

ENCLOSED IS MY LANDSCAPE MAINT.  
PROPOSAL.

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

I HAVE MAINTAINED YOUR PROPERTIES  
FOR SEVERAL YEARS NOW AND FEEL  
LIKE I AM AT A BIG DISADVANTAGE  
IN THIS PROCESS.

THANKS,  
DAVID STABLET

TITUS COUNTY  
GROUNDS MAINTENANCE BID SHEET

This bid is dated the 10<sup>th</sup> day of JULY 2014

Name of Company STANLEY'S LANDSCAPE MAINT, LLC,

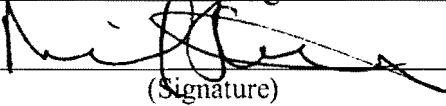
Address: P.O. Box 1398

MT. PLEASANT, TX 75456

Telephone: 903-767-0911

Email: STANLEY54SERVICE@SBCGLOBAL.COM, NET

Tax ID Number: 27-1754796

Authorized Bidder:   
(Signature)

DAVID STANLEY  
(Print)

BID FOR 12 MONTH SERVICE

(TO BE PAID MONTHLY IN 12 EQUAL PAYMENTS)

\$ 9780.00 /YR

815.00 /MONTH



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/01/2014

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> GARY GARRETT DILLON GAGE INSURANCE SERVICES, INC 15301 DALLAS PARKWAY STE 200 ADDISON TX 75001	<b>CONTACT NAME:</b> GARY GARRETT <b>PHONE (A/C, No., Ext.):</b> 972-386-2901 <b>FAX (A/C, No.):</b> 972-767-0202 <b>E-MAIL ADDRESS:</b> GGARRETT@DILLONGAGE.COM INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____ INSURER A : NAUTILUS INSURANCE COMPANY INSURER B : TEXAS MUTUAL INSURANCE COMPANY INSURER C : _____ INSURER D : _____ INSURER E : _____ INSURER F : _____
<b>INSURED</b> STANLEY'S LANDSCAPE MANAGEMENT, LLC  PO BOX 1398 MT PLEASANT TX 75456	

**COVERAGES** **CERTIFICATE NUMBER:** **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	ADDSUBR NSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS									
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		NN389261	11/08/2013	11/08/2014	EACH OCCURRENCE \$ 1,000,000									
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ INCLUDED \$									
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$									
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$									
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	TSF 0001265526 20140316	03/16/2014	03/16/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	WC STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
WC STATUTORY LIMITS	OTH-ER														
E.L. EACH ACCIDENT	\$ 1,000,000														
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000														
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000														

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 LANDSCAPING

<b>CERTIFICATE HOLDER</b>  	<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 
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BURNS MCELHANEY AGY  
 117 S GREER BLVD  
 PITTSBURG, TX 75686



Named insured

DAVID STANLEY  
 PO BOX 1398  
 MT PLEASANT, TX 75456

**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.

# Commercial Auto Insurance Coverage Summary

## This is your Renewal Declarations Page

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), 2528TX (03/07), 5701TX (07/11), 4852TX (03/07), 4881TX (06/11) and 2228 (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	Premium
Liability To Others			\$3,362
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$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		
<b>Subtotal policy premium</b>			<b>\$4,765</b>
Automobile Burglary/Theft Prevention Authority Fee			8
<b>Total 12 month policy premium and fees</b>			<b>\$4,773</b>
Discount if paid in full			-437
<b>Total 12 month policy premium if paid in full</b>			<b>\$4,336</b>

**Rated drivers**

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

**Auto coverage schedule**

- 1. **2006 Ford F250 Super Duty**      Stated Amount:    \*\$15,000 (including Permanently Attached Equip)  
 VIN: 1FTSW20P46EB67442      Garaging Zip Code: 75455      Radius: 50

Liability Premium	Liability	UM/UIM BI	UM PD
	\$1,027	\$67	\$29

Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$250	\$130	\$500	\$242	<b>\$1,495</b>

- 2. **1999 Ford F150**      Stated Amount:    \*\$3,400 (including Permanently Attached Equip)  
 VIN: 1FTZF1726XKC04156      Garaging Zip Code: 75455      Radius: 50

