, Inc. BFR Metals 632 S. Broadway Salina KS 67401	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Scottsdale Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B: National Continental Insurance</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(S) AFFORDING COVERAGE	NAIC #	INSURER A: Scottsdale Insurance Co.		INSURER B: National Continental Insurance		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Scottsdale Insurance Co.															
INSURER B: National Continental Insurance															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES** **CERTIFICATE NUMBER: 2015-16** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CPS2183351	6/1/2015	6/1/2016	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 2,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY:			CKS0007376143-5	6/1/2015	6/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>  <p style="text-align: center;">***FOR INFORMATIONAL PURPOSES ONLY***</p>	<b>CANCELLATION</b>  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  Phil Bergkamp/KATHY
---	---

KANSAS DEPARTMENT OF REVENUE  
DIVISION OF VEHICLES  
DEALER LICENSING BUREAU  
PO BOX 2369  
TOPEKA, KS 66601-2369  
296-3621  
Web Site: www.ksrevenue.org/dmv

VEHICLE DEALER BOND

The original bond must be signed and mailed to the Dealer Licensing Bureau

\* 68 \*

D# \_\_\_\_\_

F# \_\_\_\_\_

Bond# 7900351021

KNOW ALL MEN BY THESE PRESENTS: THAT

Bohm Farm & Ranch, Inc.

Individual Proprietorship  Partnership  Corporation  LLC  LL  LC

with main office location at 1500 State Street Salina KS 67401  
(Street-Address) (City) (State) (Zip)

as principal, and Nationwide Mutual Insurance Company a corporation authorized to transact  
(Surety)

business in Kansas, as surety, are held and firmly bound unto the STATE OF KANSAS and severally to such persons who shall conduct business with said principal in its capacity as a motor vehicle dealer in the sum of Thirty thousand dollars (\$30,000.00); lawful money of the United States, to the payment of which, well and truly to be made, we hereby bind ourselves, our heirs, executors, administrators, assigns and successors firmly by these presents.

WHEREAS, the above-named principal is a vehicle dealer within the provisions of Kansas Statutes Annotated, Chapter 8, Article 24, concerning manufacture, distribution and sale of vehicles and is required by such article to comply with the provisions applicable to the licensee, this bond exists as indemnity for any loss sustained by a retail or wholesale buyer or seller of a vehicle by reason of any act by the licensee constituting grounds of suspension or revocation of the license, in accordance with and under authority of K.S.A. 8-2401 et seq.

NOW, THEREFORE, the condition of this obligation is such that if the above-named principal shall faithfully comply with the provisions of said article concerning manufacture, distribution and sale of vehicles and rules and regulations promulgated pursuant thereto, this obligation shall be void and of no effect; otherwise it shall remain in full force and effect.

IT IS FURTHER UNDERSTOOD AND AGREED that the above obligation shall extend, without notification to the Surety, to any change of officers of the principal, if the Principal is a corporation, to any additional locations or changes of address of the Principal or to any substitution of business name of the Principal wherein ownership is not changed.

IT IS FURTHER UNDERSTOOD AND AGREED that regardless of the number of years this bond may remain in force and number of claims which may be made against this bond, the aggregate liability of the surety for any and all claims shall not exceed the amount stated above, and that the surety shall have the right to cancel the bond upon the giving thirty (30) days written notice of cancellation to the Principal and the Kansas Department of Revenue, Division of Vehicles, Dealer Licensing Bureau, Topeka, KS 66626-0001.

This bond effective on and after the 28th day of September 2011  
Month Year

RENEWAL DATE OF BOND: UNTIL CANCELLED

Witness our hands at Salina, KS, this 27th day of September 2011  
city Month Year

Principal: Bohm Farm & Ranch, Inc.

BY: \_\_\_\_\_  
Dealership Owner or President Signature Print Name

ATTEST: \_\_\_\_\_  
(Second Corporate Officer, indicate office) Print Name

(Seal of Corporate Surety)

Surety Name: Nationwide Mutual Insurance Company

Surety Address: 1100 Locust St., Dept. 2006 Des Moines, IA 50391-2006  
Street City State Zip

Surety Phone Number: 866-387-0457

Signature of Attorney in Fact: Elizabeth Moore  
Print Name

Attorney-in-fact must attach a copy of written authority. (Power of Attorney)



SURETY RIDER

Nationwide Mutual Insurance Company  
Bond Department  
1100 Locust Street, Department 2006  
Des Moines, IA 50391-2006

TO BE ATTACHED TO AND FORM PART OF  
Kansas Motor Vehicle Dealer

BOND NUMBER 7900351021

IN FAVOR OF Kansas Department of Revenue, Division of Vehicles, Dealer Licensing Bureau  
(Obligee)

ON BEHALF OF Bohm Farm & Ranch, Inc.

