


# Blanco County Monthly Payroll Approval Form

## August 2018 Estimated Payroll

	#13 Cnty Atty Ck Collecting	#10 General Fund	#15 Road & Bridge Fund	#18 Courthouse Security	Total
Salaries		195,500.00	21,664.10		217,164.10
Soc/Med		14,955.75	1,657.30		16,613.05
Retirement		16,422.00	1,821.95		18,243.95
Insurance		50,556.68	6,890.72		57,447.40
Group Term Life		278.04	45.12		323.16
<b>TOTAL</b>		<b>277,712.47</b>	<b>32,079.19</b>		<b>309,791.66</b>

**Total Payroll to be approved**

County Treasurer  Date 8-10-18

County Judge \_\_\_\_\_ Date \_\_\_\_\_

Commissioner Pct 1 \_\_\_\_\_ Date \_\_\_\_\_

Commissioner Pct 2 \_\_\_\_\_ Date \_\_\_\_\_

Commissioner Pct 3 \_\_\_\_\_ Date \_\_\_\_\_

Commissioner Pct 4 \_\_\_\_\_ Date \_\_\_\_\_

**BLANCO COUNTY  
REQUEST FOR A LINE-ITEM TRANSFER**

**DATE:** July 30, 2018

**TO: HONORABLE COMMISSIONERS COURT OF BLANCO COUNTY, TEXAS**

**FROM: Sheriff Don Jackson**

**DEPARTMENT** Blanco County Sheriff's Office

I SUBMIT TO YOU FOR YOUR CONSIDERATION, THE FOLLOWING LINE ITEM TRANSFERS:

	FUND	LINE ITEM DESCRIPTION	LINE ITEM #	AMOUNT
<b>FROM:</b>	<u>GENERAL</u>	<u>LEC Supplies</u>	<u>10-425-434</u>	<u>\$171.00</u>
<b>TO:</b>	<u>GENERAL</u>	<u>Pre-Employment Exams</u>	<u>10-425-431</u>	<u>\$171.00</u>

Reason for request:

Filling open position and line item is depleted.

Note: This change is the budget for county purposes is in accordance with 111.011 Changes in Budget for County Purposes" of the Local Government Code.

  
Department Head Signature

\_\_\_\_\_  
Attest: County Clerk  
(if Commissioners' Court Action)

  
Co Judge/Commissioners' Court Approval  
(as needed)

**BLANCO COUNTY  
REQUEST FOR A LINE-ITEM TRANSFER**

DATE: 8-1-18

TO: HONORABLE COMMISSIONERS COURT OF BLANCO COUNTY, TEXAS

FROM: Chris Liesman

DEPARTMENT RTB Pct #3

I SUBMIT TO YOU FOR YOUR CONSIDERATION, THE FOLLOWING LINE ITEM TRANSFERS:

FUND	LINE ITEM DESCRIPTION	LINE ITEM #	AMOUNT
FROM: <u>RTB</u>	<u>Paving</u>	<u>15-560-324</u>	<u>2,090.46</u>
TO: <u>RTB</u>	<u>Road materials</u>	<u>15-560-318</u>	<u>2,090.46</u>

Reason for request:  
Need more material for patching roads

Note: This change in the budget for county purposes is in accordance with 111.011 Changes in Budget for County Purposes" of the Local Government Code.

[Signature]  
Department Head Signature

Attest: County Clerk  
(if Commissioners' Court Action)

[Signature]  
Co Judge/Commissioners' Court Approval  
(as needed)

# BLANCO COUNTY REQUEST FOR A LINE-ITEM TRANSFER

DATE: July 27, 2018

TO: HONORABLE COMMISSIONERS COURT OF BLANCO COUNTY, TEXAS

FROM: Sheriff Don Jackson

DEPARTMENT Blanco County Sheriff's Office

I SUBMIT TO YOU FOR YOUR CONSIDERATION, THE FOLLOWING LINE ITEM TRANSFERS:

FUND	LINE ITEM DESCRIPTION	LINE ITEM #	AMOUNT
FROM: <u>GENERAL</u>	<u>Printing</u>	<u>10-425-340</u>	<u>\$300.00</u>
TO: <u>GENERAL</u>	<u>Dishwasher Lease</u>	<u>10-425-445</u>	<u>\$300.00</u>

Reason for request:  
Amount budgeted did not account for increase in jail population. The base rate of the contract  
has increased causing funds to run low in this line item.

Note: This change in the budget for county purposes is in accordance with 111.011 Changes in Budget for County Purposes" of the Local Government Code.

  
 Department Head Signature

\_\_\_\_\_  
 Attest: County Clerk  
 (if Commissioners' Court Action)

  
 Co Judge/Commissioners' Court Approval  
 (as needed)

# BLANCO COUNTY REQUEST FOR A LINE-ITEM TRANSFER

DATE: 1-Aug-18

TO: HONORABLE COMMISSIONERS COURT OF BLANCO COUNTY, TEXAS

FROM: Tommy Weir Blanco County Commissioner

DEPARTMENT Precinct1 Road & Bridge


I SUBMIT TO YOU FOR YOUR CONSIDERATION, THE FOLLOWING LINE ITEM TRANSFERS:

FUND	LINE ITEM DESCRIPTION	LINE ITEM #	AMOUNT
FROM: <u>Contract Labor</u>		<u>15-540-320</u>	<u>\$1,500.00</u>
TO: <u>Equipment Maint/Tools</u>	<u>Monies needed for a 2-way split with Precinct 4 to repair flat bed 1 ton Truck</u>	<u>15-540-327</u>	<u>\$1,500.00</u> <sup>00</sup>


Reason for request:

Need to repair flat bed 1 ton truck. Replacing Body mounts

Note: This change is the budget for county purposes is in accordance with 111.011 Changes in Budget for County Purposes" of the Local Government Code.

  
Department Head Signature

Attest: County Clerk  
(if Commissioners' Court Action)

  
Co Judge/Commissioners' Court Approval  
(as needed)



BLANCO COUNTY  
REQUEST FOR A LINE-ITEM TRANSFER

DATE: 8/8/18

TO: HONORABLE COMMISSIONERS COURT OF BLANCO COUNTY, TEXAS

FROM: PCT 2

DEPARTMENT \_\_\_\_\_

I SUBMIT TO YOU FOR YOUR CONSIDERATION, THE FOLLOWING LINE ITEM TRANSFERS:

	FUND	LINE ITEM DESCRIPTION	LINE ITEM #	AMOUNT
FROM:	<u>312</u>	<u>FUEL</u>	<u>312</u>	<u>\$350.</u>
TO:	<u>306</u>	<u>UNIFORMS</u>	<u>306</u>	<u>\$350.</u>

Reason for request:  
\_\_\_\_\_  
\_\_\_\_\_

Note: This change in the budget for county purposes is in accordance with 111.011 Changes in Budget for County Purposes" of the Local Government Code.

[Signature]  
Department Head Signature

[Signature]  
Co Judge/Commissioners' Court Approval  
(as needed)

\_\_\_\_\_  
Attest: County Clerk  
(if Commissioners' Court Action)

# BLANCO COUNTY REQUEST FOR A LINE-ITEM TRANSFER

DATE: August 7, 2018

TO: **HONORABLE COMMISSIONERS COURT OF BLANCO COUNTY, TEXAS**

FROM: Sheriff Don Jackson

DEPARTMENT Blanco County Sheriff's Office

I SUBMIT TO YOU FOR YOUR CONSIDERATION, THE FOLLOWING LINE ITEM TRANSFERS:

FUND	LINE ITEM DESCRIPTION	LINE ITEM #	AMOUNT
FROM: <u>GENERAL</u>	Misc	10-425-310	\$ 1,830.00 ✓
	Printing	10-425-340	\$ 100.00 ✓
	Out of County Boarding	10-425-415	\$ 1,400.00 ✓
	LEC Supplies	10-425-434	\$ 400.00 ✓
	Computer Maintenance	10-425-440	\$ 900.00 ✓
TO: <u>GENERAL</u>	Jail Food	10-425-420	\$ 4,630.00

Reason for request:

Not enough funds allocated to Jail Food line item for the year. Estimating what will be needed to make it through September 2018.

Note: This change is the budget for county purposes is in accordance with 111.011 Changes in Budget for County Purposes" of the Local Government Code.

  
Department Head Signature

\_\_\_\_\_  
Attest: County Clerk  
(if Commissioners' Court Action)

  
Co Judge/Commissioners' Court Approval  
(as needed)



# BLANCO COUNTY REQUEST FOR A LINE-ITEM TRANSFER

DATE: August 7, 2018

TO: **HONORABLE COMMISSIONERS COURT OF BLANCO COUNTY, TEXAS**

FROM: Sheriff Don Jackson

DEPARTMENT Blanco County Sheriff's Office


I SUBMIT TO YOU FOR YOUR CONSIDERATION, THE FOLLOWING LINE ITEM TRANSFERS:

FUND	LINE ITEM DESCRIPTION	LINE ITEM #	AMOUNT
FROM: <u>GENERAL</u>	<u>Office Supplies</u>	<u>10-425-302</u>	<u>\$ 800.00</u> ✓
	<u>Equipment Maintenance</u>	<u>10-425-308</u>	<u>\$ 1,627.00</u> ✓
	<u>Out of County Boarding</u>	<u>10-425-434</u> <i>415</i>	<u>\$ 100.00</u> ✓
	<u>LEC Supplies</u>	<u>10-425-434</u>	<u>\$ 300.00</u> ✓
TO: <u>GENERAL</u>	<u>Auto Expense</u>	<u>10-425-410</u>	<u>\$ 2,827.00</u>
	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>

Reason for request:

Line item running low due to wear and tear on vehicles. Estimating what will be needed  
to make it through September 2018.

Note: This change is the budget for county purposes is in accordance with 111.011 Changes in Budget for County Purposes" of the Local Government Code.

  
Department Head Signature

  
Co Judge/Commissioners' Court Approval  
(as needed)

   
Attest: County Clerk  
(if Commissioners' Court Action)

# Blanco County Commissioners' Court

14-Aug-18

## Invoice File Listing By Fund

Fund	Description	Disbursement
010	General Fund	61,743.75
015	Road & Bridge Fund	30,176.56
017	Records Mngmt Clerk	150.00
031	Chapter 19 Fund	107.42
041	District Crt Rec Preservation	150.00
045	Jail Inmate Commissary	1,436.06
<b>Total</b>		<b>93,763.79</b>

The attached list of Claims Payable have been examined & approved for payment by the County Auditor as provided by the Texas LGC 113.064 & 113.065

Attest County Auditor: Cindy J Lent Date 08/09/18

The attached list of Claims Payable have been examined & approved for payment by the Commissioners' Court as provided by the Texas LGC 115.021 & 115.022

County Judge \_\_\_\_\_ Date \_\_\_\_\_

Commissioner Pct 1 \_\_\_\_\_ Commissioner Pct 3 \_\_\_\_\_

Commissioner Pct 2 \_\_\_\_\_ Commissioner Pct 4 \_\_\_\_\_

DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0310-GENERAL FUND GRANTS				
DON JACKSON	66313	A	REIMBURSEMENT	130.00
HILL COUNTRY IT	66255	A	INV #228 LEC	38.50
DEPARTMENT TOTAL				168.50
0410-COUNTY CLERK				
BUSINESS CENTER PRINT & OS	66302	A	INV#131040 CO CLERK	54.21
TEXAS ASSOCIATION OF COUNTIES	66372	A	INV#276097 CO CLERK	180.00
DEPARTMENT TOTAL				234.21
0411-ELECTIONS ADMINISTRATOR				
LAURA WALLA	66334	A	REIMBURSEMENT	107.40
LUCYDNE WITTKOHL	66336	A	REIMBURSEMENT	76.76
DEPARTMENT TOTAL				184.16
0412-DISTRICT CLERK				
GOVERNMENT FORMS & SUPPLIES	66327	A	INV#0310754 DIST CLERK	349.21
TEXAS ASSOCIATION OF COUNTIES	66371	A	INV#204778/204778 DIST CLERK	125.00
DEPARTMENT TOTAL				474.21
0415-COUNTY ATTORNEY				
HILL COUNTRY IT	66254	A	INV #228 COUNTY ATTORNEY	21.00
QUILL CORPORATION	66358	A	INV#8933113 CO ATTY	177.55
QUILL CORPORATION	66359	A	INV#8971343 CO ATTY	23.99
DEPARTMENT TOTAL				222.54
0420-TAX ASSESSOR/COLLECTOR				
HILL COUNTRY IT	66256	A	INV #228 TAC	21.00
DEPARTMENT TOTAL				21.00
0425-COUNTY SHERIFF				
A T & T MOBILITY	66215	A	287272104256 LEC	87.86
AUTO CHLOR SERVICES, LLC	66217	A	INV #514593 JAIL	90.00
AUTO CHLOR SERVICES, LLC	66216	A	INV #5814639 JAIL	373.35
BENNY BOYD	66296	A	INV#359495 LEC	372.95
BLANCO REGIONAL CLINIC P.A.	66301	A	INV#156152 LEC	133.00
CARD SERVICE CENTER	66405	A	4707 1205 3610 0310 SWIFT	194.46
CARD SERVICE CENTER	66406	A	4707 1205 3610 0310 SWIFT	12.45
CARD SERVICE CENTER	66407	A	4707 1205 3610 0310 SWIFT	418.47
CHARM-TEX, INC	66308	A	INV#0168566-IN LEC	49.55
CITY OF JOHNSON CITY	66223	A	ACCT# 1317 LEC HIGH	60.43
CITY OF JOHNSON CITY	66224	A	ACCT# 1316 LEC LOW	1,031.43
CITY OF JOHNSON CITY	66225	A	ACCT# 1255 LEC	573.28
DON JACKSON	66314	A	REIMBURSEMENT	1,166.45
EXPRESS AUTOMOTIVE SERVICE	66323	A	INV#3752370 LEC	76.42
EXPRESS AUTOMOTIVE SERVICE	66324	A	INV#3752250 LEC	209.89
EXPRESS AUTOMOTIVE SERVICE	66325	A	INV#3752268 LEC	49.45
EXPRESS AUTOMOTIVE SERVICE	66326	A	INV#3752210 LEC	42.84
FRONTIER COMMUNICATIONS	66241	A	210-020-1205 LEC	173.98
FRONTIER COMMUNICATIONS	66242	A	830-868-7104 LEC	902.41
FUELMAN	66399	A	FUEL LEC	5,563.48
GT DISTRIBUTORS, INC	66328	A	INV#0669749 LEC	272.51
ICS JAIL SUPPLIES INC.	66329	A	INV#W2006200 LEC	307.80
JERRY THORNHILL	66330	A	LABOR STRIP EQUIPMENT 2 VEHICLES	200.00
JOHNSON CITY HYDRO GAS	66260	A	ACCT #2570 LEC	411.64
JOHNSON CITY PHARMACY	66418	A	JAIL	2.89
MAEGAN JOHNSON	66337	A	REIMBURSEMENT	54.39

