

FILED

MAR 01 2024

JEANNIE GOFF
COUNTY CLERK, JEFFERSON COUNTY, MO 8

BILL NO.: 24-0215

ORDINANCE NO.: 24-0137

INTRODUCED BY: COUNCIL MEMBER (s) Graetke

1 **AN ORDINANCE AUTHORIZING THE JEFFERSON COUNTY,**
2 **MISSOURI, COUNTY EXECUTIVE TO CONTINUE THE LEASE FOR REAL**
3 **PROPERTY LOCATED AT 753, 757 AND 755 MAPLE STREET, HILLSBORO,**
4 **MISSOURI; AND AUTHORIZATION FOR THE COUNTY EXECUTIVE TO**
5 **EXECUTE ANY NECESSARY AGREEMENTS OR CONTRACTS TO**
6 **EFFECTUATE THE LEASE.**

7 **WHEREAS,** Jefferson County, Missouri, (hereafter, the “County”) recommends
8 the lease of real property located at 753, 757 and 755 Maple Street, Hillsboro, Missouri
9 from Bradford Properties, LLC; and

10 **WHEREAS,** Ordinance 19-0181 approved the County Clerk’s Office’s rental of
11 space at those locations to consolidate all the documents into one place; and

12 **WHEREAS,** Ordinance 19-0215 was enacted to amend the lease agreement to
13 include remodeling to leased area to meet the necessary requirements for storing the
14 documents; and

15 **WHEREAS,** Ordinances 21-0306 and 22-0132 renewed the leases of real property
16 at 753,757, and 755 Maple Street Hillsboro, Missouri from Bradford Properties, LLC for
17 two years ending February 28, 2023; and

1 month, in advance, at the office of: BRADFORD PROPERTIES, LLC, P.O. Box 377,
2 Hillsboro, MO 63050.

3 Section 3. A copy of this Ordinance and a fully executed lease shall be
4 maintained by the Department of the County Clerk consistent with the rules and procedures
5 for the maintenance and retention of records as promulgated by the Secretary of State.

6 Section 4. This Ordinance shall be in full force and effect from and after its
7 date of approval. If any part of this Ordinance is invalid for any reason, such invalidity
8 shall not affect the remainder of this Ordinance.


[THIS SPACE INTENTIONALLY LEFT BLANK]

THIS BILL BEING DULY INTRODUCED, THE MEMBERS OF THE JEFFERSON COUNTY, MISSOURI, COUNCIL VOTED AS FOLLOWS:

Council Member District 1, Brian Haskins	<u>yes</u>
Council Member District 2, Gene F. Barbagallo	<u>yes</u>
Council Member District 3, Lori Arons	<u>yes</u>
Council Member District 4, Charles Groeteke	<u>yes</u>
Council Member District 5, Scott Seek	<u>yes</u>
Council Member District 6, Daniel Stallman	<u>yes</u>
Council Member District 7, Bob Tullock	<u>yes</u>

THE ABOVE BILL ON THIS 26 DAY OF February, 2024:

PASSED **FAILED**

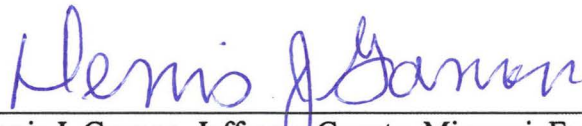

Charles Groeteke, County Council Chair


Cherlynn Boyer, Council Executive Assistant

THIS BILL WAS ✓ APPROVED BY THE JEFFERSON COUNTY EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY, MISSOURI, THIS 1 DAY OF ~~February~~, 2024.

March 8

THIS BILL WAS _____ VETOED AND RETURNED TO THE JEFFERSON COUNTY, MISSOURI, COUNCIL WITH WRITTEN OBJECTIONS BY THE JEFFERSON COUNTY EXECUTIVE, THIS _____ DAY OF _____, 2024.



