



REQUEST FOR VENDOR CONTRACT UPDATE

Pursuant to the terms of your awarded vendor contract, all vendors must notify and receive approval from NCPA when there is an update to the contract. No request will be officially approved without the prior written authorization from NCPA. NCPA reserves the right to accept or reject any request.

LION NATIONAL CORP _____ (Vendor Name) hereby provides notice of the following update to NCPA contract number: 02-139 on this date 01-10-2024.

Instructions:

Vendors must check all that may apply and provide supporting documentation. Be sure to sign the signature page with all required signatures, prior to submitting your update for approval.

This form is not intended for use if there is a change in operations, which may adversely affect members, i.e. assignment, bankruptcy, change of ownership, merger, etc.

Authorized Affiliates/Dealers/Distributors/Resellers

- Additions
- Deletions

Products/Services (check all that apply)

- Additions
- Deletions
- Modifications
- Pricing Update

Other Vendor may include other notes regarding the contract update here: (attach another page if necessary).

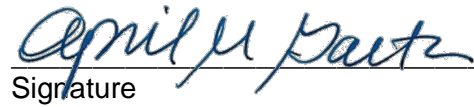
New affiliate for approval: Meadows Hydraulics.

LION NATIONAL CORP

Vendor Name

APRIL GAETA

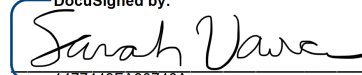
Submitted By


Signature

01/11/2024
Date

FOR USE BY NCPA ONLY:

Sarah Vavra, SVP Public Sector Contracting

DocuSigned by:

Signature

1/16/2024 | 11:22 AM CST
Date

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

07/13/2023

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 Landmark Insurance & Financial Group 30386 Mt. Vernon Rd Princess Anne, MD 21853	CONTACT NAME: Shalina Lockwood PHONE (A/C, No, Ext): (410)651-2110 E-MAIL ADDRESS: Shalina@landmarkinsuranceinc.com	FAX (A/C, No): (410)651-9288	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Meadows Hydraulics Sales & Ser 312 S Division St Fruitland, MD 21826	INSURER A : Donegal Mutual Insurance Co.		
	INSURER B : Donegal Mutual Insurance Co.		13692
	INSURER C : Donegal Mutual Insurance Co.		30929
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER: 00005629-1362974****REVISION NUMBER: 1**

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.

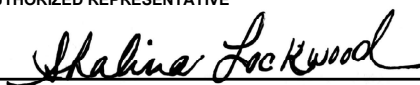
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
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			GPM9305624	01/28/2023	01/28/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			CXL9305624	01/28/2023	01/28/2024	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		100028118	01/28/2023	01/28/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Garagekeepers			GPM9305624	01/28/2023	01/28/2024	Liability 1,000,000
A	Dealers Errors & Omi			GPM9305624	01/28/2023	01/28/2024	Errors & Omissions 300,000

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

Truck Service & Repair

*Products-Completed Operations aggregate of \$3,000,000 applies to the Garagekeepers Liability
 *Personal Injury Protection limit is \$2500 in accordance with Maryland law
 *Physical Damage for leased vehicles is actual cash value or replacement cost, whichever is less.

CERTIFICATE HOLDER**CANCELLATION**

Administrator: Government Support Services Contract No: GSS-21652 State of Delaware 100 Enterprise Place, Suite 4 Dover, DE 19901	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  (SEL)

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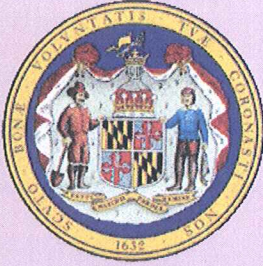
90 Fruitland

State of Maryland License

22170954

22084979

01759398



MEADOWS HYDRAULICS SALES &
312 S DIVISION STREET
FRUITLAND MD 21826

MEADOWS HYDRAULICS SALES &
312 S DIVISION STREET
FRUITLAND MD 21826

23

CODE	UNIT	TYPE OF LICENSE	NO OF LIC	COST
71	200	TRADER'S LICENSE	1	350.00

DATE OF ISSUE
MO DAY YR
04/27/2023

MONTHS PAID
12

ISSUING FEES	2.00		
TOTAL	352.00	AMOUNT PAID	352.00

**THIS LICENSE MUST BE PUBLICLY DISPLAYED
AND EXPIRES ON APRIL 30, 2024**

ISSUED BY

James B. McAllister, Clerk of Circuit Court
P.O. BOX 198
SALISBURY, MARYLAND 21803-0198 (410)543-1427

TCR