DEPARTMENT

NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
MIKEALA BOEHMER	66338	A	REIMBURSEMENT	54.39
MIKEALA BOEHMER	66339	A	REIMBURSEMENT	117.72
NORTH BLANCO COUNTY EMS	66293	A	PATIENT #820 907 JAIL	394.12
PERFORMANCE FOOD SERVICE	66343	A	INV#9217200 LEC	1,251.85
PERFORMANCE FOOD SERVICE	66344	A	INV#9224485 LEC	1,285.40
PERFORMANCE FOOD SERVICE	66345	A	INV#9224485 LEC	13.94
PERFORMANCE FOOD SERVICE	66346	A	INV#9231580 LEC	1,329.62
PERSONNEL EVALUATION INC	66269	A	INV #28598 LEC	20.00
SEYMOURS GARAGE	66362	A	INV#30595 LEC	1,183.21
SOUTHERN HEALTH PARTNERS	66278	A	INV #BASE33069 JAIL	4,161.60
SOUTHERN HEALTH PARTNERS	66279	A	INV #ADP 14270 JAIL POPULATE INCRE	510.90
STEVEN A LOGSDON	66368	A	PRE-EMPLOYMENT EXAMS - A,SMITH	175.00
TEXAS A&M ENGINEERING EXT SRV	66370	A	INV#RJ7245112 LEC	250.00
DEPARTMENT TOTAL				23,399.13
0430-COUNTY TREASURER				
BUSINESS CENTER PRINT & OS	66412	A	INV#132650 CO TREAS	14.99
DEPARTMENT TOTAL				14.99
0432-COUNTY AUDITOR				
VERIZON WIRELESS	66292	A	INV #9811469751 AUDITOR	20.93
DEPARTMENT TOTAL				20.93
0435-INDIGENT HEALTH CARE				
BAYLOR SCOTT WHITE	66218	A	PATIENT #H7300091951100	55.24
BAYLOR SCOTT WHITE	66219	A	PATIENT #H7300088239300	157.38
BLANCO PHARMACY & WELLNESS	66417	A	ACCT #113	170.14
BLANCO REGIONAL CLINIC P.A.,	66220	A	PATIENT #UPSRA0001	33.27
CORAM ALTERNATE SITE SERVICES	66230	A	PATIENT #5719424	643.60
DAVID A GARCIA, M.D.	66233	A	PATIENT #00000735 31494	495.15
JOHNSON CITY PHARMACY	66419	A	MANDATED INDIGENT HLTH CARE	275.45
SCOTT & WHITE HOSPITAL	66272	A	PATIENT #PH9273001450	6.68
SCOTT & WHITE HOSPITAL	66273	A	PATIENT #PH9273605470	33.27
SCOTT & WHITE HOSPITAL	66274	A	PATIENT #PH9274993250	71.93
SCOTT & WHITE HOSPITAL	66275	A	PATIENT #PH9271983640	33.27
DEPARTMENT TOTAL				1,975.38
0440-COUNTY EXTENSION AGENCY				
CARD SERVICE CENTER	66404	A	4707 1205 3610 0310 SWIFT	92.00
CHRIS WIEMERS	66410	A	AG AGENT TRAVEL	287.76
D104-HAA	66310	A	GRETCHEN SANDERS	150.00
GRETCHEN L. SANDERS	66411	A	EXT AGENT TRAVEL	388.04
DEPARTMENT TOTAL				917.80
0445-EMERGENCY MANAGEMENT				
DIAMOND X RENTALS, LLC	66311	A	INV#9215JC EM MGMT	255.00
DEPARTMENT TOTAL				255.00
0450-JUDICIAL EXPENSES				
CROFTS - CROW FUNERAL HOME	66231	A	INV#2680	350.00
DARREN LEE UMPHREY	66232	A	CASE # CR1336	375.00
FRONTIER COMMUNICATIONS	66239	A	830-868-7986	395.03
KATHY COLVIN	66263	A	CASE #1607, 1608, 1609	575.00
KELLY GROSSMAN	66264	A	COUNTY COURT REPORTER	447.41
NATALIE FOWLER	66265	A	33RD INV #02269 CASE #CV08050	120.00
NINA S WILLIS	66266	A	CR 1538	225.00
SHELL & SHELL	66276	A	CASE #1596	425.00

DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
SHELL & SHELL	66277	A	CASE #1597	325.00
VANA AND VANA LAW FIRM	66290	A	424TH CAUSE #CV 08171	52.50
VANA AND VANA LAW FIRM	66291	A	33RD CAUSE #CV 07744	247.50
DEPARTMENT TOTAL				3,537.44
0452-DISTRICT ATTORNEY				
LEADSONLINE LLC	66335	A	INV#246626 LEC	2,128.00
DEPARTMENT TOTAL				2,128.00
0455-COMMUNITY SERVICES				
TEXAS WILDLIFE DAMAGE MGMT FUND	66421	A	INV #249093 JULY 2018	2,400.00
DEPARTMENT TOTAL				2,400.00
0460-STATE AGENIES SERVICES				
FRONTIER COMMUNICATIONS	66236	A	830-868-4008 ADULT PROBATION	189.32
DEPARTMENT TOTAL				189.32
0500-COURTHOUSE EXPENSES				
BEST PLUMBING SPECIALTIES, INC	66297	A	INV#5804450 MAINTENANCE	208.23
BEST PLUMBING SPECIALTIES, INC	66298	A	INV#5806335 MAINTENANCE	30.22
BILL'S LOCK & KEY	66299	A	INV#18068 LEC	424.50
BUSINESS CENTER PRINT & OS	66303	A	INV#132049	151.96
CARD SERVICE CENTER	66400	A	4707 1205 3610 0344 COUNTY	4.33
CARD SERVICE CENTER	66401	A	4707 1205 3610 0377 CO JUDGE	15.55
CARD SERVICE CENTER	66402	A	4707 1205 3610 0310 SWIFT	65.95
CARD SERVICE CENTER	66403	A	4707 1205 3610 0310 SWIFT	189.41
CITY OF BLANCO	66420	A	ACCT #16 SOUTH ANNEX	77.85
CITY OF JOHNSON CITY	66222	A	ACCT# 1089 PCT 2	75.19
CITY OF JOHNSON CITY	66226	A	ACCT #73 COURTHOUSE	189.58
CITY OF JOHNSON CITY	66227	A	ACCT #95 OLD JAIL	75.19
CITY OF JOHNSON CITY	66228	A	ACCT #1187 ANNEX HIGH	51.37
CITY OF JOHNSON CITY	66229	A	ACCT #1186 ANNEX LO	2.97
DUSTING DOLLS CLEANING SERVICE	66234	A	INV #1356 JULY SOUTH ANNEX	100.00
DUSTING DOLLS CLEANING SERVICE	66235	A	INV #1355 JULY	1,197.91
FRONTIER COMMUNICATIONS	66237	A	830-868-2228 FAX ELEV	311.44
FRONTIER COMMUNICATIONS	66238	A	830-868-7208	13.72
FRONTIER COMMUNICATIONS	66240	A	830-868-4266 COUNTY	1,227.33
FUELMAN	66395	A	FUEL - MAINTENANCE	151.54
GRAVES HUMPHRIES, STAHL, LIMITED	66245	A	REPORT #COL005 JP 4	891.04
GRAVES HUMPHRIES, STAHL, LIMITED	66246	A	REPORT #COL005 JP 1	1,187.27
GUILFORD L JONES III	66247	A	424TH CAUSE #CV08341	412.50
GVTC	66250	A	830-833-5331 INTERNET	74.96
GVTC	66252	A	830-833-4212 INTERNET	109.91
HILL COUNTRY IT	66253	A	IT SERVICES	1,712.00
HILL COUNTRY IT	66257	A	INV #228 EMAIL	56.00
JOHNSON CONTROLS	66261	A	CUST #33839940 LEC	125.76
JOHNSON CONTROLS	66262	A	CUST #85021781 LEC	584.00
ODIORNE FEED/RANCH SUPPLY INC	66342	A	INV#134836 CH	27.50
PITNEY BOWES	66270	A	INV #3306744619	969.12
PURCHASE POWER	66271	A	ACCT #8000-9090-0697-9400	1,000.00
QUILL CORPORATION	66356	A	INV#8686252 CH	14.94
QUILL CORPORATION	66357	A	INV#8645657 CH	168.85
TERMINIX	66280	A	ACCT #6969 LEC	111.00
TERMINIX	66281	A	ACCT #7136 ANNEX	100.00
TERMINIX	66282	A	ACCT #7136 OLD JAIL	47.00
THE STATESMAN	66283	A	ACCT #15558671	130.00
THIRD COAST DISTRIBUTING, LLC	66385	A	INV#749324 MAINTENANCE TRUCK	4.49

DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
THYSSENKRUPP ELEVATOR	66284	A	INV #3004056171	267.90
TIME WARNER CABLE	66285	A	INV #0144415071618	570.00
DEPARTMENT TOTAL				13,128.48
0510-CERTIFICATES OF OBLIGATION				
BROADWAY BANK	66221	A	LOAN #1755110000 TAX NOTE	6,527.75
DEPARTMENT TOTAL				6,527.75
0515-JUSTICE OF THE PEACE PCT #1				
NORTHEAST TEXAS DATA CORP.	66268	A	REPORT # CAS017 JP 1	244.00
DEPARTMENT TOTAL				244.00
0520-JUSTICE OF THE PEACE #4				
CARD SERVICE CENTER	66409	A	4707 1205 3610 0401 RILEY	50.00
GVTC	66251	A	830-833-4212 JP 4	338.73
NORTHEAST TEXAS DATA CORP.	66267	A	REPORT # CAS017 JP 4	48.00
DEPARTMENT TOTAL				436.73
0530-CONSTABLE PCT #4				
FUELMAN	66393	A	FUEL - CONSTABLE 4	54.59
POSTMASTER/STAMPS	66390	A	POSTAGE	100.00
DEPARTMENT TOTAL				154.59
0550-RECYCLING COORDINATOR				
BLANCO HYDRO GAS CO.	66300	A	ACCT#2411 RECYCLING	22.00
PAUL GRANBERG REIMBURSEMENT ACCOUNT	66341	A	MISCELLANEOUS	78.26
DEPARTMENT TOTAL				100.26
0560-GENERAL FUND CAPITAL EQUIPMENT				
ADVANCED WINDOW TINT	66294	A	INV#17477 LEC	60.00
ADVANCED WINDOW TINT	66295	A	INV#17477 LEC	60.00
MOTOROLA SOLUTIONS, INC.	66340	A	INV#16003935 LEC	4,332.50
SIGNS ACROSS TEXAS	66367	A	INV#2031 LEC	500.00
DEPARTMENT TOTAL				4,952.50
0585-COUNTY INSPECTOR				
FUELMAN	66394	A	FUEL - INSPECTOR	56.83
DEPARTMENT TOTAL				56.83
FUND TOTAL				61,743.75

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 DEPARTMENT

NAME-OF-VENDOR	INVOICE-NO	\$	DESCRIPTION-OF-INVOICE	AMOUNT
0540-R&B PCT #1				
CHANAS AGGREGATES BLANCO, LLC	66304	A	INV#3206 PCT 1	356.55
CHANAS AGGREGATES BLANCO, LLC	66305	A	INV#3229 PCT 1	716.55
CHANAS AGGREGATES BLANCO, LLC	66306	A	INV#3272 PCT 1	1,047.30
DIRT WORKS	66312	A	INV#20681 PCT 1	430.00
ERGON ASPHALT AND EMULSIONS, INC	66316	A	INV#9401883258 PCT 1	2,269.83
ERGON ASPHALT AND EMULSIONS, INC	66317	A	INV#9401885551 PCT 1	2,209.59
FUELMAN	66396	A	FUEL PCT 1	830.46
GVTC	66249	A	830-833-5331 PCT 1	38.26
PETERSON TIRE	66350	A	INV#BL29827 PCT 1	508.70
PETERSON TIRE	66351	A	INV#BL29677 PCT 1	969.80
PETERSON TIRE	66352	A	INV#BL29720 PCT 1	91.47
SIGN MAN, THE	66363	A	INV#14,121-G PCT 1	93.36
THIRD COAST DISTRIBUTING, LLC	66375	A	INV#749016 PCT 1	57.48
THIRD COAST DISTRIBUTING, LLC	66377	A	INV#748830 PCT 1	49.55
THIRD COAST DISTRIBUTING, LLC	66381	A	INV#748340 PCT 1	20.97
TONY MIRANDA	66386	A	repair of tandem dump truck PCT 1	149.95
UNIFIRST CORPORATION	66286	A	ACCT #512256 PCT 1	87.58
DEPARTMENT TOTAL				9,927.40
0550-R&B PCT #2				
CHANAS AGGREGATES BLANCO, LLC	66307	A	INV#3273 PCT 2	813.45
ERGON ASPHALT AND EMULSIONS, INC	66320	A	INV#9401889444 PCT 2	1,992.29
ERGON ASPHALT AND EMULSIONS, INC	66321	A	INV#9401889445 PCT 2	1,355.15
ERGON ASPHALT AND EMULSIONS, INC	66322	A	INV#9401889445 PCT 2	815.71
FRONTIER COMMUNICATIONS	66244	A	830-868-4471 PCT 2	99.49
FUELMAN	66397	A	FUEL - PCT 2	1,444.19
PETERSON TIRE	66347	A	INV#JC28633 PCT 2	15.00
PETERSON TIRE	66353	A	INV#BL29720 PCT 2	91.48
SCHAEFFER MANUFACTURING CO	66361	A	INV#2G2982-INV1 PCT 4	120.07
SIGN MAN, THE	66364	A	INV#14,121-G PCT 2	93.37
THIRD COAST DISTRIBUTING, LLC	66373	A	INV#748391 PCT 2	49.99
THIRD COAST DISTRIBUTING, LLC	66374	A	INV#748691 PCT 2	11.49
THIRD COAST DISTRIBUTING, LLC	66378	A	INV#748830 PCT 2	49.55
TONY MIRANDA	66387	A	repair of tandem dump truck PCT 2	149.95
UNIFIRST CORPORATION	66287	A	ACCT #512256 PCT 2	122.48
VULCAN CONSTRUCTION MATERIALS, LP	66391	A	INV#61768364 PCT 2	1,828.33
VULCAN CONSTRUCTION MATERIALS, LP	66392	A	INV#61771363 PCT 2	1,694.33
DEPARTMENT TOTAL				10,746.32
0560-R&B PCT #3				
CARD SERVICE CENTER	66416	A	4707 1205 3610 0385 LIESMANN	203.62
CHANAS AGGREGATES BLANCO, LLC	66413	A	INV#3255 PCT 3	159.13
ERGON ASPHALT AND EMULSIONS, INC	66318	A	INV#9401879120 PCT 3	1,882.56
ERGON ASPHALT AND EMULSIONS, INC	66319	A	INV#9401879121 PCT 3	2,190.23
FORD & CREW HOME AND HARDWARE	66415	A	TRANS#B79130, A117012 PCT 3	95.90
FRONTIER COMMUNICATIONS	66243	A	830-825-3270 PCT 3	79.51
PETERSON TIRE	66354	A	INV#BL29720 PCT 3	91.47
SIGN MAN, THE	66365	A	INV#14,121-G PCT 3	93.37
THIRD COAST DISTRIBUTING, LLC	66379	A	INV#748830 PCT 3	49.55
THIRD COAST DISTRIBUTING, LLC	66414	A	INV#977684 PCT 3	136.99
TONY MIRANDA	66388	A	repair of tandem dump truck PCT 3	149.95
UNIFIRST CORPORATION	66288	A	ACCT #512256 PCT 3	89.76
DEPARTMENT TOTAL				5,222.04
0570-R&B PCT #4				
ERGON ASPHALT AND EMULSIONS, INC	66315	A	INV#9401887391 PCT 4	2,235.41