Dennis J. Gannon, Jefferson County, Missouri, Executive

ATTEST:



Jeannie Goff, County Clerk

First Reading: 02-26-2024



County of Jefferson

State of Missouri
Administration Center
729 Maple Street · PO Box 100
Hillsboro, Missouri 63050



ORDINANCE NO

ennis Gannon 24-0131
County Executive

DEPARTMENT OF ADMINISTRATIVE SERVICES

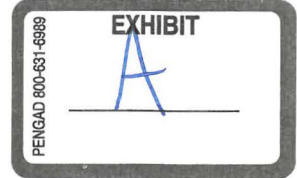
David Courtway - Director

Web Address: www.jeffcomo.org

Dana Downs
Human Resources Manager
(636)797-5563 / Fax (636)797-5596

Jackie Doyle
General Services/Contracts & Grants Manager
(636)797-5380 / Fax (636)797-5067

BRADFORD PROPERTIES LLC
ATTN: THEODORE BRADFORD
PO BOX 377
HILLSBORO MO 63050



January 5, 2024

Attn: Theodore Bradford

The County of Jefferson, Missouri leases property located at #5 Merchant Drive, Hillsboro, Missouri. The renewal option for the lease expires on December 31, 2023.

The County of Jefferson, Missouri may desire to lease the property located at #5 Merchant Street, Hillsboro, Missouri for a one-year term with the same terms and conditions subject to approval by the County Council and County Executive. The new lease term shall be from January 1, 20234 through December 31, 2024.

This lease states and will require that you do not owe any delinquent real or personal property taxes in Jefferson County.

Please include your updated insurance certificates required with this bid.

If you do not own any real or personal property in Jefferson County, please provide a letter stating so and return it with the renewal letter.

Please sign and return as soon as possible if your company agrees to lease this property.

Janet Cego
Printed Name of Authorizing Agent

Signature

2-12-24
Date

If your company does not wish to lease this property, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully,
Jackie Doyle
Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this 12 day of Feb 2024:

Bradford Properties LLC
Company Name

County of Jefferson, State of Missouri

Janet Coyle
Signature
Janet Coyle
Print

Dennis J. Gannon
Dennis J. Gannon County Executive

Company Address: _____

PO Box 377

Hillsboro Mo 63050

Phone: 314-808-3251

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

Kristy Apprill
County Auditor

APPROVED AS TO FORM

[Signature]
County Counselor



Policy Number:
CMPMO2000020015

SCHEDULE OF CLASSIFICATIONS

Named Insured:
BRADFORD PROPERTIES LLC
Agent Name:
SUNSTAR INSURANCE GROUP LLC DBA LAKENAN

Effective Date: 04-04-23
12:01 A.M. Standard Time
Agent Number:
33092-

Code Number:	Premium Basis	Premises/Operations	
Location Number:		Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium

Code Number:	Premium Basis	Premises/Operations	
Location Number:		Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium

Code Number:	Premium Basis	Premises/Operations	
Location Number:		Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium

Code Number:	Premium Basis	Premises/Operations	
Location Number:		Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium



Policy Number:
CMPMO2000020015

SCHEDULE OF CLASSIFICATIONS

Named Insured:

BRADFORD PROPERTIES LLC

Agent Name:

SUNSTAR INSURANCE GROUP LLC DBA LAKENAN

Effective Date: 04-04-23

12:01 A.M. Standard Time

Agent Number:

33092-

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 009/001	7,640	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	377.00
		Products/Completed Operations	
		Rate	Premium
			INCL

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 010/001	4,000	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	197.00
		Products/Completed Operations	
		Rate	Premium
			INCL

Code Number: 49451	Premium Basis	Premises/Operations	
Location Number: 011/001	1	Rate	Premium
Classification: VACANT LAND - OTHER THAN NOT-FOR-PROFIT (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		2.028	2.00
		Products/Completed Operations	
		Rate	Premium
			INCL

Code Number: 92100	Premium Basis	Premises/Operations	
Location Number:	10	Rate	Premium
Classification: EMPLOYEE BENEFITS			151.00
		Products/Completed Operations	
		Rate	Premium



