EUCLOSED IS MY LANDSLADE MAINT. PROPOSAC.

I WILL BE OUT OF TOWN DURING THIS SESSION. I HOPE YOU TAKE INTO LONSIDERATION THAT ALL BIDDERS ARE ALLARE OF MY LAST BID.

I HAVE MANTANED YOOR PRODORTIES FOR SEVERAL YEARS NOW AND FEEL LIKE I AN AT A Big DISADVANTACE IN THIS PROCESS,

> THANKS, DAVID STANLES

TITUS COUNTY GROUNDS MAINTENANCE BID SHEET

This bid is dated the 10^{4} day of Jult 2014Name of Company STAULEY'S LANDSCAPE Manit Lic, R.O. Boy 1398 Address: MT. PLEASONT, TX 75456 Telephone: 903-767-0911 Email: STANLEYSYSERVILE @ SBCGLOBAL, NGT Tax ID Number: 27-1754796 Authorized Bidder: PHNID STANLET

BID FOR 12 MONTH SERVICE

(TO BE PAID MONTHLY IN 12 EQUAL PAYMENTS) $s = \frac{9780.00}{4} \frac{4}{7} R$ $B_{1}5.00 / MONTH$

DILLON GAGE INSURANCE SERVICES, INC ISSU DALLAS PARKWAY STE 200 ADDISON TX 75001 INSURER : IEXAS MUTUAL INSURANCE COMPANY INSURER : IEXAS MUTUAL INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE	RTIFI LOW. PRES	R	TIFICATE DOES OW. THIS CER RESENTATIVE O	S ISSU NOT TIFICA R PRO	JED AS AFFIRM TE OF I DUCER,	A MAT ATIVEL NSURA AND TI	TER Y OI NCE HE C	ATE OF LIA OF INFORMATION OF NEGATIVELY AMEN DOES NOT CONSTI ERTIFICATE HOLDER	NLY AND ND, EXTE TUTE A	CONFERS	NO RIGHTS ER THE CO BETWEEN	UPON THE CERTIFIC OVERAGE AFFORDED THE ISSUING INSUR	D BY THE ER(S), AUT
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The ACORD name and logo are registered marks of ACORD

BURNS MCELHANEY AGY 117 S GREER BLVD PITTSBURG, TX 75686

Named insured

DAVID STANLEY PO BOX 1398 MT PLEASANT, TX 75456

Commercial Auto Insurance Coverage Summary This is your Renewal Declarations Page



Policy number: 05449602-5

Underwritten by: Progressive County Mutual Ins Co May 26, 2014 Policy Period: May 29, 2014 - May 29, 2015 Page 1 of 3

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-903-856-3422

BURNS MCELHANEY AGY Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Your coverage begins on May 29, 2014 at 12:01 a.m. This policy expires on May 29, 2015 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852TX (02/07), Z528TX (03/07), 5701TX (07/11), 4852TX (03/07), 4881TX (06/11) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

Automobile Burglary/Theft Prevention Authority Fee

Notice: A fee of \$8.00 is payable in addition to the premium due under this policy. This fee partially or completely reimburses the insurer, as permitted by 28 TAC §5.205, for the \$2.00 fee per motor vehicle per year required to be paid to the Automobile Burglary and Theft Prevention Authority under Vernon's Annotated Revised Civil Statutes of the State of Texas, Article 4413(37), §10, which was effective on June 6, 1991, and revised effective September 1, 2011.

Outline of coverage

Description	Limits	Deductible	Premiun
Liability To Others			\$3,362
Bodily Injury Liability Property Damage Liability	\$250,000 each person/\$500,000 each accident \$100,000 each accident		
Uninsured/Underinsured Motorist	\$50,000 each person/\$100,000 each accident		268
Uninsured Motorist Property Damage	\$50,000 each accident	\$250	113
Personal Injury Protection	Rejected		
Comprehensive			420
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			602
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$4,765
Automobile Burglary/Theft Prevention Authori	ty Fee	•••••	8
Total 12 month policy premium and f	ees		\$4,773
Discount if paid in full			-437
Total 12 month policy premium if pai	d in full		\$4,336

Rated drivers

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1	. DAVID STANLEY		•		
2	. FEDERICO RAMIREZ*	•			
3	. JONATHAN MOLINA				
4	. PEDRO DIAZ				
5	. PEDRO DIAZ			 	
				•	