DEPARTMENT

NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
FUELMAN	66398	A	FUEL - PCT 4	618.42
GVTC	66248	A	830-833-1077 PCT 4	37.91
KIRK FELPS	66331	A	INV#65420 PCT 4	19.99
KIRK FELPS	66332	A	INV#64796 PCT 4	58.99
KIRK FELPS	66333	A	INV#65001 PCT 4	28.68
PETERSON TIRE	66348	A	INV#BL29780 PCT 4	21.00
PETERSON TIRE	66349	A	INV#BL29827 PCT 4	508.71
PETERSON TIRE	66355	A	INV#BL29720 PCT 4	91.48
SCHAEFFER MANUFACTURING CO	66360	A	INV#ZG2982-INV1 PCT 1	120.07
SIGN MAN, THE	66366	A	INV#14,121-G PCT 4	93.37
THIRD COAST DISTRIBUTING, LLC	66376	A	INV#749016 PCT 4	57.48
THIRD COAST DISTRIBUTING, LLC	66380	A	INV#748830 PCT 4	49.54
THIRD COAST DISTRIBUTING, LLC	66382	A	INV#748037 PCT 4	25.96
THIRD COAST DISTRIBUTING, LLC	66383	A	INV#748758 PCT 4	17.49
THIRD COAST DISTRIBUTING, LLC	66384	A	INV#748837 PCT 4	1.99
TONY MIRANDA	66389	A	repair of tandem dump truck PCT 4	149.95
UNIFIRST CORPORATION	66289	A	ACCT #512256 PCT 4	144.36
DEPARTMENT TOTAL				4,280.80
FUND TOTAL				30,176.56



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DEPARTMENT

NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0400-RECORDS MANAGEMENT CLERK EXPENSES				
HILL COUNTRY IT	66258	A	INV #228 CO CLERK	150.00
DEPARTMENT TOTAL				150.00
FUND TOTAL				150.00

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DEPARTMENT

NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0400-CHAPTER 19 FUNDS EXPENSES				
SUSAN L. MCFARLAND	66369	A	REIMBURSEMENT	107.42
DEPARTMENT TOTAL				107.42
FUND TOTAL				107.42

DEPARTMENT				
NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0400-EXPENSES				
HILL COUNTRY IT	66259	A	INV #228 DIST CLERK	150.00
DEPARTMENT TOTAL				150.00
FUND TOTAL				150.00

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DEPARTMENT

NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0400-JAIL INMATE COMMISSARY EXPENSES				
CARD SERVICE CENTER	66408	A	4707 1205 3610 0310 SWIFT	73.94
COMMAND SOURCING, INC	66309	A	INV#PP04152018B LEC	1,362.12
DEPARTMENT TOTAL				1,436.06
FUND TOTAL				1,436.06

DEPARTMENT

NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
GRAND TOTAL				93,763.79

## COUNTY CHILD WELFARE SERVICES NON-FINANCIAL AGREEMENT

### I. PURPOSE.

The Texas Department of Family and Protective Services (DFPS), and the Commissioners' Court of **Blanco** County (County) agree to enter this Agreement to establish and maintain a child welfare board to administer a county wide, jointly financed, state administered, and regionally operated child welfare program to meet the needs of children in the county who are in need of protective services.

The County and DFPS are referred to collectively herein as the "Parties."

### II. AGREEMENT TERM.

This Agreement starts on October 1, 2018, and ends on September 30, 2025 unless renewed or terminated as provided for in this Agreement. The Parties agree to review this Agreement when one of the Parties identifies a possible modification to the Agreement and provide written notice to the other Party of the possible modification in order for the Parties to address.

### III. COUNTY RESPONSIBILITIES.

The County agrees:

- A. To establish and/or maintain a Child Welfare Board (the Board) as set out by statute in the Texas Family Code Section 264.005.
- B. That the Board will have at least seven, but not more than 15 members appointed by the County Commissioners' Court. Each member will serve a three-year term on a rotating basis.
  - 1. Initially members will be appointed to serve the following terms:
    - a. Third of the members to three-year terms;
    - b. Third of the members to two-year terms; and
    - c. Third of the members to one-year terms.
  - 2. In successive years, from two to five new members will be appointed.
  - 3. Members will serve at the pleasure of the Commissioners Court and without compensation.
- C. To provide funding at the County's discretion for the care of any child in need of protective placement who is under the conservatorship of the DFPS, and who is ineligible for Title IV-E foster care or state-paid foster care and/or Medicaid.
- D. To provide funding at the County's discretion for medical care not covered by Title XIX (Medicaid) and for children not Medicaid eligible.

### IV. BOARD RESPONSIBILITIES.

DFPS and the County agree that the Board will have the following responsibilities.

- A. Assist the DFPS in identifying and meeting the needs of the children in the County.
- B. Explain the child welfare program and needs to the County and explain to DFPS staff the County's conditions and attitudes on policy, services, and priorities.

**COUNTY CHILD WELFARE SERVICES  
NON-FINANCIAL AGREEMENT**

- C. Serve in an advisory capacity to the County in the development of local policy to meet the needs of the children in the County covered under this Agreement.

**V. DFPS RESPONSIBILITIES.**

DFPS agrees:

- A. To seek Title XIX Medicaid coverage within the amount at, duration, and scope of the Medicaid program as defined by the state agency responsible for administration of these funds, for any child eligible for AFDC-foster care or state-paid foster care and who is eligible for Medicaid benefits.
- B. To receive and expend children's personal funds (SSI, SSA, child support, etc.), in accordance with the needs of each child and state and federal laws and regulations, for children in the DFPS conservatorship.

**VI. GENERAL TERMS AND CONDITIONS.**

DFPS, County and the Board agree to comply with the following.

**A. Amendments.**

Any change to this Agreement must be in writing and signed by authorized representatives of both Parties.

**B. Termination.**

Either party may terminate this Agreement by providing 30 days' written notice of termination. Any written notice of termination must provide the date of termination, and the Party that receives the termination notice will confirm receipt of the notice by notifying the sending Party.

**C. Background Checks and Removal.**

1. For the purposes of background checks, members are considered volunteers.
2. If members have regular access to DFPS clients, a background check is required and the County will submit information necessary for DFPS to conduct background checks on its volunteers according to DFPS Background Checks Handbook under the applicable policy section at [http://www.dfps.state.tx.us/handbooks/Background\\_Checks/default.asp](http://www.dfps.state.tx.us/handbooks/Background_Checks/default.asp), including any required disclosures. Furthermore, before the volunteer can have regular access to DFPS clients, the County must receive notice from DFPS that the background check has been approved.
3. If while providing direct services, having direct client contact and/or access to client records, the County becomes aware of any new arrest or investigation of abuse or neglect conducted by any federal, state or local agency or board of an employee, subcontractor or volunteer, then the County will notify DFPS within ten business

## **COUNTY CHILD WELFARE SERVICES NON-FINANCIAL AGREEMENT**

days of them becoming aware of it. DFPS will determine if and when the employee, subcontractor or volunteer can have direct contact with clients.

### **D. Confidential Information.**

1. County agrees to only use DFPS confidential information for the purpose of this Agreement and comply with all applicable state and federal laws when it receives and stores DFPS confidential information, including, but not limited to, the following enumerated. This includes any communication or record regardless of form or format provided or made available through any means and includes records or information that identifies DFPS children or clients.
  - a. Section 106 of the Child Abuse Prevention and Treatment Act (CAPTA), codified at 42 U.S.C. 5106a;
  - b. Section 471 of Title IV-E of the Social Security Act, codified at 42 U.S.C. 671(a)(8), and related federal rules at 45 CFR 1355.30 & 45 CFR 205.50;
  - c. Social Security Administration Data, including, without limitation, Medicaid information (The Social Security Act, 42 U.S.C. Chapter 7);
  - d. Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g; 34 CFR Part 99;
  - e. Protected Health Information, including Electronic Protected Health Information or Unsecured Protected Health Information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. Chapter 7, Subchapter XI, Part C; 45 CFR Parts 160 and 164;
  - f. Confidentiality of Alcohol and Drug Abuse Patient Records, 42 U.S.C. § 290dd-2; 42 CFR Part 2;
  - g. Federal Tax Information, Internal Revenue Code, Title 26 of the United States Code including IRS Publication 1075;
  - h. The Privacy Act of 1974, as amended by the Computer Matching and Privacy Protection Act of 1988, 5 U.S.C. § 552a;
  - i. Personal Identifying Information defined by Texas Business and Commerce Code Chapter 521, and OMB Memorandum 07-16, Safeguarding Against and Responding to the Breach of Personally Identifiable Information;
  - j. Texas Family Code § 261.201 and related provisions in Chapters 261 and 264;
  - k. Texas Health and Safety Code § 81.046 and Chapters 181 and 611;
  - l. Texas Human Resources Code § 12.003, § 40.005, and Chapter 48;
  - m. Texas Public Information Act, Texas Government Code Chapter 552;
  - n. 19 TAC Chapter 702 Subchapter F (Child Protective Services), and Chapter 705 Subchapter M (Adult Protective Services); and
  - o. Criminal History Record Information guidelines in the FBI's Criminal Justice Information Services (CJIS) Security Policy.
2. County will notify DFPS immediately, but not later than 24 hours, after County discovers any possible or actual unauthorized disclosure or breach of DFPS confidential information.
3. County will fully cooperate with DFPS in investigating, mitigating to the extent practicable and issuing notifications directed by DFPS in the manner determined by DFPS.



**COUNTY CHILD WELFARE SERVICES  
NON-FINANCIAL AGREEMENT**

4. County will only disclose information according to applicable law and will notify DFPS as required by the applicable law, when it makes a disclosure.
5. The County may, without prior DFPS approval, provide access to records and/or information concerning children receiving services under this Agreement by the DFPS to properly identified individuals appointed by a court of competent jurisdiction that are volunteers or employees of Court Appointed Special Advocates (CASA), guardians ad litem, and/or attorneys ad litem in accordance with Texas Family Code Section 107.006. In order to confirm that an individual who is accessing records and information is appointed by a court of competent jurisdiction, the County should:
  - a. If such individual is an employee of the CASA, guardian ad litem, or attorney ad litem, review for a valid court order;
  - b. If such individual is a CASA volunteer, review for a valid court order and a notification letter of volunteer assignment and acceptance, that clarifies the individual's appointment to the child for whom records or information is sought; or
  - c. If County cannot readily determine the identity or authority of an individual appointed by a court of competent jurisdiction, then County should obtain written approval from DFPS prior to granting access to records or information.

**E. Records Retention.**

1. County will maintain legible copies of this Agreement and all related documentation for a minimum of seven years after the termination of this Agreement or seven years after the completion of any litigation or dispute involving the Agreement, whichever is longer.
2. **COUNTY WILL NOT DISPOSE OF RECORDS BEFORE PROVIDING THE DFPS AGREEMENT MANAGER WRITTEN NOTICE OF ITS INTENT TO DISPOSE OF RECORDS AND RECEIVE WRITTEN APPROVAL FROM THE DFPS AGREEMENT MANAGER.**

**F. Anti-Discrimination.**

1. County agrees to comply with state and federal anti-discrimination laws, including:
  - a. Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.);
  - b. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794);
  - c. Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.);
  - d. Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-6107);
  - e. Title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681-1688);
  - f. Food and Nutrition Act of 2008 (7 U.S.C. § 2011 et seq.); and
  - g. DFPS's administrative rules, as set forth in the Texas Administrative Code, to the extent applicable to this Agreement.
2. County agrees to comply with all amendments to these laws, and all requirements imposed by the regulations issued pursuant to these laws. These laws provide in part that no persons in the United States will, on the grounds of race, color, national origin, sex, age, disability, political beliefs, or religion, be excluded from

## **COUNTY CHILD WELFARE SERVICES NON-FINANCIAL AGREEMENT**

participation in or denied any service or other benefit provided by Federal or State funding or otherwise be subjected to discrimination.

3. County agrees to comply with Title VI of the Civil Rights Act of 1964, and its implementing regulations found at 45 C.F.R. Part 80 or 7 C.F.R. Part 15, prohibiting a County from adopting and implementing policies and procedures that exclude or have the effect of excluding or limiting the participation of clients in its programs, benefits, or activities on the basis of national origin. Civil rights laws require Counties to provide alternative methods for ensuring access to services for applicants and recipients who cannot express themselves fluently in English. County agrees to take reasonable steps to provide services and information, both orally and in writing and electronically, in appropriate languages other than English to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to government funded programs, benefits, and activities.
4. County agrees to post applicable civil rights posters in areas open to the public informing clients of their civil rights and including contact information for the HHSC Civil Rights Office. The posters are available on the HHSC website at: <http://hhscx.hhsc.texas.gov/system-support-services/civil-rights/publications>.
5. County agrees to comply with Executive Orders 13279 and 13559, and their implementing regulations at 45 C.F.R. Part 87 or 7 C.F.R. Part 16. These provide in part that any organization that participates in programs funded by direct financial assistance from the United States Department of Agriculture or the United States Department of Health and Human Services will not discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief. County must provide written notice to beneficiaries of these rights.
6. Upon request, County will provide Texas Health and Human Services Commission (HHSC) Civil Rights Office with copies of the County's civil rights policies and procedures.
7. County must notify HHSC's Civil Rights Office of any civil rights complaints received relating to its performance under this Agreement. This notice must be delivered no more than ten calendar days after receipt of a complaint. This notice must be directed to:

HHSC Civil Rights Office  
701 W. 51st Street, Mail Code W206  
Austin, Texas 78751  
Phone Toll Free: (888) 388-6332  
Phone: (512) 438-4313  
TTY Toll Free: (877) 432-7232  
Fax: (512) 438-5885

**COUNTY CHILD WELFARE SERVICES  
NON-FINANCIAL AGREEMENT**

By signing below, the following signatories certify that they have the requisite legal authority to bind their respective Party

**Texas Department of Family  
and Protective Services**

**Blanco County**

\_\_\_\_\_  
Signature  
Printed Name: Kristene Blackstone  
Printed Title: Associate Commissioner CPS

\_\_\_\_\_  
Signature  
Printed Name: Brett Bray  
Printed Title: County Judge

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

July 31, 2018

**QUOTE - PROPOSAL**

County Commissioner Paul Granberg  
County of Blanco, Texas  
101 E. Pecan Street  
Johnson City, Texas 78636

RE: 2018 Blanco County Household Hazardous Waste Program

Dear Mr. Granberg:

First of all, thank you for choosing Stericycle Environmental Solutions for your waste management needs. Stericycle is a leading provider of environmental and regulated waste management solutions. As an industry leader, we provide a strengthened infrastructure and a broad portfolio of services for customers who generate regulated waste in virtually any industry. Customers receive innovative and sustainable solutions that safeguard the environment, protect people and keep their organizations compliant. Thank you for allowing us to quote the attached services.

Based upon the information provided to Stericycle Environmental Solutions, the scope of work/pricing for the service(s) is outlined below:

1. Transportation and disposal of wastes, as described in the pricing below.
2. Labor and equipment to prepare waste for shipment.
3. UN approved packaging and supplies, as described in the pricing below.

This proposal must be signed within 30 days of receipt; otherwise a new quote will be reissued.

All of the employees at Stericycle Environmental Solutions appreciate the opportunity to provide this proposal and are looking forward to being of service. Please feel free to contact me at (512)663-2090 to discuss this proposal.