Policy Number:
CMPMO2000020015

SCHEDULE OF CLASSIFICATIONS

Named Insured:
BRADFORD PROPERTIES LLC
Agent Name:
SUNSTAR INSURANCE GROUP LLC DBA LAKENAN

Effective Date: 04-04-23
12:01 A.M. Standard Time
Agent Number:
33092-

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 005/001	6,000	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	296.00
		Products/Completed Operations	
		Rate	Premium
			INCL

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 006/001	9,348	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	461.00
		Products/Completed Operations	
		Rate	Premium
			INCL

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 007/001	6,900	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	341.00
		Products/Completed Operations	
		Rate	Premium
			INCL

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 008/001	6,400	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	316.00
		Products/Completed Operations	
		Rate	Premium
			INCL



Policy Number:
CMPMO2000020015

SCHEDULE OF CLASSIFICATIONS

Named Insured:
BRADFORD PROPERTIES LLC
Agent Name:
SUNSTAR INSURANCE GROUP LLC DBA LAKENAN

Effective Date: 04-04-23
12:01 A.M. Standard Time
Agent Number:
33092-

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 001/001	5,530	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	273.00
		Products/Completed Operations	
		Rate	Premium
			INCL

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 002/001	2,600	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	128.00
		Products/Completed Operations	
		Rate	Premium
			INCL

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 003/001	3,000	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	148.00
		Products/Completed Operations	
		Rate	Premium
			INCL

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 004/001	10,000	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	494.00
		Products/Completed Operations	
		Rate	Premium
			INCL



We insure peace of mind.®

2102 White Gate Drive
P.O. Box 618
Columbia, MO 65205

POLICY NUMBER: CMPMO2000020015

RENEWAL OF: NEW

COMMERCIAL GENERAL LIABILITY DECLARATIONS

ASSOCIATION CASUALTY INSURANCE COMPANY

Named Insured and Mailing Address

BRADFORD PROPERTIES LLC
PO BOX 377
HILLSBORO, MO 63050-0377

Policy Period From: 04/04/2023 To: 04/04/2024 at 12:01 A.M. Time at Your Mailing Address Shown Above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

DESCRIPTION OF BUSINESS

BUSINESS DESCRIPTION:
FORM OF BUSINESS: LIMITED LIABILITY COMPANY

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$100,000	Any one premises
MEDICAL EXPENSE LIMIT	\$5,000	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000	Any one person or organization
GENERAL AGGREGATE LIMIT		\$2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT		\$2,000,000

ALL PREMISES YOU OWN, RENT OR OCCUPY

SEE SCHEDULE OF LOCATIONS

CLASSIFICATIONS

SEE SCHEDULE OF CLASSIFICATIONS

PREMIUM

GENERAL LIABILITY COVERAGE PREMIUM	\$3,335
CERTIFIED TERRORISM COVERAGE	\$50
TOTAL TAXES, SURCHARGES and FEES (if applicable)	
TOTAL PREMIUM	\$3,385

ENDORSEMENTS

ENDORSEMENTS ATTACHED TO THIS POLICY: **SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

MORTGAGEHOLDERS

SEE SCHEDULE OF MORTGAGEHOLDER(S)

FORMS AND ENDORSEMENTS

Form(s) and Endorsement(s) made a part of this policy at time of issue: **SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

Commercial Property Coverage Premium	\$	35,436.00
Certified Terrorism Coverage	\$	502.00
Total Taxes, Surcharges and Fees (if applicable)		
TOTAL PREMIUM	\$	35,938.00

THESE DECLARATIONS, TOGETHER WITH THE COMMERCIAL PROPERTY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY

LOCATION DESCRIPTION

Loc. No.	Bldg. No.	Construction	Deductible
010	001	FRAME	\$ 5,000

COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

Loc. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Premium
010	001	BUILDING	\$ 576,000	SPEC W/ EQ	80	\$ 2,264

* If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.