Liability Premium	Liability	UM/UIM BI	UM PD
	\$671	\$67	\$28

Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$250	\$37	\$500	\$61	<b>\$864</b>

- 3. **1996 Ford F250**      Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: 1FTHX25F4TEB31946      Garaging Zip Code: 75455      Radius: 50

Liability Premium	Liability	UM/UIM BI	UM PD
	\$832	\$67	\$28

Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$250	\$97	\$500	\$124	<b>\$1,148</b>

- 4. **1999 Ford F250**      Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: 1FTNX20F3XEC66191      Garaging Zip Code: 75455      Radius: 50

Liability Premium	Liability	UM/UIM BI	UM PD
	\$832	\$67	\$28

Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$250	\$156	\$500	\$175	<b>\$1,258</b>

\*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.

**Premium discount**

Policy

05449602-5

Business Experience

**Loss Payee information**

1. Loss Payee

Auto 4

GUARANTY BOND BANK

P.O. BOX 1010 PITTSBURG, TX 75686

1999 Ford F250 (1FTNX20F3XEC66191)

TEXAS DEPARTMENT OF AGRICULTURE  
TODD STAPLES, COMMISSIONER  
P. O. BOX 12847, AUSTIN, TX 78711-2847  
(877) LIC-AGRI (877-542-2474)



For the hearing impaired: (800) 735-2989 TDD (800) 735-2988 VOICE  
[www.tda.state.tx.us](http://www.tda.state.tx.us)

### 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.

DAVID STANLEY  
PO BOX 1398  
MOUNT PLEASANT TX 75456-1398

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

CATEGORIES:  
3A

**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:* LI0002940  
*Issue Date:* 03/27/2012  
*Expiration Date:* 03/31/2015



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*Executive Director  
Texas Commission on Environmental Quality*



7/10/14

2:45 pm  
ML

LANDSCAPE MAINTENANCE  
PROPOSAL

STANLEY'S LANDSCAPE

**TITUS COUNTY  
GROUNDS MAINTENANCE BID SHEET**

This bid is dated the 11 day of July 2014


Name of Company Lewis Enterprises

Address: 6850 FM 1001  
Cookeville TX 75558

Telephone: 903 575 8728

Email: nick.lewis.enterprise@gmail.com

Tax ID Number: 462957593

Authorized Bidder:   
(Signature)

Nicholas Lewis  
(Print)

**BID FOR 12 MONTH SERVICE**

**(TO BE PAID MONTHLY IN 12 EQUAL PAYMENTS)**

\$ 750<sup>00</sup>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/18/2014

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<b>PRODUCER</b> <b>Offenhauser and Co</b> <b>519 Pine Street</b>  <b>Texarkana TX 75501</b>	<b>CONTACT NAME:</b> Tina McPherson	
	<b>PHONE (A/C No. Ex):</b> (903) 793-5511	<b>FAX (A/C No.):</b> (903) 792-4050
<b>INSURED</b> <b>Nick Lewis</b> <b>6850 FM 1001</b>  <b>Cookville TX 75558</b>	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Texas Mutual Insurance Company	<b>NAIC #</b> 22945
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 14/15 WOR                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> 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						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SBP000127292020140717	7/17/2014	7/17/2015	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000

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

<b>CERTIFICATE HOLDER</b>  (903) 577-6793  <b>Titus County</b> <b>100 W 1st Street</b> <b>Mount Pleasant, TX 75455</b>	<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.  <b>AUTHORIZED REPRESENTATIVE</b>  <b>F W. Offenhauser &amp; Co</b>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/21/2014

**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.**

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<b>PRODUCER</b> F.W. OFFENHAUSER & CO, INC. 518 PINE ST  TEXARKANA TX 75501-551	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : NAUTILUS INSURANCE COMPANY NAIC # 17370 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
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**INSURED**  
 NICK LEWIS  
 6850 FM 1001  
 Cookville TX 75558

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		NN484817	07/17/2014	07/17/2015	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-FECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				W/C STATUTORY LIMITS    OTH-FR E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>  TITUS COUNTY 100 W 1ST STREET  Mount Pleasant TX 75455	<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 
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Titus County

Ground Maintenance