**Pricing Details:**

**Estimated Disposal Charges:**

Waste Name	Waste Code	UOM	Price/UOM	Quantity	Net Price
Oil-based paint, loosepack	AF06	CYB	\$477.50	9	\$4,297.50
Latex paint, loosepack	AF12	CYB	\$525.00	4	\$2,100.00
Latex paint, loosepack	AF12	55g	\$143.67	1	\$143.67
Flourescent bulbs, 4' & 8' (\$15 minimum)	REC06	LB.	\$1.35	27	\$36.45
Flourescent bulbs, CFLs (\$15 minimum)	REC06	LB.	\$1.35	20	\$27.00
Pesticides Liquids (labpack)	INC14F/P	55g	\$266.41	8	\$2,131.28
Pesticides Solids (labpack)	INC25	CYB	\$753.50	2	\$1,507.00
Flammable Liquids (bulk)	AF01	55g	\$80.00	1	\$80.00
Flammable Liquids (labpack)	AF07	55g	\$147.50	3	\$442.50
Flammable Solids (non-reactive)	AF06-1, AF17	CYB	\$600.00	1	\$600.00
Corrosive Acids for Treatment	WAT16A	55g	\$200.00	1	\$200.00
Corrosive Bases for Treatment	WAT16B	55g	\$200.00	1	\$200.00
Aerosols	AF08	CYB	\$575.00	1	\$575.00

Asbestos	LF11	5g	\$39.00	1	\$39.00
Oxidizers (Hypochlorite Solutions)	STAB06-6	55g	\$857.50	1	\$857.50
Oxidizers (Hypochlorite Liquids)	STAB06-6	5g	\$296.00	1	\$296.00
Oxidizers (Organic Chlorinating)	INC14E	15g	\$285.19	1	\$285.19
Organic Peroxide (Reactive) (25 lb. minimum)	INC15-E2	Lb.	\$4.94	25	\$123.50
Mercury	REC04-H1,REC14	5g	\$390.00	1	\$390.00
Alkaline Batteries	REC24	Lb.	\$0.97	399	\$387.03
Water Reactives, 4.3 (25 lb. minimum)	INC15W	Lb.	\$4.94	25	\$123.50
Reactive, PIH & P Listed Chemicals	INC15	Lb.	\$4.94	25	\$123.50
Reactive, self-heating, 4.2 (25 lb. minimum)	INC15-D2	Lb.	\$4.94	25	\$123.50
				<b>Subtotal:</b>	<b>15,089.12</b>

**Estimated Transportation Charges:**

Description	UOM	Price/UOM	Quantity	Net Price	
Waste Transportation	Each	\$1,368.90	1	\$1,368.90	
				\$0.00	
				<b>Subtotal:</b>	<b>\$1,368.90</b>

**Estimated Labor Charges:**

Description	UOM	Price/UOM	Quantity	Net Price	
Environmental Technicians	Hour	\$37.44	64	\$2,396.16	
Chemists	Hour	\$53.82	16	\$861.12	
Project Managers	Hour	\$63.18	8	\$505.44	
				<b>Subtotal:</b>	<b>\$3,762.72</b>

**Mobilization & Site Setup Charges:**

Description	UOM	Price/UOM	Quantity	Net Price	
Mobilization	Rate	\$4,834.00	1	\$4,834.00	
Site Setup charges included in hourly labor rate	Rate	\$390.00	1	\$390.00	
				<b>Subtotal:</b>	<b>\$5,224.00</b>

**Supply Charges:**

Description	UOM	Price/UOM	Quantity	Net Price	
55g Drums, poly open-top recon	SPDP55UO	Each	\$59.00	3	\$177.00
Cubic Yard Boxes (DOT/UN rated)	SPBXCYB	Each	\$71.75	17	\$1,219.75
30g Drums, Poly open-top recon	SPDP30UO	Each	\$53.50	1	\$53.50

55g Drums, steel open-top recon	SPDM55UO	Each	\$45.00	11	\$495.00
Tube Bulb Boxes, 4' large	SPBxBUC4	Each	\$16.25	1	\$16.25
Tube Bulb Boxes, 8' large	SPBxBUC8	Each	\$16.25	1	\$16.25
5g poly pail, recon open-top	SPDP05OU	Each	\$14.00	7	\$98.00
Bulb Boxes, CFL		Each	\$53.50	1	\$53.50
Visqueen		Each	\$125.00	1	\$125.00
PPE		Each	\$15.00	10	\$150.00
Drum Liners		Each	\$5.50	14	\$77.00
Absorbent		Each	\$20.00	8	\$160.00
				Subtotal:	\$2,641.25

**Equipment Charges:**

Description	UOM	Price/UOM	Quantity	Net Price
Forklift Rentals	Each	\$1,000.00	0	\$0.00
				\$0.00
				\$0.00
			Subtotal:	\$0.00

**TOTAL:** \$28,085.99

**Assumptions and Conditions:**

1. This section and the terms and conditions apply to this quote unless superseded by a service agreement.
2. The disposal pricing as listed above is based on the information provided and will be confirmed following receipt of a completed waste profile. All pricing is pending profile approval and/or waste sample analysis.
3. For a complete list of process code specifications, visit: <https://www.stericycleenvironmental.com/esol-files/Process-Specifications.pdf>
4. A minimum charge of \$325 applies to the invoice.
5. ~~Transportation, labor and equipment is portal to portal, and requires a four hour minimum unless otherwise specified.~~
6. ~~Unless otherwise specified, transportation rates include one hour of loading at the customer facility. Demurrage rates will apply after one hour and will be billed in 15 minute increments.~~
7. All invoices are subject to applicable Federal, State, and local taxes & fees, as well as an Energy & Insurance recovery charge tied to the National monthly average price for diesel fuel as published by the Department of Energy. <https://www.stericycleenvironmental.com/energy-insurance-fees/> Energy & Insurance recovery charge is not applicable to the Blanco County HHW program. A current State of Texas Sales Tax Exemption Certificate must be submitted in order for sales tax not to be applied to invoices for services.

**Pricing Notes:**

1. The waste stream and volume is based on historical data from past collections that Philip Services Corporation (now Stericycle) performed for Blanco County.
2. The final cost will be based on the actual amount of waste collected, supplies used, on-site labor hours incurred to perform the services, and the actual number of trucks required to transport the waste from the collection site.
3. A supplemental pricing sheet has been included in this quote document in order to provide pricing for other types of waste or containers sizes of waste that may be received. In the event a waste type not identified in this price quote is received, a pricing amendment will be submitted to Blanco County for approval, showing the price and cost of the

waste item.

- Blanco County has indicated it will provide a forklift meeting the required specification. In the event Blanco County does not provide the forklift, Stericycle will arrange to rent a forklift and the price indicated in this quote document will be charged.

Non-Specified Container Conversions		Conversion
Container Size		
1-5 gallon		35%
6-15 gallon		50%
16-30 gallon		75%
31-55 gallon		1x
85 gallon		1.5x
Cubic Yard Boxes		4x
250/275 gallon totes		5x
330/350 gallon totes		6x

**Conversion Table Notes**

- These conversions will apply to all disposal and transportation items priced per container unless quoted separately
- Numbers are expressed as a factor of a 55 gallon drum (e.g., 55 gallon price x 35% = sell price)
- The greater of the conversion factor or location container minimum of \$40 will be applied unless quoted a different rate.
- Some waste may have a different, typically lower, minimum which is reflected on the Non-Standard Minimum table below.
- Smaller container sizes can be converted to larger containers using the following steps. 1) Divide the smaller container price by its conversion factor for the 55 gallon price (e.g., 5 gallon price ÷ 35% = 55 gallon price). 2) Use the normal conversions on the 55 gallon drum price to convert to other container sizes.

Per Pound Standard Minimums			
	Common Containers <sup>1</sup>	Lab Pack Containers <sup>2</sup>	Light Weight Containers <sup>3</sup>
Container (Gal)	-----Minimums-----		
5 or less	50 lbs	25 lbs	30 lbs
6 - 15	125 lbs	50 lbs	75 lbs
16 - 30	175 lbs	110 lbs	100 lbs
31 - 55	250 lbs	250 lbs	150 lbs
56 - 85	400 lbs	300 lbs	275 lbs
Cubic box / pallet	525 lbs	550 lbs	500 lbs
Tote (<300 gal)	1950 lbs	---	--

1. Excludes Lab Pack and Light Weight items  
2. Includes: LF06, STAB06-6, series of codes for INC14, INC15 & WAT16  
3. Includes: AF17, INC01, INC02, INC16  
4. All other container sizes are case by case (CBC)

Non-Standard Minimums	
Container Min.	Process Code
\$0	REC51-3
\$5	REC60, REC61, REC62, REC63, REC64, REC65
\$10	REC02-xx series and REC05
\$15	LF04, REC06, REC27
\$25	REC11, REC11-1, REC12, REC16, REC19, REC24, REC42, REC44, REC50, REC55
\$50	REC09, REC09-1

Ancillary Charges	Item Code	UOM	Price
<b>Profiling Fees</b>			
<24 Hour URGENT Profile Fee	ADMPRORU	Each	\$150
<b>Off Spec &amp; Discrepancy Fees</b>			
Rejection Fee	ADMREJECT	Each	\$75
Manifest Discrepancy/Paperwork Error	ADMMAN	Each	\$75
Off Spec/Discrepant – Storage Fee	ADMSTOR	Day	\$25
<b>Transportation, Labor, and Other Fees</b>			
Scheduled Pickup Cancellation	ADMCAN	Each	\$150
Repacking/Overpacking Fee	ADMREPK	Each	\$150
Overpack Handling Fee	ADMOVPK	Each	\$50
Technical Lab Pack Review "Flat Rate Fee - \$175.00 The flat fee criteria:	ADTECHRVW	Each	\$175

(1.) Excel submitted inventories; (2.) Maximum of 500 inventory items; (3.) <5% of items with Trade Names"			
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**Please Note:** The greater of the disposal minimum or \$40 per container will be charged unless quoted otherwise.



Stericycle Environmental Solutions, Inc. ("Stericycle"), located at 28161 N. Keith Drive, Lake Forest, IL 60045 and [redacted] County of Blanco ("Customer"), located at [redacted] 101 E. Pecan Street, Johnson City, TX 78838, hereby enter into and agree as provided in this Master Services Agreement (the "Agreement") dated as of the [redacted] day of [redacted], 2018 (the "Effective Date").

1. **Sole Terms.** All Services, defined below, provided by Stericycle to Customer are subject solely to the terms contained herein and any addenda agreed to by the parties in writing and attached hereto (collectively, the "Agreement"). No term or condition on Customer's purchase order or any other instrument, agreement or understanding shall be binding upon Stericycle unless agreed to by the parties in writing, provided that in the event of a conflict the terms of this Agreement shall prevail.
2. **Stericycle Services.** Upon the issuance of a service order, price sheet, statement of work, manifest, proposal, quote or other similar document (collectively, a "Service Schedule"), Stericycle will provide Customer the services described therein (the "Services"), which are specifically incorporated and made part of this Agreement.
3. **Service Fee.** Customer agrees to pay Stericycle for the performance of the Services at the fees or rates set forth in a Service Schedule, or, if not specified therein, at Stericycle's standard fees or rates for such Services at the time the Services are rendered. Stericycle reserves the right to adjust the amount of each Service Fee from time to time, in its sole discretion. Additionally, Stericycle may adjust the contract price to account for operational changes it implements to comply with changes in law.
4. **Payment Terms.** Customer agrees to pay the Service Fee and all other amounts due within 30 days of the date of the invoice. Any payments not received by Stericycle on the due date will be subject to an interest charge on the unpaid balance of 1.5% per month (or the maximum amount allowed by law). All payments must be in immediately available U.S. funds, payments made by credit card may incur additional fees. In addition to Stericycle's charges for services and products under this Agreement, the Customer shall pay all taxes or other fees imposed or levied by any governmental authority with respect to such services or products. These taxes include all sales, use, excise, occupation, franchise and similar taxes and tax-like fees and charges (but do not include any taxes on Stericycle's net income). Stericycle shall cooperate with the Customer to determine the applicability of any exemption certificates that the Customer provides to Stericycle in a timely manner.
5. **Fuel, Environmental and/or Other Surcharge.** Customer agrees and acknowledges that Stericycle may, from time to time, impose and/or adjust a fuel, environmental and/or other surcharge of any amount for any duration, all in its sole discretion.
6. **Term of the Agreement.** The term of this Agreement shall commence on the Effective Date and shall continue in effect for thirty-six (36) months or until terminated in accordance with Paragraph 7 below ("Initial Term"). After the Initial Term, this Agreement will automatically renew for successive renewal terms ("Renewal Term") equal in length to the Initial Term unless either party gives written termination notice at least ninety (90) days before expiration of the Initial Term or any subsequent Renewal Term. On termination by either party, Customer will immediately pay Stericycle all outstanding balances for Services performed by Stericycle prior to termination of the Agreement (along with all other monies due to Stericycle).
7. **Default & Early Termination for Cause.** Either party may immediately terminate this Agreement if the other party fails to cure its breach of this Agreement within 30 days following receipt of written notice of such breach. Notwithstanding anything to the contrary, in the event that Customer fails to pay any amounts owing under this Agreement when due, including by reason of bankruptcy or insolvency, Stericycle may immediately suspend Services or cancel this Agreement in its entirety in its sole discretion.
8. **Excused Performance.** In the event either party is prevented, hindered or delayed from the performance of any act required hereunder by reason of strike, lock-out, acts of God, legal process, failure of power or any other similar reason not directly the fault of such party, or by reason of the other party or its agents, then performance of such act shall be excused for the period of delay and the period for the performance of any such act shall be extended for a period equivalent to the period of such delay.
9. **Customer Warranties.** Customer agrees to comply with all applicable federal, state and local laws, rules and regulations ("Applicable Laws") and to obtain and maintain throughout the term of this Agreement all permits, licenses and other forms of documentation required in order for a generator to comply with such Applicable Laws. Customer agrees to provide MSDS sheets, if available, for each waste related to the Services, on which Sheet there is an accurate and complete description, and which advises Stericycle of the hazards and risks presented to persons, property or the environment when exposed to the waste. Customer will use its best efforts to ensure that the waste to be delivered to Stericycle under this Agreement conforms to the information provided and that it has no knowledge of any constituent or component not specifically identified in the applicable waste profile sheet that increases the nature or the extent of the hazard or risk. If Stericycle determines that any unit of waste received from Customer is non-conforming for any reason, Stericycle may deem all waste that is tendered or accepted at the same time as the non-conforming unit to be non-conforming for the same reason. Stericycle may, in its sole discretion, reject or revoke acceptance of all non-conforming waste or accept for processing all or any part of such waste. If Stericycle accepts non-conforming waste, Stericycle shall process the waste at its then prevailing rates.
10. **Limitation of Liability.** Stericycle's cumulative, aggregate liability for any reason under any and all legal theories is limited to monetary damages not to exceed the lesser of: (i) Customer's actual damages, or (ii) the total aggregate amount paid by Customer to Stericycle for the Services in the month before such liability is assessed or the month before termination of the Agreement, whichever is earlier. NOTWITHSTANDING ANYTHING TO THE CONTRARY, NEITHER PARTY WILL BE LIABLE TO THE OTHER PARTY FOR INDIRECT, EXEMPLARY, PUNITIVE, SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES OR LOSSES, OR FOR LOST PROFITS OR BUSINESS OPPORTUNITIES OR THE COST OF PROCUREMENT OF SUBSTITUTE ITEMS OR SERVICES, UNDER ANY LEGAL THEORY.
11. **Indemnification, Attorney Fees & Collection Costs.** Customer shall indemnify Stericycle and its parents, subsidiaries, affiliates, successors and assigns, and each of their respective shareholders, members, officers, and directors, from all losses, liabilities, damages, claims, penalties, fees, expenses, judgments and costs (including reasonable attorney's fees and costs) (collectively, "Damages"), resulting from Customer's actual or threatened breach of this Agreement or its negligence or willful misconduct.
12. **Miscellaneous.** Any dispute or matter arising in connection with or relating to this Agreement shall be resolved by binding and final arbitration before the American Arbitration Association ("AAA"). The arbitration shall be conducted pursuant to applicable state or federal arbitration law. Any such dispute shall be determined on an individual basis, shall be considered unique as to its facts, and shall not be consolidated in any arbitration or other proceeding with any claim or controversy of any other party. The exclusive jurisdiction and forum for resolution of any such dispute shall lie in the state where the Customer is located at the closest AAA office. The failure of either party to insist upon the performance of any provision of this Agreement, or to exercise any right or privilege granted to that party under this Agreement, will not be construed as waiving that provision or any other provision, and the provision will continue in full force and effect. If any provision is found to be illegal, invalid, or otherwise unenforceable by any judicial or administrative body, the other provisions will not be affected and will remain in full force and effect. Provisions herein which by their very nature are intended to survive termination or cancellation of this Agreement will survive such termination or cancellation, including without limitation Paragraphs 10 and 11. Any notices to be given by one party to the other hereunder shall be sent by "Certified Mail, Return Receipt Requested" or overnight courier to the parties at its location identified at the beginning of this Agreement.