Agreed Value		Replacement Cost			
Expiration Date:	Amount:	<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Including "Stock"	
Inflation Guard:	% Building	% Personal Property	<input type="checkbox"/> Maximum Period of Indemnity		
Earthquake and Volcanic Eruption Deductible: 15 %			Business Income Time Period:		
Business Income Monthly Limit of Indemnity:			Business Income Extended Days of Indemnity:		

LOCATION DESCRIPTION

Loc. No.	Bldg. No.	Construction	Deductible
			\$

COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

Loc. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Premium

* If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.

Agreed Value		Replacement Cost			
Expiration Date:	Amount:	<input type="checkbox"/> Building	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Including "Stock"	
Inflation Guard:	% Building	% Personal Property	<input type="checkbox"/> Maximum Period of Indemnity		
Earthquake and Volcanic Eruption Deductible:			Business Income Time Period:		
Business Income Monthly Limit of Indemnity:			Business Income Extended Days of Indemnity:		

LOCATION DESCRIPTION

Loc. No.	Bldg. No.	Construction	Deductible
			\$

COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

Loc. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Premium

* If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.

Agreed Value		Replacement Cost			
Expiration Date:	Amount:	<input type="checkbox"/> Building	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Including "Stock"	
Inflation Guard:	% Building	% Personal Property	<input type="checkbox"/> Maximum Period of Indemnity		
Earthquake and Volcanic Eruption Deductible:			Business Income Time Period:		
Business Income Monthly Limit of Indemnity:			Business Income Extended Days of Indemnity:		

LOCATION DESCRIPTION

Loc. No.	Bldg. No.	Construction	Deductible
007	001	FRAME	\$ 5,000

COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

Loc. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Premium
007	001	BUILDING	\$ 931,500	SPEC W/ EQ	80	\$ 3,325

* If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.

Agreed Value		Replacement Cost		
Expiration Date:	Amount:	<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Including "Stock"
Inflation Guard:	% Building	% Personal Property	<input type="checkbox"/> Maximum Period of Indemnity	
Earthquake and Volcanic Eruption Deductible: 15 %		Business Income Time Period:		
Business Income Monthly Limit of Indemnity:		Business Income Extended Days of Indemnity:		

LOCATION DESCRIPTION

Loc. No.	Bldg. No.	Construction	Deductible
008	001	NON-COMBUSTIBLE	\$ 5,000

COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

Loc. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Premium
008	001	BUILDING	\$ 931,500	SPEC W/ EQ	80	\$ 2,990

* If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.

Agreed Value		Replacement Cost		
Expiration Date:	Amount:	<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Including "Stock"
Inflation Guard:	% Building	% Personal Property	<input type="checkbox"/> Maximum Period of Indemnity	
Earthquake and Volcanic Eruption Deductible: 15 %		Business Income Time Period:		
Business Income Monthly Limit of Indemnity:		Business Income Extended Days of Indemnity:		

LOCATION DESCRIPTION

Loc. No.	Bldg. No.	Construction	Deductible
009	001	FRAME	\$ 5,000

COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

Loc. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Premium
009	001	BUILDING	\$ 1,031,000	SPEC W/ EQ	80	\$ 3,969

* If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.

Agreed Value		Replacement Cost		
Expiration Date:	Amount:	<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Including "Stock"
Inflation Guard:	% Building	% Personal Property	<input type="checkbox"/> Maximum Period of Indemnity	
Earthquake and Volcanic Eruption Deductible: 15 %		Business Income Time Period:		
Business Income Monthly Limit of Indemnity:		Business Income Extended Days of Indemnity:		

LOCATION DESCRIPTION

Loc. No.	Bldg. No.	Construction	Deductible
004	001	NON-COMBUSTIBLE	\$ 5,000

COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

Loc. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Premium
004	001	BUILDING	\$ 720,000	SPEC W/ EQ	80	\$ 2,469

* If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.