Auto coverage schedule

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1.	· · ·			Stated Amount:	*\$15,000 (including Permanently Attached Eq	uip)
	VIN: 1FTS	W20P46EB674	42	Garaging Zip Code:	75455 Radius: 50	
Liability	Liability	UM/UIM BI	UM PD			
Premium	\$1,027	\$67	\$29			
Physical Damage	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium		Auto Total
Premium	\$250	\$130	\$500	\$242		\$1,495
	••					
2.	1999 Ford	F150		Stated Amount:	*\$3,400 (including Permanently Attached Equ	ip)
	VIN: 1FTZ	F1726XKC0415	6	Garaging Zip Code:	75455 Radius: 50	
Liability	Liability	UM/UIM BI	UM PD			
Premium	\$671	\$67	\$28	*****		
Physical Damage	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium		Auto Total
Premium	\$250	\$37	\$500	\$61		\$864
3.	1996 Ford	F250		Actual Cash Value	(plus \$2,000.00 Permanently Attached Equip)	
	VIN: 1FTH	X25F4TEB3194	6	Garaging Zip Code:	75455 Radius: 50	
Liability	Liability	UM/UIM BI	UM PD			
Premium	\$ 832	\$67	\$28	•••••••		
Physical Damage	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium		Auto Total
Premium	\$ 250	\$97	\$500	\$124		\$1,148
4.	1999 Ford	F250		Actual Cash Value	(plus \$2,000.00 Permanently Attached Equip)	
	VIN: 1FTN	X20F3XEC6619	1	Garaging Zip Code:		
Liability	Liability	UM/UIM BI	UM PD			
Premium	\$832	\$67	\$28			
Physical Damage	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium		Auto Total
Prémium	\$250	\$156	\$500	\$175	•••••••••••••••••••••••••••••••••••••••	\$1,258

"A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

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Premium discount

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Policy	
05449602-5	Business Experience

Loss Payee information

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1.	Loss Payee	Auto 4	GUARANTY BOND BANK
			P.O. BOX 1010 PITTSBURG, TX 75686
			1999 Ford F250 (1FTNX20F3XEC66191)

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TERAS DEPARTMENT OF AGRICULTURE TODD STAPLES COMMISSIONER PIOLBOX 12847 I AUSTINITIAL TETT 1-2847 (877) LIC-AGRI (877-542-2474) For the hearing impaired: (800) 735-2989 TDD (800) 735-2988 VOICE <u>www.tda.state.tx.us</u> COMMERCIAL PESTICIDE APPLICATOR LICENSE

This is to certify that the person whose name appears below has met the requirements of Texas Agriculture Code Chapter 76, relating to application of restricted-use or state-limited-use pesticides or regulated herbicides. This license is issued for purchase and application of restricted-use or state-limited-use pesticides or regulated herbicides to be used according to label directions consistent with the use categories listed below.

TDA Client No.	00265602
TDA License No.	0266343
Effective Date:	February 28, 2014
Expiration Date:	February 28, 2015
CATEGORIES:	

DAVID STANLEY PO BOX 1398 MOUNT PLEASANT TX 75456-1398

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Be it known that

DAVID LEE STANLEY

has fulfilled the requirements in accordance with the laws of the State of Texas for

LICENSED IRRIGATOR

License Number: L10002940 Issue Date: 03/27/2012 Expiration Date: 03/31/2015

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Executive Director Texas Commission on Environmental Quality

Nite on STANCE S CHOSEN LANDSLADE MAINTENANCE PROPOSIL

7/10/14

TITUS COUNTY GROUNDS MAINTENANCE BID SHEET

This bid is dated the _// day of	2014
Name of Company Lewis Enterprises	
Address: 6850 FM 1001	
Cookville TX 75558	
Telephone: 903 5758728	
Email: <u>nick lewis. enterprise Dynail.com</u>	
Tax ID Number:	
Authorized Bidder: Charles Cent	
(Signature)	
Nicholas Leosis	
(Print)	

BID FOR 12 MONTH SERVICE

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(TO BE PAID MONTHLY IN 12 EQUAL PAYMENTS)