The parties intending to be legally bound, do hereby execute this Agreement as of the date below and represent that the individuals executing this Agreement have the authority to bind their respective entities.

CLIENT SIGNATURE: X \_\_\_\_\_  
PLEASE PRINT: [redacted] Title [redacted] Date: [redacted]

STERICYCLE ENVIRONMENTAL SOLUTIONS, INC.: X \_\_\_\_\_  
PLEASE PRINT: [redacted] Title [redacted] Date: [redacted]



## **.US Locality Domain Name Registration Terms and Conditions**

1. **Introduction.** This .US Locality Domain Name Registration Terms and Conditions document (the "Terms & Conditions"), sets forth the terms and conditions governing Registrant's use the registered .us locality domain name(s) set forth on Exhibit A from NeuStar, Inc., acting in its capacity as the usTLD Administrator. Any acceptance of Registrant's application or requests for Service and the performance of usTLD Administrator's Service will occur at NeuStar, Inc., 46000 Center Oak Plaza, Sterling, Virginia 20166, provided however that usTLD Administrator may, in its sole discretion, change this location.
2. **Term.** The term of this Agreement shall commence on the Effective Date and shall expire on the date in which the usTLD Administrator has no further obligation to render .US Top Level Domain ("TLD") administration services under an agreement with the United States Government, or unless earlier terminated in accordance with the terms and conditions herein (the "Term").
3. **Definitions.**
  - a. "Registered Name" refers to the domain name(s) within the domain of the usTLD set forth in Exhibit A, about which usTLD Administrator or an affiliate engaged in providing usTLD services maintains data in a usTLD Database.
  - b. "Registrant" refers to the holder of a domain name in the usTLD locality space.
  - c. "Service" means services provided by the usTLD Administrator in connection with the locality space of the usTLD under these Terms & Conditions.
  - d. "usTLD" means the .us country code top-level domain.
  - e. "usTLD Administrator" means NeuStar, Inc.
  - f. "usTLD Database" means a database comprised of data about one or more DNS domain names within the domain of the usTLD that is used to generate either DNS resource records that are published authoritatively or responses to domain-name availability lookup requests or WHOIS queries, for some or all of those names.
4. **The Service.** usTLD Administrator shall provide to Registrant (i) Service to accept and process orders for Registered Names; and (ii) customer service (including domain name record support), billing and technical support to Registrants.
5. **Transfers of Delegations.** Registrant may not transfer any delegation to a third party without the express written consent of the usTLD Administrator. In the event that such a transfer is approved by the usTLD Administrator, the new delegated manager must agree to abide by the terms and conditions of this Agreement. Any attempt by Registrant's creditors to obtain an interest in Registrant's rights under this Agreement, whether by attachment, levy, garnishment or otherwise, renders this Agreement voidable at usTLD Administrator's option. Registrant agrees not to resell the Registered Name without the usTLD Administrator's prior express written consent.

6. **Termination.**

- a. **Termination by Registrant.** Registrant may terminate this Agreement at any time upon at least thirty (30) days written notice to usTLD Administrator for any or no reason.
- b. **Termination by usTLD Administrator.** usTLD Administrator may terminate this Agreement at any time upon written notice in the event any of the following occurs:
  - i. Registrant willfully or negligently (i) provides usTLD Administrator inaccurate or unreliable information or (ii) fails to promptly update information provided to usTLD Administrator pursuant to this Agreement;
  - ii. Registrant fails to abide by the Nexus Requirements set forth in Section 8 of this Agreement; or
  - iii. Registrant breaches an obligation of this Agreement, other than those obligations set forth in 6(b)(i) or 6(b)(ii) and fails to cure such breach within ten (10) days of receipt of notice from usTLD Administrator.
  - iv. Registrant sublicenses or sub-delegates the use of its locality domains to a third party. Registrant agrees that actions are those of a Delegated Manager which is governed under the terms and conditions of the .US Delegated Manager agreement located on the usTLD Administrator's website at: <http://www.about.us/policies/delegated-managers>.
- c. **Effect of Termination.** Upon termination or discontinuance of this Agreement for any reason, usTLD Administrator may delete the Registrant's Domain Name, in accordance with usTLD Administrator's then-current policies and procedures.

7. **Name Servers.** You agree to maintain a minimum of two operational name servers for the specified domain name.

8. **.US Policy Requirements.** Registrant shall comply with the following policies adopted by the usTLD Administrator as listed at <http://www.about.us/policies>:

- a. usTLD Dispute Resolution Policy and Rules
- b. The usTLD Nexus Requirements
- c. Nexus Dispute Policy and Rules)
- d. Those policies in RFC 1480 applicable to .us domain name registrants, currently located at <https://tools.ietf.org/html/rfc1480> as supplemented by the rules and procedures on the official .US web site at <http://www.about.us> , which may be amended from time to time; and
- e. Registration Review Policy .

9. **DOC/USTLD Administrator Requirements.** The usTLD Administrator's obligations hereunder are subject to modification at any time as the result of the United States Department of Commerce

("DoC")-mandated requirements from time to time. Notwithstanding anything in this Agreement to the contrary, you shall comply with any such requirements or policies in accordance with the DoC required timelines.

10. **Accuracy of Information.** Registrant hereby certifies that (i) all data provided by Registrant in the domain name registration application is true, correct, up to date and complete (ii) usTLD Administrator will maintain and update, by providing notice to Registrant pursuant to this Agreement, the information contained in the domain name registration application as needed to keep such data true, correct, up to date and complete at all times.
11. **USTLD Administrator's Disclosure Of Certain Information / WHOIS.** Subject to the requirements of our privacy statement, in order for us to comply with the current rules and policies for the usTLD, you hereby grant to the usTLD Administrator the right to disclose Data to third parties through an interactive publicly accessible registration database known as the "WHOIS Database," currently located at <http://www.whois.us>. You also grant to the usTLD Administrator the right to make this information available in bulk form to third parties who agree not to use it to (a) allow, enable or otherwise support the transmission of mass unsolicited, commercial advertising or solicitations via telephone, facsimile, or e-mail (spam) or (b) enable high volume, automated, electronic processes that apply to our systems to register domain names.
12. **Use of Data.** Government Use of Data. Registrant understands and agrees that the U.S. Government shall have the right to use, disclose, reproduce, prepare derivative works, distribute copies to the public, and perform publicly and display publicly, in any manner and for any purpose whatsoever and to have or permit other to do so, all Data provided by Registrant. For purposes of this Section 12, "Data" means any recorded information, and includes without limitation, technical data and computer software, regardless of the form or the medium on which it may be recorded.
13. **Privacy.** Subject to the provisions in Section 11 and 12 above, all data or information collected pursuant to this agreement shall be used or disclosed only according to the NeuStar Privacy Policy (<http://www.neustar.us/us-privacy-statement-v-2/>). This policy is available, as modified from time-to-time at [www.neustar.us](http://www.neustar.us).
14. **Exclusive Remedy.** REGISTRANT AGREES THAT USTLD ADMINISTRATOR'S ENTIRE LIABILITY, AND REGISTRANT'S EXCLUSIVE REMEDY, IN LAW, IN EQUITY, OR OTHERWISE, WITH RESPECT TO THE SERVICE PROVIDED HEREUNDER AND/OR FOR ANY BREACH OF THIS AGREEMENT IS SOLELY LIMITED TO ONE HUNDRED DOLLARS. IN NO EVENT SHALL USTLD ADMINISTRATOR, ITS LICENSORS AND CONTRACTORS (INCLUDING THIRD PARTIES) BE LIABLE FOR ANY INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES EVEN IF USTLD ADMINISTRATOR HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. TO THE EXTENT THAT A STATE DOES NOT PERMIT THE EXCLUSION OR LIMITATION OF LIABILITY AS SET FORTH HEREIN USTLD ADMINISTRATOR'S LIABILITY IS LIMITED TO THE EXTENT PERMITTED BY LAW IN SUCH STATES. usTLD Administrator and its licensors disclaim any and all loss or liability resulting from, but not limited to: (1) loss or liability resulting from access delays or access interruptions; (2) loss or liability resulting from data non-delivery or data mis-delivery; (3) loss or liability resulting from acts of god or other events or circumstances not reasonably under usTLD Administrator's control; (4) loss or liability resulting

from Registrant's use of the Registered Name; (5) loss or liability resulting from errors, omissions, or misstatements in any and all information or Service; (6) loss or liability relating to the deletion of or failure to store e-mail messages; (7) loss or liability resulting from the development or interruption of Registrant's web site or usTLD Administrator's web site; (8) loss or liability that Registrant may incur in connection with Registrant's processing of Registrant's application for the Service, usTLD Administrator's processing of any authorized modification to Registrant's domain name record or Registrant's agent's failure to pay any fees, including the initial registration fee or re-registration fee; (9) loss or liability as a result of the application of usTLD Administrator's dispute policy or policies of the UsTLD Administrator; or (10) loss or liability relating to limitations, incompatibilities, defects, or other problems inherent in XML or any other standard not under usTLD Administrator or usTLD Administrator's agent's sole control.

15. **Registrant Representations.** The Registrant represents and certifies that, to the best of the Registrant's knowledge and belief, (i) neither the registration of the Registered Name nor the manner in which it is directly or indirectly used infringes the legal rights of any third party (ii) the Registrant has the requisite power and authority to enter into this Agreement and to perform the obligations hereunder (iii) Registrant has and shall continue to have a lawful bona fide U.S. Nexus as defined in Section 8 of this Agreement and qualifies to register to use a Registered Name (iv) Registrant is of legal age to enter into this Agreement; and (vi) Registrant agrees to comply with all applicable laws and regulations and policies of the usTLD Administrator as updated from time to time on the usTLD website.
  
16. **Registry Disclaimer of Warranties.** REGISTRANT AGREES THAT THE USE OF THE SERVICE OR USTLD ADMINISTRATOR'S LICENSORS' SERVICES IS SOLELY AT REGISTRANT'S OWN RISK. REGISTRANT AGREES THAT THE SERVICE IS PROVIDED ON AN "AS IS," AND "AS AVAILABLE" BASIS, EXCEPT AS OTHERWISE NOTED IN THIS AGREEMENT. USTLD ADMINISTRATOR AND ITS LICENSORS EXPRESSLY DISCLAIM ALL WARRANTIES OF ANY KIND, WHETHER EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NON-INFRINGEMENT. NEITHER usTLD ADMINISTRATOR NOR ITS LICENSORS MAKE ANY WARRANTY THAT THE SERVICE PROVIDED HEREUNDER WILL MEET REGISTRANT'S REQUIREMENTS, OR THAT THE SERVICE WILL BE UNINTERRUPTED, TIMELY, SECURE, OR ERROR FREE; NOR DOES USTLD ADMINISTRATOR OR ITS LICENSORS MAKE ANY WARRANTY AS TO THE RESULTS THAT MAY BE OBTAINED FROM THE USE OF THE SERVICE(S) OR AS TO THE ACCURACY OR RELIABILITY OF ANY INFORMATION OBTAINED THROUGH THE SERVICE. REGISTRANT UNDERSTANDS AND AGREES THAT ANY MATERIAL AND/OR DATA DOWNLOADED OR OTHERWISE OBTAINED THROUGH THE USE OF THE SERVICE IS DONE AT REGISTRANT'S OWN DISCRETION AND RISK AND THAT REGISTRANT WILL BE SOLELY RESPONSIBLE FOR ANY DAMAGE TO ITS COMPUTER SYSTEM OR LOSS OF DATA THAT RESULTS FROM THE DOWNLOAD OF SUCH MATERIAL AND/OR DATA.
  
17. **Indemnity.**
  - a. Registrant shall indemnify, defend and hold harmless usTLD Administrator. and its directors, officers, employees, representatives, agents, affiliates, and stockholders from and

against any and all claims, suits, actions, other proceedings, damages, liabilities, costs and expenses of any kind, including without limitation reasonable legal fees and expenses, arising out of or relating to the Registrant's (i) domain name registration and (ii) use of any Registered Name. This indemnification obligation shall survive the termination, expiration or cancellation of the Agreement.

- b. Registrant agrees to release, indemnify, defend and hold harmless usTLD Administrator, (including in usTLD Administrator's capacities as the usTLD Administrator or as an usTLD Administrator for domain names, and the applicable registry for any top-level domain in which Registrant is applying for services hereunder), and any of usTLD Administrator's contractors, agents, employees, officers, directors, shareholders, affiliates and assigns from all liabilities, claims, damages, costs and expenses, including reasonable attorneys' fees and expenses, of third parties relating to or arising out of (a) this Agreement or the breach of Registrant's warranties, representations and obligations under this Agreement, (b) the Service or the use of such services, including without limitation infringement or dilution by Registrant, or someone else using the Service from Registrant's computer, (c) any intellectual property or other proprietary right of any person or entity, (d) a violation of any of usTLD Administrator's operating rules or policies relating to the Service provided, or (e) any information or data Registrant supplied to usTLD Administrator, including, without limitation, any misrepresentation in its application, if applicable. When usTLD Administrator is threatened with suit or sued by a third party, it may seek written assurances from Registrant concerning Registrant's promise to indemnify usTLD Administrator. Registrant's failure to provide those assurances may be considered a material breach of this Agreement. usTLD Administrator shall have the right to participate in any defense by Registrant of a third-party claim related to Registrant's use of any of the Service, with counsel of usTLD Administrator's choice at its own expense. usTLD Administrator shall reasonably cooperate in the defense at Registrant's request and expense. Registrant shall have sole responsibility to defend usTLD Administrator against any claim, but Registrant must receive Registrant's prior written consent regarding any related settlement. The terms of this paragraph will survive any termination or cancellation of this Agreement.

18. **Modification to the Terms and Conditions.** Except as otherwise provided in these Terms & Conditions, Registrant agrees that usTLD Administrator may: (1) revise these Terms & Conditions; and/or (2) change part of the Service at any time. Any such revision or change will be binding and effective 30 days after posting the revised Terms and Conditions or change to the Service on usTLD Administrator's web site, or upon notification to Registrant by e-mail or United States mail. Registrant agrees to periodically review usTLD Administrator's Web sites, including the current version of these Terms & Conditions available on usTLD Administrator's Web sites, and to be aware of any such revisions. If Registrant does not agree with any revision to the Terms & Conditions, it may terminate its registration by so notifying usTLD Administrator. Notice of termination will be effective on receipt and processing by usTLD Administrator. If Registrant terminates pursuant to this provision, any fees paid by Registrant are nonrefundable.
19. **Agents.** Registrant agrees that, if any of its agents, (e.g., its administrative contact, Internet Service Provider, employees) purchases the Service on Registrant's behalf, Registrant is nonetheless bound as a principal by all terms and conditions herein, including the domain name dispute policy. Registrant's continued use of the Service ratifies any unauthorized actions of its agent. By using

Registrant's login name, account number or password, or otherwise purporting to act on its behalf, the Registrant's agent certifies that he or she is authorized to apply for the Service on Registrant's behalf, that he or she is authorized to bind Registrant to the terms and conditions of this Agreement, that he or she has apprised Registrant of the terms and conditions of this Agreement, and that he or she is otherwise authorized to act on Registrant's behalf. In addition, Registrant is responsible for any errors made by its agent.