Agreed Value		Replacement Cost			
Expiration Date:	Amount:	<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Including "Stock"	
Inflation Guard:	% Building	% Personal Property	<input type="checkbox"/> Maximum Period of Indemnity		
Earthquake and Volcanic Eruption Deductible: 15 %			Business Income Time Period:		
Business Income Monthly Limit of Indemnity:			Business Income Extended Days of Indemnity:		

LOCATION DESCRIPTION

Loc. No.	Bldg. No.	Construction	Deductible
005	001	FRAME	\$ 5,000

COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

Loc. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Premium
005	001	BUILDING	\$ 810,000	SPEC W/ EQ	80	\$ 3,217

* If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.

Agreed Value		Replacement Cost			
Expiration Date:	Amount:	<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Including "Stock"	
Inflation Guard:	% Building	% Personal Property	<input type="checkbox"/> Maximum Period of Indemnity		
Earthquake and Volcanic Eruption Deductible: 15 %			Business Income Time Period:		
Business Income Monthly Limit of Indemnity:			Business Income Extended Days of Indemnity:		

LOCATION DESCRIPTION

Loc. No.	Bldg. No.	Construction	Deductible
006	001	FRAME	\$ 5,000

COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

Loc. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Premium
006	001	BUILDING	\$ 1,262,000	SPEC W/ EQ	80	\$ 4,102

* If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.

Agreed Value		Replacement Cost			
Expiration Date:	Amount:	<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Including "Stock"	
Inflation Guard:	% Building	% Personal Property	<input type="checkbox"/> Maximum Period of Indemnity		
Earthquake and Volcanic Eruption Deductible: 15 %			Business Income Time Period:		
Business Income Monthly Limit of Indemnity:			Business Income Extended Days of Indemnity:		



We insure peace of mind.®

2102 White Gate Drive
P.O. Box 618
Columbia, MO 65205

POLICY NUMBER: CMPMO2000020015
RENEWAL OF: NEW

**COMMERCIAL PROPERTY
DECLARATIONS**
ASSOCIATION CASUALTY INSURANCE COMPANY

Named Insured and Mailing Address

BRADFORD PROPERTIES LLC
PO BOX 377
HILLSBORO MO 63050-0377

Policy Period From: 04/04/2023 To: 04/04/2024 at 12:01 A.M. Time at Your Mailing Address Shown Above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Business Description:	Form Of Business: LIMITED LIABILITY COMPANY
Locations: SEE SCHEDULE OF LOCATIONS	

LOCATION DESCRIPTION

Loc. No.	Bldg. No.	Construction	Deductible
001	001	JOISTED MASONRY	\$ 5,000

COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

Loc. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Premium
001	001	BUILDING	\$ 746,500	SPEC W/ EQ	80	\$ 3,472

* If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.

Agreed Value		Replacement Cost			
Expiration Date:	Amount:	<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Including "Stock"	
Inflation Guard:	% Building	% Personal Property	<input type="checkbox"/> Maximum Period of Indemnity		
Earthquake and Volcanic Eruption Deductible: 15 %			Business Income Time Period:		
Business Income Monthly Limit of Indemnity:			Business Income Extended Days of Indemnity:		

LOCATION DESCRIPTION

Loc. No.	Bldg. No.	Construction	Deductible
003	001	JOISTED MASONRY	\$ 5,000

COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

Loc. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Premium
003	001	BUILDING	\$ 423,000	SPEC W/ EQ	80	\$ 5,795

* If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.

Agreed Value		Replacement Cost			
Expiration Date:	Amount:	<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Including "Stock"	
Inflation Guard:	% Building	% Personal Property	<input type="checkbox"/> Maximum Period of Indemnity		
Earthquake and Volcanic Eruption Deductible: 15 %			Business Income Time Period:		
Business Income Monthly Limit of Indemnity:			Business Income Extended Days of Indemnity:		

JEFFERSON COUNTY TAX RECEIPT
2023 REAL ESTATE

1/11/2024 1:25 PM

PARCEL NUMBER: 19-3.0-05.0-3-004-003.