(Principal)

IT IS AGREED THAT, in consideration of the original premium charged for this bond, and any additional premium that may be properly chargeable as a result of this rider,

1. The Surety hereby gives its consent to amend the following:  
Other ; Mailing Address

From:

1500 State Street Salina, KS 67401

To:

623 S Broadway Salina, KS 67401

Effective: September 28, 2011

2. PROVIDED, however, that this attached bond shall be subject to all its agreements, limitations, and considerations except as herein expressly modified, and that the liability of the Surety under the attached bond as changed by this rider shall not be cumulative.

3. Signed and sealed this 27th day of September , 2011 .

Nationwide Mutual Insurance Company

BY: \_\_\_\_\_

Elizabeth Moore, Attorney in Fact

Bond Number 7900351021

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation
Farmland Mutual Insurance Company, an Iowa corporation
Nationwide Agribusiness Insurance Company, an Iowa corporation

AMCO Insurance Company, an Iowa corporation
Allied Property and Casualty Insurance Company, an Iowa corporation
Depositors Insurance Company, an Iowa corporation

hereinafter referred to severally as the "Company" and collectively as the "Companies," each does hereby make, constitute and appoint:

Elizabeth Moore

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings and other obligatory instruments of similar nature, in penalties not exceeding the sum of

Thirty Thousand Dollars (\$30,000.00)

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of its Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 11th day of August, 2009.

[Handwritten signature of Gary A. Douglas]

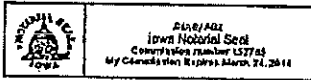
Gary A. Douglas, President and Chief Operating Officer of Nationwide Agribusiness Insurance Company and Farmland Mutual Insurance Company; and Vice President of Nationwide Mutual Insurance Company, AMCO Insurance Company, Allied Property and Casualty Insurance Company, and Depositors Insurance Company

ACKNOWLEDGMENT

STATE OF IOWA, COUNTY OF POLK: ss

On this 11th day of August, 2009, before me came the above-named officer for the Companies aforesaid me personally known to be the officer described in and who executed the preceding instrument, and acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is officer of the Companies aforesaid, that the seals affixed hereto are the corporate seals of said Companies and the said corporate seals and his signature were duly affixed and subscribed to said instrument by authority and direction of said Companies.

[Handwritten signature of Sandy A. Ault]
Notary Public
My Commission Expires March 24, 2014

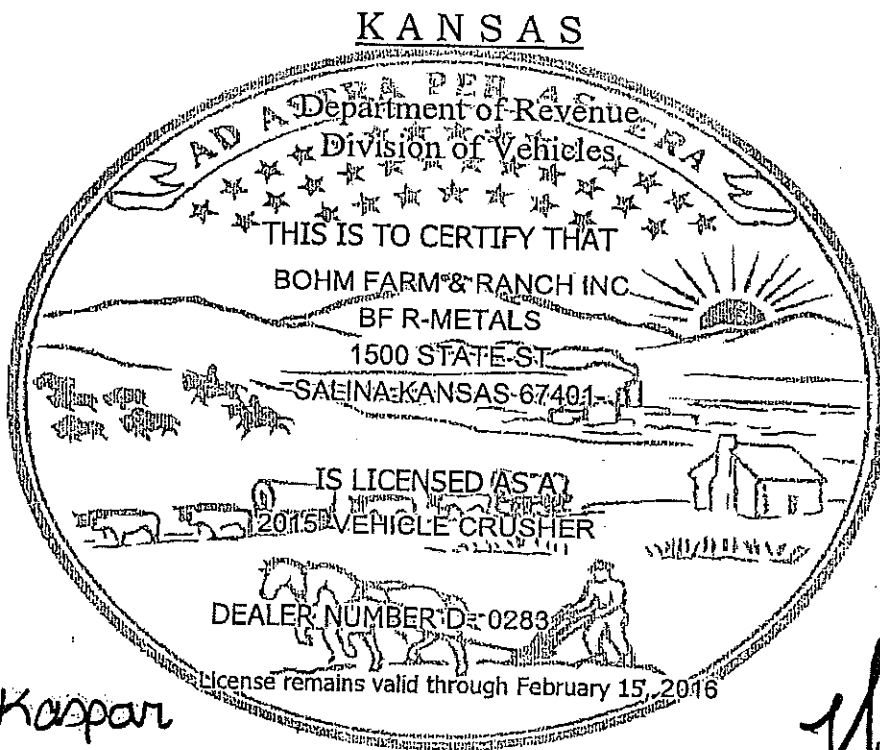


CERTIFICATE

I, Kathy R. Richards, Assistant Secretary of the Companies, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued to the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Gary A. Douglas was on the date of the execution of the foregoing power of attorney the duly elected officer of the Companies, and the corporate seals and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seals of said Companies this 27th day of September, 2011.

[Handwritten signature of Kathy R. Richards]
Assistant Secretary



*Lisa A. Kaspar*

Lisa Kaspar  
Director of Vehicles

*Nick Jordan*

Nick Jordan  
Secretary of Revenue

DOCKING STATE OFFICE BUILDING, 915 SW HARRISON ST, TOPEKA, KS 66626-3852  
VOICE 785-296-3621 FAX 785-296-3852  
<http://www.ksrevenue.org/>