20. **Reservation of Rights**. usTLD Administrator and usTLD Administrator reserves the right, with no liability to Registrant to deny, cancel or transfer any registration that they deem necessary, in their discretion; (1) to protect the integrity and stability of the usTLD Administrator; (2) to comply with any applicable laws, government rules or requirements, requests of law enforcement, in compliance with any dispute resolution process; (3) to avoid any liability, civil or criminal, on the part of usTLD Administrator or usTLD Administrator, as well as their affiliates, subsidiaries, officers, directors, representatives, employees, and stockholders; (4) for violations of these Terms & Conditions; or (5) to correct mistakes made by usTLD Administrator or usTLD Administrator in connection with a domain name registration. usTLD Administrator and usTLD Administrator also reserve the right to freeze a domain name during resolution of a dispute.
21. **Notices and Announcements**. Registrant authorizes usTLD Administrator to notify Registrant, as usTLD Administrator's customer, of information that usTLD Administrator deems is of potential interest to Registrant. Notices and announcements may include commercial e-mails and other notices describing changes, upgrades, new products and services or other information pertaining to Internet security or to enhance Registrant's identity on the Internet and/or other relevant matters. All notices must be sent either in writing or by e-mail, but only to the extent expressly provided herein. All notices to Registrant shall be delivered to the mailing address or e-mail address as provided in Registrant's account information (as updated by Registrant pursuant to these Terms & Conditions. Either party may change its respective address by written notice delivered to the other party.
22. **Severability**. Registrant agrees that these Terms & Conditions are severable. If any term or provision is declared invalid or unenforceable, in whole or in part, that term or provision will not affect the remainder of these Terms & Conditions. These Terms and Conditions will be deemed amended to the extent necessary to make them enforceable, valid and, to the maximum extent possible consistent with applicable law and the remaining terms and provisions will remain in full force and effect.
23. **Governing Law**. For the adjudication of disputes concerning or arising from use of the Registered Name, the Registrant shall submit, without prejudice to other potentially applicable jurisdictions, to the jurisdiction of the courts of the Commonwealth of Virginia in the United States. The parties hereby waive any right to jury trial with respect to any action brought in connection with this Agreement. The application of the United Nations Convention of Contracts for the International Sale of Goods is expressly excluded.
24. **Waiver**. No waiver of any provision of these Terms & Conditions shall be effective unless it is in writing and signed by an authorized representative of usTLD Administrator. The remedies of usTLD Administrator under these Terms & Conditions shall be cumulative and not alternative, and the election of one remedy for a violation shall not preclude pursuit of other remedies. The failure of a party, at any time or from time to time, to require performance of any obligations of the other



party hereunder shall not affect its right to enforce any provision of these Terms & Conditions at a subsequent time, and the waiver of any rights arising out of any violation shall not be construed as a waiver of any rights arising out of any prior or subsequent violation.

25. **Entire Agreement.** Registrant agrees that this Agreement, the rules and policies incorporated by reference in this Agreement (including, without limitation, the dispute policy and the privacy statement) are the entire, complete and exclusive agreement between Registrant and usTLD Administrator regarding the Service and supersede all prior agreements and understandings, whether written or oral, or whether established by custom, practice, policy or precedent, with respect to the subject matter of this Agreement, including, without limitation, any purchase order provided by Registrant for the Service.

**.US Locality Space Registrant**

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Name of Company (if applicable): \_\_\_\_\_  
Date: \_\_\_\_\_

**usTLD Administrator –  
NeuStar, Inc.**

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_





### usTLD LOCALITY DOMAIN NAME CONTACT FORM

Please use this form to create and/or update contacts or nameservers for your .US Locality domain name(s). Once completed, please contact .US Customer Support at [dotus@support.neustar](mailto:dotus@support.neustar) for information and next steps to complete the process.

**List of Registered Name(s) to create/update data:**

co.blanco.tx.us	

Check here if the Registrant information should be used for all Contact data.

REGISTRANT:	ADMINISTRATIVE: (If different than Registrant)
Full Name: Brett Bray	Full Name:
Organization: Blanco County	Organization:
Address 1: PO Box 387	Address 1:
Address 2:	Address 2:
City: Johnson City	City:
State: TX	State:
Zip Code: 78636	Zip Code:
Country: US	Country: US
Phone Number: 830-868-4266	Phone Number:
Email: <a href="mailto:cojudge@co.blanco.tx.us">cojudge@co.blanco.tx.us</a>	Email:
Nexus Code: P5, C21	Nexus Code: P5, C21

TECHNICAL: (If different than Registrant)	BILLING: (If different than Registrant)
Full Name: TAC CIRA Manager	Full Name:
Organization: <small>Texas Association of Counties County Information Resources Agency</small>	Organization:
Address 1: P O Box 2131	Address 1:
Address 2:	Address 2:
City: Austin	City:
State: Texas	State:
Zip Code: 78768-2131	Zip Code:
Country: US	Country: US
Phone Number: 800-456-5974	Phone Number:
Email: <a href="mailto:support@cira.state.tx.us">support@cira.state.tx.us</a>	Email:
Nexus Code: P5, C21	Nexus Code: P5, C21



<b>DOMAIN MANAGER: (If different than Registrant)</b>	<b>NAMESERVERS: (Two authoritative nameservers are mandatory)</b>
Full Name: TAC CIRA Manager	Hostname 1: ns1.cira.state.tx.us
Organization: Texas Association of Counties County Information Resources Agency	IP Address 1: 208.94.148.2
Address 1: P O Box 2131	Hostname 2: ns2.cira.state.tx.us.
Address 2:	IP Address 2: 208.80.124.2
City: Austin	Hostname 3: ns3.cira.state.tx.us
State: TX	IP Address 3: 208.80.126.2
Zip Code: 78768-2131	Hostname 4: ns4.cira.state.tx.us.
Country: US	IP Address 4: 208.80.125.2
Phone Number: 800-456-5974	Hostname 5: ns5.cira.state.tx.us.
Email: support@cira.state.tx.us	Ip Address 5: 208.80.127.2
Nexus Code: P5, C21	

**\*\* Please note that Country code and Nexus data is mandatory and unavailable to be updated per policies for the registration of .US Locality domain names.**

## CAPITAL AREA EMERGENCY COMMUNICATIONS DISTRICT

### INTERLOCAL CONTRACT FOR GEOGRAPHIC INFORMATION SYSTEM DATA

#### Section 1. Parties and Purpose

- 1.1. The Capital Area Emergency Communications District ("CAECD") is a regional emergency communications district and political subdivision of the State of Texas organized and operating under Chapter 772, Subchapter G of the Health & Safety Code, as amended. CAECD has developed an annual budget to operate and maintain Next Generation 9-1-1 emergency communications service within the District.
- 1.2. Blanco County ("County") is a Texas County that has agreed to participate in the District as authorized by Chapter 772 of the Health and Safety Code.
- 1.3. This Interlocal contract is entered into between CAECD and County under Chapter 791 of the Government Code so that County can participate with CAECD in implementing the Next Generation 9-1-1 emergency communications system in the district. For purposes of carrying out CAECD's duties and obligations under this agreement the parties understand and agree that references to CAECD includes its employees, officers, directors, volunteers, agents (including the Capital Area Council of Governments – CAPCOG), and their representatives, individually, officially, and collectively.

#### Section 2. Goods and Services

- 2.1. County agrees to coordinate implementation and collection of the Geographic Information System (GIS) data on a countywide basis in accordance with the standards adopted for the Capital Area Council of Governments (CAPCOG) GIS Program. Specifically, County agrees to:
  - A. Coordinate 9-1-1 GIS activities within the County and municipalities in the County to develop and enhance the 9-1-1 GIS coverage required by Mapped ALI and the *CAPCOG NG9-1-1 Transitional GIS Data Requirements*, Attachment B, to this contract. The County must develop, compile and maintain current, seamless countywide coverage for street centerlines, address points, Emergency Service Zones (ESZs) and city limits in both the incorporated and unincorporated areas of the County.
  - B. Provide to CAPCOG GIS datasets described in Section 2.1.A that are in accordance with the *CAPCOG NG9-1-1 Transitional GIS Data Requirements*, Attachment B. This document describes the technical requirements and expectations for GIS data maintenance and monthly submissions.
  - C. Submit by the first business day of each month to CAPCOG's GIS Department a copy of updated GIS datasets for street centerlines, address points, ESZ boundaries, and city limit boundaries. All files submitted to CAPCOG must be in ESRI File geodatabase format, and must be in a common projected coordinate system. CAPCOG agrees to perform quality assurance/quality control procedures through the 5<sup>th</sup> business day of the month, including any

#### **Section 4. Contract Price and Payment Terms**

- 4.1. CAECD agrees to compensate County in the total amount of not to exceed \$40,000 per fiscal year for its performance of this contract. CAECD must make any payment obligated by this agreement from current revenues available to CAECD. The stated amount is a payment which fairly compensates the City for the duties performed hereunder.
- 4.2. County agrees to request reimbursement, but not more often than quarterly, for all allowable costs paid or incurred under this contract by completing the CAECD Quarterly GIS/Database Manager Financial Report, Attachment A to this contract, and submitting it to CAECD. "Allowable costs" are defined in "Cost Principles for State and Local Governments and Other Affected Entities," Chapter II of the *Uniform Grant Management Standards* (Governor's Office of Budget and Planning).
- 4.3. CAECD agrees to pay County the reimbursement requested within 30 calendar days after receiving the correct and complete CAECD Quarterly GIS/Database Manager Financial Report.
- 4.4. If County has received payment for expenditures under this contract that are in violation of APPLICABLE LAW or POLICY described in Section 6, County agrees to repay CAECD for those payments within 60 calendar days from the date CAECD notifies County of the repayment amount due and the reason repayment is required.
  - A. If County does not refund the payment when required, CAECD may withhold all or part of the unpaid payment from County's future entitlement to payment under this or future Interlocal contracts between the parties for Next Generation 9-1-1 GIS data.
  - B. Before the 60-day payment period expires, County may appeal in writing to CAECD its determination that County refund the payment, explaining why it believes the determination is incorrect, or County may request CAECD in writing to extend the 60-day payment period, proposing an alternative period and justifying its need, or it may both appeal and propose an extension. The CAECD Board of Managers decision on County's appeal or proposal or both is final.
  - C. The parties understand and agree that the appeal authorized by Section 4.4.B is the only mechanism for challenging CAECD's determination under Section 4.4 that County refund the payment. The early termination provisions of Section 10 and the dispute resolution process of Section 11 are not available to challenge CAECD's determination.

#### **Section 5. Performance Reports**

- 5.1. CAECD agrees each quarter to distribute electronically a performance report to the County GIS Coordinator.
- 5.2. County agrees to address errors identified in the performance reports.

- 8.6. CAECD agrees to notify County at least 24 hours in advance of any intended visit under this Section 8. Upon receipt of CAECD's notice, County agrees to notify the appropriate department(s) specified in the notice of CAECD's intended visit.

### **Section 9. Nondiscrimination and Equal Opportunity**

- 9.1. County shall not exclude anyone or entity from participating in County's duties under this contract, unlawfully deny benefits under this contract, or otherwise unlawfully discriminate against anyone in carrying out this contract because of race, color, religion, sex, age, disability, handicap, veteran status, or national origin.
- 9.2. If County procures goods or services with funds made available under this contract, County agrees to comply with CAECD's affirmative action procurement policy, which is set out in CAECD's *9-1-1 Policies and Procedures Manual*.

### **Section 10. Early Termination of Contract**

- 10.1. Except as provided in Section 4.4, if CAECD or County breaches a material provision of this contract, the other may notify the breaching party describing the breach and demanding corrective action. The breaching party has five business days from its receipt of the notice to correct the breach, or to begin and continue with reasonable diligence and in good faith to correct the breach. If the breach cannot be corrected within a reasonable time as agreed by the parties, despite the breaching party's reasonable diligence and good faith effort to do so, the non-breaching party may terminate the contract or may invoke the dispute resolution process of Section 11.
- 10.2. If this contract is terminated under Section 11, CAECD and County are each entitled to compensation for goods and services each provided the other before receiving notice of the suspension or termination. However, neither CAECD nor County is liable to the other for costs it paid or incurred under this contract made after or in anticipation of its receipt of notice of suspension or termination.
- 10.3. Termination for breach under Section 11.1 does not waive either party's claim for direct damages resulting from the breach, and both CAECD and County among other remedies may withhold from compensation owed the other an amount necessary to satisfy its claim against the other.
- 10.4. The termination of this contract under Section 3 or under this Section 10 does not affect County's duty:
- A. To repay CAECD for expenditures made in violation of APPLICABLE LAW or POLICY in accordance with Section 4.4; and
  - B. To preserve its records and permit inspection, copying, and auditing of its records and visitation of its premises and personnel under Section 8.

### **Section 11. Dispute Resolution**

- 11.1. The parties desire to resolve disputes arising under this contract without litigation. Accordingly, if a dispute arises, the parties agree to attempt in good faith to resolve the dispute between

12.3. County's address is PO Box 387 Johnson City, TX 78636-0387  
Attention: County Judge.

12.4. A party may change its address by providing notice of the change in accordance with Section 12.1.

**Section 13. Miscellaneous**

13.1. Each individual signing this contract on behalf of a party warrants that he or she is legally authorized to do so and that the party is legally authorized to perform the obligations undertaken. The undersigned warrants that he or she:

- A. Has actual authority to execute this contract on behalf of the governing body identified as the Public Agency in this agreement and;
- B. Verifies the governing body, by either minute order, resolution or ordinance approved this agreement as required by Texas Government Code section 791, as amended.

13.2. This Interlocal contract shall be construed and interpreted in accordance with the laws of the State of Texas. Venue for all disputes hereunder shall be solely in Travis County.

13.3. This contract states the entire agreement of the parties, and may be amended only by a written amendment executed by both parties, except that any alterations, additions, or deletions to the terms of this contract which are required by changes in Federal and State law or regulations are automatically incorporated into this contract without written amendment hereto and shall become effective on the date designated by such law or regulation.

13.4. The following Attachments are part of this contract:

- A. CAECD Quarterly GIS/Database Manager Financial Report
- B. CAPCOG NG9-1-1 Transitional GIS Data Requirements

13.5. This contract is binding on and inures to the benefit of the parties' successors in interest and may not be assigned without the express written permission of CAECD.

13.6. This contract is executed in duplicate originals.

BLANCO COUNTY, TEXAS

CAPITAL AREA EMERGENCY  
COMMUNICATIONS DISTRICT

By \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

By \_\_\_\_\_  
Betty Voights  
Executive Director  
Date \_\_\_\_\_

Date of governing body approval: \_\_\_\_\_



## Attachment B

# CAPCOG NG9-1-1 Transitional GIS Data Requirements Version 2.0 (2017)

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### 1 Summary

The following geospatial data and corresponding attribute specifications are required to be regularly maintained by each county for Mapped Automated Location Information (ALI), Location Validation Function (LVF) and Emergency Call Routing Function (ECRF).

This document is referenced in the Capital Area Emergency Communications District Interlocal Contract for Geographic Information System Data and the Capital Area Emergency Communications District Interlocal Contract for Next Generation 9-1-1 Database Program documents and is commonly called "Attachment B Requirements".