RECEIPT#: 2023169506

TOTAL VALUATION: 50,500
ACRES 0.31

MICHELLE WORTH, COLLECTOR
729 MAPLE ST., STE 36
HILLSBORO, MO 63050
PHONE: (636) 797-5406
Email: collector@jeffcomo.org

BRADFORD PROPERTIES LLC
PO BOX 377
HILLSBORO, MO 63050

TAX DISTRICT	TAX
CITY OF CRYSTAL	377.39
CRYSTAL CITY SCHOOL	2,380.97
FESTUS SPECIAL	86.06
HEALTH UNIT TAX	50.65
JC DEV DISABILITIES	43.28
JEFFERSON COLLEGE	157.16
JOACHIM-PLATTIN AMB	62.17
MENTAL HEALTH TAX	43.28
MERCHANT SUR TAX	121.20
PARK TAX	12.93
STATE TAX	15.15
TOTAL TAXES	3,350.23
TOTAL PAID	3,350.23

PROPERTY DESCRIPTION

CRYSTAL CITY 6 ADD
PT LOT 5

SITUS: 510 BAILEY RD

PAID

*This receipt is valid ONLY
if the payment is funded*

2023 Jefferson County Real Estate Paid Receipt

1/11/2024 1:25 PM

Tax Year: 2023

Date Paid: 12/31/2023

PARCEL NUMBER: 19-3.0-05.0-3-004-003.

Amount Paid: \$3,350.23

BRADFORD PROPERTIES LLC
PO BOX 377
HILLSBORO, MO 63050

Receipt #: 2023169506

Batch #: 2023000443

Payment Type: CHECK

Check #: 3281

REAL ESTATE TAX RECEIPTS CANNOT BE USED
TO LICENSE VEHICLES

JEFFERSON COUNTY TAX RECEIPT
2023 REAL ESTATE

1/11/2024 1:25 PM

PARCEL NUMBER: 17-2.0-03.0-4-001-014.

RECEIPT#: 2023169506

TOTAL VALUATION: 371,400
ACRES 6.12

BRADFORD PROPERTIES LLC
PO BOX 377
HILLSBORO, MO 63050

MICHELLE WORTH, COLLECTOR

225 MAPLE ST. STE 20

HILLSBORO, MO 63050

PHONE: 417-737-3434

Email: collector@jeffersoncounty.org

TAX DISTRICT

CITY OF HILLSBORO	1,200.00
HEALTH UNIT TAX	377.20
HILLSBORO FIRE	1,000.00
HILLSBORO SCHOOL	14,400.00
HILLSBORO SPECIAL	1,000.00
JC DEV DISABILITIES	1,000.00
JEFFERSON COLLEGE	1,000.00
MENTAL HEALTH TAX	315.29
MERCHANT-SUR TAX	891.36
PARK TAX	85.08
STATE TAX	111.42
VALLE AMBULANCE	973.07

TOTAL TAXES 24,259.86

TOTAL PAID 24,259.86

PROPERTY DESCRIPTION

MERRY & ONEILS
PT LOTS 9 & 12 &
PT E1/2

SITUS: 4621 YEAGER RD
4629 YEAGER RD
4633 YEAGER RD
4635 YEAGER RD

PAID

This receipt is valid ONLY
if the payment is funded

2023 Jefferson County Real Estate Paid Receipt

1/11/2024 1:25 PM

Tax Year: 2023

PARCEL NUMBER: 17-2.0-03.0-4-001-014.

BRADFORD PROPERTIES LLC
PO BOX 377
HILLSBORO, MO 63050

Date Paid: 12/31/2023
Amount Paid: \$24,259.86
Receipt #: 2023169506
Batch #: 2023000443
Payment Type: CHECK
Check #: 3281

REAL ESTATE TAX RECEIPTS CANNOT BE USED
TO LICENSE VEHICLES

JEFFERSON COUNTY TAX RECEIPT
2023 REAL ESTATE

1/11/2024 1:25 PM

PARCEL NUMBER: 17-2.0-03.0-3-001-001.