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PROD	NUCER						CT Tina Mo	Pherson			
Off	Eenhauser and Co					PHONE	o, Ext); (903)	793-5511	FAX (A/C, No	; (903)7	92-4050
518	9 Pine Street					E-MAIL ADDRE	SS:		RDING COVERAGE		NAIC #
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Nic	k Lewis					INSURE					
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L	/ERAGES				ENUMBER:14/15 WOR				REVISION NUMBER:		1
					RANCE LISTED BELOW HAV	VE BEE	N ISSUED TO			HE POL	ICY PERIOD
CE	RTIFICATE MAY BE ISSUE	ED OR MAY	PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT		
INSR LTR	TYPE OF INSURAN	CE	ADDI.	SUBR	POLICY NUMBER		POLICY EFF (MM/DO/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
	GENERAL LIABILITY								EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL L	ABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	s	
	CLAIMS-MADE	OCCUR							MED EXP (Any one person)	s	
									PERSONAL & ADV INJURY	\$	
									GENERAL AGGREGATE	s	
	GEN'L AGGREGATE LIMIT APPL	IES PED							PRODUCTS - COMP/OP AGG		
	POLICY PRO-	LOC								\$	
	AUTOMOBILE LIABILITY	1.00							COMBINED SINGLE LIMIT		
	ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$	
	ALLOWNED SC	HEDULED							BODILY INJURY (Per accident		
	NO	ITOS IN-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS	ITOS							(Per accident)	\$	
										+	
	EXCESS LIAB	OCCUR							EACH OCCURRENCE	\$	
		CLAIMS-MADE	İ						AGGREGATE	\$	
A	DED RETENTION \$								WC STATU- OTH TORY LIMITS ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EX OFFICER/MEMBER EXCLUDED?	TOTAL YIN			SBP00012729202014071	7	7/17/2014	7/17/2015		1	100.000
		Y	N/A			•	, ,		E.L. EACH ACCIDENT	\$	100,000
	(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS								EL DISEASE - EA EMPLOYE	T	500,000
	DESCRIPTION OF OPERATIONS	Delow			1				EL DISEASE - POLICY LIMIT	\$	100,000
DESC	RIPTION OF OPERATIONS / LOC	ATIONS / VEHICI	LES (/	Attach	ACORD 101, Additional Remarks !	Schedule	, if more space is	s required)			
CEP	TIFICATE HOLDER				<u> </u>	CANC	FLATION				
					CANC	ELLATION				1	
(90	903)577-6793					SHO	ULD ANY OF 1	HE ABOVE DI	ESCRIBED POLICIES BE	ANCELI	ED BEFORE
						THE	EXPIRATION	DATE THE	REOF, NOTICE WILL		
	Titus County					ACC	URDANCE WI	IN THE POLIC	Y PROVISIONS.		
	100 W 1st Stre				-	ALIMUM	RIZED REPRESE	WTA TIVE			
	Mount Pleasant	., TX 75	5455	5		-1011101					
						FW.	Offenhaus	ser & Co			

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ACORD [®] CERTIFICATE OF LIABILITY INSURANCE									
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 police the terms and conditions of the policy, certain policies may require an encertificate holder in lieu of such endorsement(s).	licy(les) must be end dorsement. A statem	lorsed. If S nent on this	SUBROGATION IS WAI s certificate does not c	VED, su onfer ri	ubject to ghts to the				
PRODUCER	CONTACT NAME:								
F.W. OFFENHAUSER & CO, INC.	PHONE (A/C, No, Ext): E-MAIL		FAX (A/C, No)	:					
518 PINE ST	E-MAIL ADDRESS:								
	INSUR	RER(S) AFFOR	DING COVERAGE		NAIC #				
TEXARKANA TX 75501-551	INSURER A : NAUTILUS	S INSURAN	ICE COMPANY		17370				
INSURED	INSURER B :								
NICK LEWIS	INSURER C :	<u> </u>			<u> </u>				
6850 FM 1001	INSURER D :								
Cookville TX 75558	INSURER F ;								
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BI	EN ISSUED TO THE INS			CY PERI	OD				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF A CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BI	THE POLICIES DESCRIB	BED HEREIN							
INSR TYPE OF INSURANCE INSR WYD POLICY NUMBER	POLICY EFF P	OLICY EXP	LIMI	TS					
GENERAL LIABILITY			EACH OCCURRENCE	\$	1,000,000				
			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000				
CLAIMS-MADE X OCCUR		Ļ	MED EXP (Any one person)	\$	5,000				
A Y NN484817	07/17/2014 07	7/17/2015	PERSONAL & ADV INJURY	5	1,000,000				
		ŀ	GENERAL AGGREGATE	1	2,000.000				
		ŀ	PRODUCTS - COMP/OP AGG	5	INCLUDED				
			COMBINED SINGLE LIMIT (Ea eccident)						
ANY AUTO		f 1	(Ealactidant) BODILY INJURY (Per person)	\$ \$					
ALLOWHED SCHEDULED		F	BODILY INJURY (Per accident						
AUTOS AUTOS NON-OWNED HRED AUTOS AUTOS		ľ	PROPERTY DAMAGE (Per accident)	\$					
				\$					
UMBRELLA LIAB OCCUR			EACH OCCURRENCE	\$					
EXCESS LIAB CLAIMS-MADE		Ļ	AGGREGATE	\$					
DED RETENTION \$				\$					
AND EMPLOYERS' LIABILITY Y/N		ŀ	WC STATU- TORY LIMITS FR						
ANY PROPRIETOR#ARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Г	E L. EACH ACCIDENT E L. DISEASE - EA EMPLOYEI	1					
II yes, describe under DESCRIPTION OF OPERATIONS below			EL DISEASE - EX EMPLOYEI EL DISEASE - POLICY LIMIT						
				1*					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additionel Remarks Schedule, if more space is required)									
	CANORIA STON								
	CERTIFICATE HOLDER CANCELLATION								
TITUS COUNTY 100 W 1ST STREET	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
Mount Pleasant TX 75455	AUTHORIZED REPRESENTA		ul A. Bug-						
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Titus County Ground maintenance

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