The GIS Data requirements in this document are a condensed version of, and based upon, NENA (National Emergency Number Association) standards as they are developed and evolve over time. We are in a lengthy transitional period to Next Generation 9-1-1 (NG9-1-1). Data model standards should be more thoroughly reviewed in the "NENA Standard for NG9-1-1 GIS Data Model" document. Specifics regarding address point placement methodologies should be reviewed in the "NENA Information Document for Development of Site/Structure Address Point GIS Data for 9-1-1" document. There are other useful resources, as well, and CAPCOG will provide several of these on its own Web Site.

Please provide monthly updates of the 9-1-1 datasets referenced in this document in ESRI file geodatabase format by the 1<sup>st</sup> business day of each month. Incomplete datasets or other data abnormalities related to requirements may be returned to the county for correction. To be included in that month's PSAP update, the data must be returned to CAPCOG by the 5<sup>th</sup> business day of that month.

Regarding database fields and data types, each is very specific and must follow the exact guidelines outlined below. For example, the "L\_ESN" field must be Text type with a character width of 5. Remember to keep the field names in your database the same as those listed, and in the same order, and that all entries for every field must be in UPPER CASE. The complete attribute definitions shown in the GIS data tables are described and defined in the "Database Format" sections for each dataset. The data fields shown as **Mandatory** and **Conditional** must be present in the data. In the tables below, the column **M/C/O** is to indicate whether the attribute values is **Mandatory (M)**, **Conditional (C)**, or **Optional (O)**.

- **Mandatory** signifies an attribute value must exist
- **Conditional** signifies that if the attribute information exists in the real world, it must be included. If no value exists for the feature, the individual value is left blank without an empty space (if text), or 0 (if numeric)
- **Optional** signifies an attribute value may or may not be included in the data field

In the GIS data tables below, the **TYPE** column indicates the data type used for the data field.

- **TEXT** – string of alphanumeric characters including any combination of alphabetical letters A-Z and numbers 0-9



FIELD NAME	M/C/O	TYPE	WIDTH	DESCRIPTION/ VALID ENTRIES
L_COUNTY	M	TEXT	40	Fully spelled county name on the left side of the road
R_COUNTY	M	TEXT	40	Fully spelled county name on the right side of the road
L_MUNI	M	TEXT	100	Name of municipality on Left, if none populate with "UNINCORPORATED"
R_MUNI	M	TEXT	100	Name of municipality on Right, if none populate with "UNINCORPORATED"
L_MUNI_DIV	C	TEXT	100	Name of municipality division on Left, i.e. "WARD 5 FRIENDSHIP DISTRICT"
R_MUNI_DIV	C	TEXT	100	Name of municipality division on Right i.e. "WARD 5 FRIENDSHIP DISTRICT"
L_NBRHOOD	O	TEXT	100	Name of neighborhood or subdivision on Left
R_NBRHOOD	O	TEXT	100	Name of neighborhood or subdivision on Right
L_RNG_PRE	C	TEXT	15	Part of an address preceding the numeric address on Left
R_RNG_PRE	C	TEXT	15	Part of an address preceding the numeric address on Right
LF_ADDR	M	LONG	DEFAULT	Left address number at the FROM node
LT_ADDR	M	LONG	DEFAULT	Left address number at the TO node
RF_ADDR	M	LONG	DEFAULT	Right address number at the FROM node
RT_ADDR	M	LONG	DEFAULT	Right address number at the TO node
L_PARITY	M	TEXT	1	E, O, B, Z for Even, Odd, Both, or Zero (if the range is 0 to 0)
R_PARITY	M	TEXT	1	E, O, B, Z for Even, Odd, Both, or Zero (if the range is 0 to 0)
L_POST_COM	C	TEXT	40	City name for the ZIP of an address, as given in the USPS on Left
R_POST_COM	C	TEXT	40	City name for the ZIP of an address, as given in the USPS on Right
L_ZIP	C	TEXT	5	5-digit numeric postal code area on Left
R_ZIP	C	TEXT	5	5-digit numeric postal code area on Right
L_ESN	M	TEXT	5	5-digit Emergency Service Number as identified by MSAG on Left. If the ESN number only has 2-3 digits, it must be preceded by zeros
R_ESN	M	TEXT	5	Emergency Service Number as identified by MSAG on Right. Must be Preceded by zeros if less than 5 digits, i.e. "00088" for ESN 88
L_MSAG	M	TEXT	30	Valid service community as identified by MSAG on Left
R_MSAG	M	TEXT	30	Valid service community as identified by MSAG on Right

### 2.3 Road Class Types

Primary

Secondary

Local (City, Neighborhood, or Rural Road)

Ramp

Service (usually along a limited access highway)

Vehicular Trail (4WD, snowmobiles)

Walkway (Pedestrian Trail, Boardwalk)

Alley

Private (service vehicles, logging, oil fields, ranches, etc.)

Parking Lot

Trail (Ski, Bike, Walking / Hiking Trail)

## 3 Site / Structure Address Points (AP)

This point data represents addressable sites, structures, or property entrances that exist within the CAPCOG region.

### 3.1 Graphic (Spatial) Edits

All addressed site/structures must be represented in the address point layer. When a site/structure point is created or edited, several sources and methods can be used, including aerial imagery, georeferenced survey plats, computer-aided design (CAD) files, parcels, mapping-grade GPS units in the field, or other authoritative sources and methods. When the actual structure location is known, the symbol should represent the general center of the structure. In other cases, please refer to the "NENA Information Document for Development of Site/Structure Address Point GIS Data for 9-1-1" document. In any case, the positional accuracy of structures or designated site locations should be within +/- 25 feet of their true location or intended designation.

### 3.2 Database Format

FIELD NAME	M/C/O	TYPE	WIDTH	DESCRIPTION/ VALID ENTRIES
SOURCE	M	TEXT	75	Agency that last updated the record, i.e. HAYS, WILLIAMSON
PROVIDER	M	TEXT	75	The name of the regional 911 authority CAPCOG will populate
LAST_MOD	M	DATE	26	Date of last update using ISO 8601 format
EFF_DATE	O	DATE	26	Date the new record information goes into effect in ISO 8601 format
SITE_ID	M	LONG	DEFAULT	Unique site ID CAPCOG will populate
SITEUNQID	M	TEXT	100	Unique ID for each address site - CAPCOG will populate
COUNTRY	M	TEXT	2	Country name represented by two capital letters
STATE	M	TEXT	2	State name by two letters defined by USPS publication 28

FIELD NAME	M/C/O	TYPE	WIDTH	DESCRIPTION/ VALID ENTRIES
ZIP4	O	TEXT	4	ZIP plus 4 code without the dash
BLDG	O	TEXT	75	One among a group of buildings that have the same address
FLOOR	O	TEXT	75	A floor, story or level within a building
UNIT	O	TEXT	75	A suite or group of rooms within a building that share the same entrance
ROOM	O	TEXT	75	A single room within a building
SEAT	O	TEXT	75	A place where a person sits within a building i.e. cubicle
LANDMARK	O	TEXT	150	The name by which a prominent feature is publicly known or Vanity address
MILEPOST	C	LONG	DEFAULT	A posted numeric measurement from a given beginning point
SITE_TYPE	C	TEXT	50	Type of feature identified by the address i.e. residential, office, store, school
POINT_X	O	DOUBLE	DEFAULT	Longitude of point in decimal degrees using EPSG: 4326
POINT_Y	O	DOUBLE	DEFAULT	Latitude of point in decimal degrees using EPSG: 4326
NOTES	O	TEXT	254	Additional location information, which is not a building, floor, unit, room or seat
ELEVATION	O	DOUBLE	DEFAULT	Height above Mean Sea Level in meters

#### 4 Emergency Service Zone (ESZ)

This polygon data consists of the intersection of law enforcement, fire district, and emergency medical service and telephone exchange boundaries in the CAPCOG region.

##### 4.1 Graphic (Spatial) Edits

These areas need to accurately reflect the boundaries of each geographically unique combination of fire, law and EMS responder zones. This layer is created and maintained by overlaying with some combination of street centerlines, municipal (i.e. city limit) boundaries, parcels boundaries, or other data to determine each jurisdiction's emergency response service areas. As new emergency response services are added to, or change in an area, this boundary file will need to be modified accordingly. Communications must be regularly preserved with all fire, law, and emergency medical responders to obtain the information required to maintain updated ESZ boundaries. These ESZ boundaries should be within +/- 50 feet of their true location with no gaps or overlaps. These items and other geometric relationships are referred to as "topology", and especially important for NG9-1-1 purposes. **In addition, it is very important that all features with identical attribute information are merged into one multipart polygon.**

## 5 Municipal Boundary

This polygon data represents municipal boundaries in the CAPCOG region.

### 5.1 Graphic (Spatial) Edits

When city limits change due to annexations, metes and bounds surveys or other related information must be acquired to update the city limit boundaries. Coordinate geometry (COGO) – is one of the preferred methods for calculating coordinate points from surveys and can be used to update the city limit boundaries in the GIS within + or – 50 feet of their true location with no gaps or overlaps

### 5.2 Database Format

FIELD NAME	M/C/O	TYPE	WIDTH	DESCRIPTION/ VALID ENTRIES
SOURCE	M	TEXT	75	Agency that last updated the record, i.e. CALDWELL, LLANO
PROVIDER	M	TEXT	75	The name of the regional 911 authority <i>CAPCOG will populate</i>
LAST_MOD	M	DATE	26	Date of last update using ISO 8601 format
EFF_DATE	O	DATE	26	Date the new record information goes into effect in ISO 8601 format
POLY_ID	M	LONG	DEFAULT	Numeric Polygon ID <i>CAPCOG will populate</i>
MUNIUNQID	M	TEXT	100	Unique ID for each municipality - <i>CAPCOG will populate</i>
COUNTRY	M	TEXT	2	Country name represented by two capital letters
STATE	M	TEXT	2	State Name (eg: TX)
COUNTY	M	TEXT	40	County name fully spelled out
MUNI_NM	M	TEXT	100	Name of municipality i.e. "AUSTIN"



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
07/09/2018

<b>AGENCY</b> Heffernan Insurance Agency, Inc P O Box 679 206 E Main Street Johnson City TX 78636	<b>CARRIER</b> Atain Specialty Insurance Company c/o Burns-Wilcox <b>NAIC CODE</b>																		
<b>CONTACT NAME:</b> Vince Cioppa <b>PHONE (A/C, No, Ext):</b> (830) 868-4017 <b>FAX (A/C, No):</b> (830) 868-4019 <b>E-MAIL ADDRESS:</b> vince@heffernaninsuranceagency.com <b>CODE:</b> <b>SUBCODE:</b> <b>AGENCY CUSTOMER ID:</b> 00004178	<b>COMPANY POLICY OR PROGRAM NAME</b> General Liability <b>PROGRAM CODE</b>																		
<b>POLICY NUMBER</b> Renewal of Policy No. CIP328332																			
<b>UNDERWRITER</b> <b>UNDERWRITER OFFICE</b>																			
<b>STATUS OF TRANSACTION</b> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">QUOTE</td> <td style="border: none;"><input type="checkbox"/> ISSUE POLICY</td> <td style="border: none;"><input checked="" type="checkbox"/> RENEW</td> </tr> <tr> <td colspan="3" style="border: none;">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td style="border: none;">CHANGE</td> <td style="border: none;">DATE</td> <td style="border: none;">TIME</td> </tr> <tr> <td style="border: none;">CANCEL</td> <td style="border: none;">07/31/2018</td> <td style="border: none;">12:01</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> AM</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> PM</td> </tr> </table>		QUOTE	<input type="checkbox"/> ISSUE POLICY	<input checked="" type="checkbox"/> RENEW	BOUND (Give Date and/or Attach Copy):			CHANGE	DATE	TIME	CANCEL	07/31/2018	12:01			<input checked="" type="checkbox"/> AM			<input type="checkbox"/> PM
QUOTE	<input type="checkbox"/> ISSUE POLICY	<input checked="" type="checkbox"/> RENEW																	
BOUND (Give Date and/or Attach Copy):																			
CHANGE	DATE	TIME																	
CANCEL	07/31/2018	12:01																	
		<input checked="" type="checkbox"/> AM																	
		<input type="checkbox"/> PM																	

LINES OF BUSINESS			
INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> MOTOR CARRIER	\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> TRUCKERS	\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> YACHT	\$		\$

ATTACHMENTS		
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION								
PROPOSED EFF DATE 07/31/2018	PROPOSED EXP DATE 07/31/2019	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00

APPLICANT INFORMATION					
<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> County of Blanco P.O. Box 387  Johnson City TX 78636		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

**CONTACT INFORMATION**

AGENCY CUSTOMER ID: 00004178

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC #	STREET 400 South US HWY 281	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
01		<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Johnson City	STATE: TX	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
01	COUNTY: Blanco County	ZIP: 78636			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

The county is building a new jail at 400 S US HWY 281 in Johnson City, TX. They are constructing a 135' Radio Tower on their property next to the jail. The City of Johnson City requires a 1 million dollar Liability policy on the tower to maintain an occupancy permit.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	--	---

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE							TRUSTEE	TRUSTEE
REASON FOR INTEREST:	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ext):						
		E-MAIL ADDRESS:						

**GENERAL INFORMATION**

**EXPLAIN ALL "YES" RESPONSES**

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	Y / N												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PARENT COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N						
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	N												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">SUBSIDIARY COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED										
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	N												
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>													
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N												
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER									
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER										
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)	N												
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>													
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):													
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	N												
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	N												
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?	N												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?	N												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?	N												
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OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
11. HAS BUSINESS BEEN PLACED IN A TRUST?    NAME OF TRUST:	N												
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	N												
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	N												
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	N												
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	N												

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Need GL Coverage Only

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
17/18	CARRIER	ATAIN SPECIALTY INS. CO.			
	POLICY NUMBER	CIP328332			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	07/31/2017			
	EXPIRATION DATE	07/31/2018			

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00004178

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
16/17	CARRIER	ATAIN SPECIALTY INS. CO.			
	POLICY NUMBER	CIP293445			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	07/20/2016			
	EXPIRATION DATE	07/20/2017			
15/16	CARRIER	ATAIN SPECIALTY INS. CO.			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	07/20/2015			
	EXPIRATION DATE	07/20/2016			

**LOSS HISTORY**  Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST 3 YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of \_\_\_\_\_ years.



THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER





AGENCY CUSTOMER ID: 00004178

**COMMERCIAL GENERAL LIABILITY SECTION**DATE (MM/DD/YYYY)  
07/09/2018

AGENCY <b>Heffernan Insurance Agency, Inc</b>		CARRIER <b>Atain Specialty Insurance Co. c/o Burns-W</b>		NAIC CODE
POLICY NUMBER <b>Renewal of CIP328332</b>	EFFECTIVE DATE <b>07/31/2018</b>	APPLICANT / FIRST NAMED INSURED <b>County of Blanco</b>		

**IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.**

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$ 2,000,000		
<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER:	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	PREMISES/OPERATIONS
OWNER'S & CONTRACTOR'S PROTECTIVE			<input type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:	
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000		PRODUCTS
<input checked="" type="checkbox"/> PROPERTY DAMAGE	\$ 500	PERSONAL & ADVERTISING INJURY	\$ 1,000,000		OTHER
<input checked="" type="checkbox"/> BODILY INJURY	\$ 500	EACH OCCURRENCE	\$ 1,000,000		
		DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000		TOTAL
		MEDICAL EXPENSE (Any one person)	\$ 5,000		
		EMPLOYEE BENEFITS	\$		
			\$		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE  IS  IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE  IS  IS NOT AVAILABLE.