RECEIPT#: 2023169506

MICHELLE WORTH, COLLECTOR

729 MAPLE ST., STE 36

HILLSBORO, MO 63050

PHONE: (636) 797-5406

Email: collector@jeffcomo.org

TOTAL VALUATION: 218,000
ACRES 1.50

BRADFORD PROPERTIES LLC
PO BOX 377
HILLSBORO, MO 63050

TAX DISTRICT	TAX
CITY OF HILLSBORO	1,071.47
HEALTH UNIT TAX	218.55
HILLSBORO FIRE	1,790.22
HILLSBORO SCHOOL	8,439.14
HILLSBORO SPECIAL	402.55
JC DEV DISABILITIES	188.83
JEFFERSON COLLEGE	678.42
MENTAL HEALTH TAX	186.83
MERCHANT SUR TAX	523.20
PARK TAX	55.81
STATE TAX	65.40
VALLE AMBULANCE	571.16
TOTAL TAXES	14,239.78
TOTAL PAID	14,239.78

PROPERTY DESCRIPTION

PT NE1/4 SW1/4

SITUS: 10707 BUSINESS 21
747 MAPLE ST
749 MAPLE ST
753 MAPLE ST

PAID

*This receipt is valid ONLY
if the payment is funded*

2023 Jefferson County Real Estate Paid Receipt

1/11/2024 1:25 PM

Tax Year: 2023

PARCEL NUMBER: 17-2.0-03.0-3-001-001.

BRADFORD PROPERTIES LLC
PO BOX 377
HILLSBORO, MO 63050

Date Paid: 12/31/2023

Amount Paid: \$14,239.78

Receipt #: 2023169506

Batch #: 2023000443

Payment Type: CHECK

Check #: 3281

REAL ESTATE TAX RECEIPTS CANNOT BE USED
TO LICENSE VEHICLES

JEFFERSON COUNTY TAX RECEIPT
2023 REAL ESTATE

1/11/2024 1:25 PM

PARCEL NUMBER: 17-2.0-03.0-4-001-008.

RECEIPT#: 2023169506

MICHELLE WORTH, COLLECTOR

729 MAPLE ST., STE 36

HILLSBORO, MO 63050

PHONE: (636) 797-5406

Email: collector@jeffco.mo.org

TOTAL VALUATION: 622,500
ACRES 38.66

BRADFORD PROPERTIES LLC
PO BOX 377
HILLSBORO, MO 63050

PROPERTY DESCRIPTION

PT N1/2 SE1/4

SITUS: 4610 YEAGER RD
4626 YEAGER RD
4632 YEAGER RD
4650 W COMMERCIAL DR

TAX DISTRICT

TAX DISTRICT	TAX
CITY OF HILLSBORO	3,178.98
HEALTH UNIT TAX	526.87
HILLSBORO FIRE	5,101.47
HILLSBORO SCHOOL	24,242.77
HILLSBORO SPECIAL	1,149.76
JC DEV DISABILITIES	533.48
JEFFERSON COLLEGE	1,937.22
MENTAL HEALTH TAX	533.48
MERCHANT SUR TAX	1,461.84
PARK TAX	159.36
STATE TAX	186.75
VALLE AMBULANCE	1,630.95

TOTAL TAXES 40,629.54

TOTAL PAID 40,629.54

PAID

This receipt is valid ONLY if the payment is funded

2023 Jefferson County Real Estate Paid Receipt

1/11/2024 1:25 PM

Tax Year: 2023

PARCEL NUMBER: 17-2.0-03.0-4-001-008.

BRADFORD PROPERTIES LLC
PO BOX 377
HILLSBORO, MO 63050

Date Paid: 12/31/2023

Amount Paid: \$40,629.54

Receipt #: 2023169506

Batch #: 2023000443

Payment Type: CHECK

Check #: 3281

REAL ESTATE TAX RECEIPTS CANNOT BE USED
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