**SCHEDULE OF HAZARDS**

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
01	01	Towers - Telecom (Lessor's Risk Only)	49305		Flat					
01	02	Land - Occupied by Others (Lessor's Risk Only)	45539		Each					

RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)**

EXPLAIN ALL "YES" RESPONSES	Y/N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

**EMPLOYEE BENEFITS LIABILITY**

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2014/04)

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INS126 (201404)

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**CONTRACTORS**

AGENCY CUSTOMER ID: 00004178

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?					

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____  REFERENCE / LOAN #: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
--	---	-----------------	-------------------	---

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N																							
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N																							
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N																							
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		N																							
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N																							
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">EQUIPMENT</th> <th colspan="2" style="width:30%;">TYPE OF EQUIPMENT</th> <th style="width:30%;">INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="font-size: x-small;">SMALL TOOLS</td> <td style="font-size: x-small;">LARGE EQUIPMENT</td> <td> </td> </tr> <tr> <td> </td> <td style="font-size: x-small;">SMALL TOOLS</td> <td style="font-size: x-small;">LARGE EQUIPMENT</td> <td> </td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT														
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	SMALL TOOLS	LARGE EQUIPMENT																							
	SMALL TOOLS	LARGE EQUIPMENT																							
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N																							
7. ANY PARKING FACILITIES OWNED/RENTED?		N																							
8. IS A FEE CHARGED FOR PARKING?		N																							
9. RECREATION FACILITIES PROVIDED?		N																							
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N																							
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																							
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N																							
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																									
12. ARE SOCIAL EVENTS SPONSORED?		N																							
13. ARE ATHLETIC TEAMS SPONSORED?		N																							
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TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18	12 & UNDER	OVER 18																				
EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:																							
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N																							
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N																							

**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: 00004178

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

--

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE # (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



**ATAIN SPECIALTY/ATAIN INSURANCE COMPANY  
POLICY HOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that the Terrorism Risk Insurance Act of 2002 has been extended until December 31, 2020 under the revised Act cited as "Terrorism Risk Insurance Program Reauthorization and Extension Act of 2015" (TRIPRA). Under this Act, you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life; property; or infrastructure; to have resulted in damage within the United States or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion; and that causes losses of at least \$100 million.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

TRIPRA 2015 will terminate on December 31, 2020 unless extended by the Federal Government. If your policy is in effect when the Federal program terminates, any terrorism coverage afforded by us in your policy for the Federal program will also cease as of that date.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

**The NOTE below applies for risks in these states:** California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia and Wisconsin.

**NOTE:** In these States above, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**SELECTION OR REJECTION OF CERTIFIED TERRORISM INSURANCE COVERAGE**

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act for a premium of _____ (plus applicable fees and taxes) Action: Please sign and return this form with your payment for premium to your insurance agent.
	I decline to purchase the Terrorism Coverage require to be offered under the Act. Action: Please sign and return this form to your insurance agent.

✓ \_\_\_\_\_  
Policy Holder/Applicant's Signature

✓ \_\_\_\_\_  
Print Name

✓ \_\_\_\_\_  
Date

ATAIN SPECIALTY INS CO  
Named Insured/Firm

RNWL OF CIP328332  
Policy Number, if available

PLEASE RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT.



**Election Judges/Alternate Judges for precincts  
1 year term (September 1, 2018 through August 31, 2019)**

**Republican Party Judges**

**Precinct**

102	Franciela Smith
201	Kim Weirich
302	George Stearns
303	Dwight Brodbeck
304	TBD (no name submitted)
401	Amy Arnold

**Democratic Party Alternate Judges**

**Precinct**

102	Claire Latham
201	Joyce Humble
302	David Hamm
303	Julian Olinick
304	Patty Chimene
401	Suzanne Perkins

**Signature Verification Ballot Board Central Count Station**

Judge Frank Blagg

Alternate Judge Marjorie Heard



## Imposition of Optional Fees Calendar Year 2019


**INSTRUCTIONS:** Complete and return this form (including court orders if required) to the TxDMV via email.

Email to: *DMV\_OptionalCountyFeeUpdates@TxDMV.gov*

Please submit at your earliest convenience, but no later than **Monday, August 27, 2018.**

**County Name:** \_\_\_\_\_

**SELECT ONLY ONE OPTION BELOW:**

**OPTION A – No change. This county will charge the same fees in 2019.**   
*Submit this form to TxDMV. A copy of the commissioners court order is NOT required.*

**OR**

**OPTION B – The commissioners court has approved fee changes for 2019.**  
*Enter amounts for each fee, even those that did not change. Enter zero (0) if applicable.*

Calendar Year 2019 fees to be collected by your county:

Road and Bridge Fee: \$ \_\_\_\_\_

Child Safety Fee: \$ \_\_\_\_\_

Transportation Project Fee (applicable to Bexar, Cameron, El Paso, Hidalgo and Webb counties only): \$ \_\_\_\_\_

**Total Fee Amount to be collected in 2019:** \$ \_\_\_\_\_

**For Option B, submit this form and a copy of the court order.**

*Thank you, we appreciate your participation!*



**TAX ASSESSOR-COLLECTOR  
CONTINUING EDUCATION TRANSCRIPT  
Reporting Period: 1/1/2018 - 12/31/2018**

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Hon. Kristen D. Spies	ID:	243608
Tax Assessor-Collector	Phone:	(830) 868-7178
Blanco County	Fax:	(830) 868-2228
PO Box 465	Enrollment Date:	01/01/2018
Johnson City, TX 78636		

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<u>Date</u>	<u>Course</u>	<u>Units</u>
01/01/2018	Excess hours carried from 2017	10.00
06/03/2018	84th Annual TACA Conference	12.75

**Total Hours for year: 22.75**

You have met your continuing education requirements for the  
period 1/1/2018 - 12/31/2018.

You may carry forward 2.75 hours to the next reporting period.

SB546 of the 83rd Regular Legislative Session requires a County Tax Assessor-Collector to successfully complete 20 hours of continuing education annually. Up to 10 additional hours, over the required 20, will be carried forward into the next reporting period. This transcript/certificate is evidence of compliance with Texas Property Tax Code Section 6.231(d,) and must be filed for record with Commissioners Court.

07/11/2018

Please contact the Tax Assessor-Collectors Association Director of  
Education by email @ roving@brazoria-county.com with any questions.





STATE OF TEXAS  
COUNTY OF BLANCO

KNOW ALL MEN BY THESE PRESENTS, I HEREBY CERTIFY THAT JEFFREY ROBINSON IS THE OWNER OF THE PROPERTY SHOWN AS LOT 737 TWIN SISTERS ESTATES IN VOLUME 500 PAGE 605, OFFICIAL PUBLIC RECORDS OF BLANCO COUNTY, TEXAS AND DESCRIBED HEREON AND THAT I ADOPT THIS SUBDIVISION PLAT WITH MY FREE CONSENT, SUBJECT TO ANY AND ALL EASEMENTS OR RESTRICTIONS HEREBY GRANTED.

WITNESS MY HAND, THIS \_\_\_\_ DAY OF \_\_\_\_\_, A.D. 2016.

JEFFREY ROBINSON  
401 W. WINDYBROOK DRIVE  
BLANCO, TX 78608

STATE OF TEXAS  
COUNTY OF BLANCO

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED JEFFREY ROBINSON, KNOWN TO ME AS THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND CONSIDERATION THEREIN STATED, EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATION THEREIN STATED. THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, A.D. 2016.

NOTARY PUBLIC IN AND FOR BLANCO COUNTY, TEXAS  
MY COMMISSION EXPIRES \_\_\_\_\_

STATE OF TEXAS  
COUNTY OF BLANCO

KNOW ALL MEN BY THESE PRESENTS, I HEREBY CERTIFY THAT CHRIS GRAY IS THE OWNER OF THE PROPERTY SHOWN AS LOT 736 TWIN SISTERS ESTATES, UNIT 2, IN VOLUME 500 PAGE 117, OFFICIAL PUBLIC RECORDS OF BLANCO COUNTY, TEXAS AND DESCRIBED HEREON AND THAT I ADOPT THIS SUBDIVISION PLAT WITH MY FREE CONSENT, SUBJECT TO ANY AND ALL EASEMENTS OR RESTRICTIONS HEREBY GRANTED.

WITNESS MY HAND, THIS \_\_\_\_ DAY OF \_\_\_\_\_, A.D. 2016.

CHRIS GRAY  
510 ELMHURST DRIVE  
BLANCO, TX 78608

STATE OF TEXAS  
COUNTY OF BLANCO

KNOW ALL MEN BY THESE PRESENTS, I HEREBY CERTIFY THAT LINDA GRAY IS THE OWNER OF THE PROPERTY SHOWN AS LOT 736R TWIN SISTERS ESTATES, UNIT 2, IN VOLUME 500 PAGE 117, OFFICIAL PUBLIC RECORDS OF BLANCO COUNTY, TEXAS AND DESCRIBED HEREON AND THAT I ADOPT THIS SUBDIVISION PLAT WITH MY FREE CONSENT, SUBJECT TO ANY AND ALL EASEMENTS OR RESTRICTIONS HEREBY GRANTED.

WITNESS MY HAND, THIS \_\_\_\_ DAY OF \_\_\_\_\_, A.D. 2016.

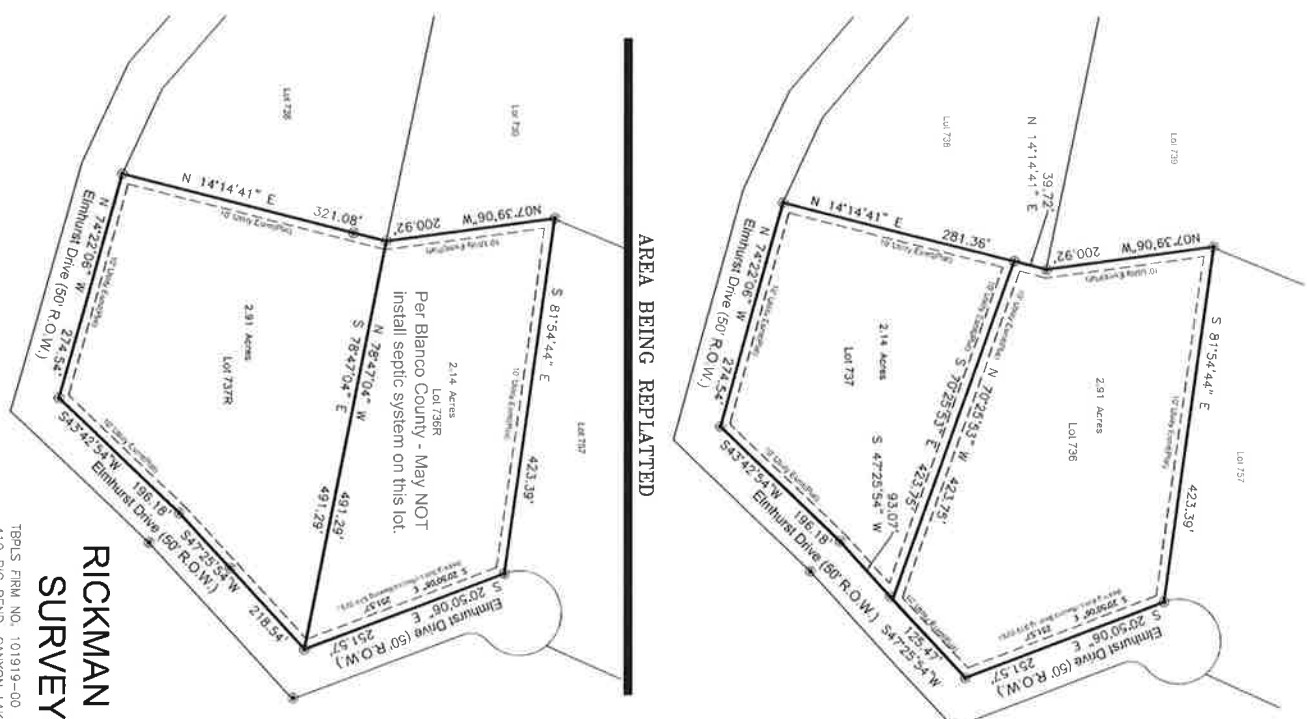
LINDA GRAY  
510 ELMHURST DRIVE  
BLANCO, TX 78608

STATE OF TEXAS  
COUNTY OF BLANCO

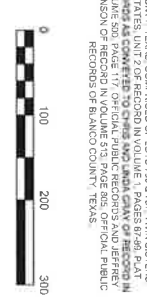
BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED LINDA GRAY, KNOWN TO ME AS THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT SHE HAS EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATION THEREIN STATED.

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, A.D. 2016.

NOTARY PUBLIC IN AND FOR BLANCO COUNTY, TEXAS  
MY COMMISSION EXPIRES \_\_\_\_\_



REPLAT OF LOT 736 AND LOT 737, TWIN SISTERS ESTATES, UNIT 2 ESTABLISHING  
**LOTS 736R & 737R, TWIN  
SISTERS ESTATES, UNIT 2**



PLAT OF 2 LOTS COMPREHENSIVE 2.14 ACRES OF LAND SITUATED IN BLANCO COUNTY, TEXAS, COMPOSED OF LOTS 736 AND 737 TWIN SISTERS ESTATES, UNIT 2, IN VOLUME 500 PAGE 117, OFFICIAL PUBLIC RECORDS AND JEFFREY ROBINSON'S PLAT IN VOLUME 500 PAGE 605, OFFICIAL PUBLIC RECORDS OF BLANCO COUNTY, TEXAS.

STATE OF TEXAS:  
COUNTY OF BLANCO:

I, LAURA WALLA, COUNTY CLERK OF BLANCO COUNTY, TEXAS, DO HEREBY CERTIFY THAT ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, COUNTY, TEXAS, PASSED AND IN ORDER AUTHORIZING THE FILING FOR RECORD OF THIS PLAT, AND SAID ORDER HAS BEEN DULY ENTERED IN THE MINUTES OF THE SAID COURT IN BOOK \_\_\_\_\_ PAGE \_\_\_\_\_.

WITNESS MY HAND AND SEAL OF OFFICE THIS \_\_\_\_ DAY OF \_\_\_\_\_, A.D. 2016.

LAURA WALLA, COUNTY CLERK,  
BLANCO COUNTY, TEXAS

BRETT GRAY, COUNTY JUDGE,  
BLANCO COUNTY, TEXAS



STATE OF TEXAS:  
COUNTY OF BLANCO:

I, J. DERRICK RICKMAN, RPLS, HEREBY CERTIFY THAT THE ABOVE PLAT IS A CORRECT AND TRUE REPRESENTATION OF THE SURVEY MADE ON THE GROUND BY EMPLOYEES OF RICKMAN LAND SURVEYING UNDER MY SUPERVISION.

J. DERRICK RICKMAN  
REGISTERED PROFESSIONAL LAND SURVEYOR NO. 5826

I, LAURA WALLA, COUNTY CLERK OF BLANCO COUNTY, TEXAS, DO HEREBY CERTIFY THAT THE FOREGOING INSTRUMENT OR WRITING WITH ITS CERTIFICATE OF AUTHENTICATION WAS FILED FOR RECORD IN MY OFFICE ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, A.D., \_\_\_\_\_, AT \_\_\_\_\_ O'CLOCK \_\_\_\_\_ M., IN THE PLAT RECORDS OF BLANCO COUNTY, TEXAS IN BOOK \_\_\_\_\_ PAGE \_\_\_\_\_.

WITNESS MY HAND AND SEAL OF OFFICE THIS \_\_\_\_ DAY OF \_\_\_\_\_, A.D. 2016.

LAURA WALLA, COUNTY CLERK,  
BLANCO COUNTY, TEXAS

**RICKMAN LAND  
SURVEYING**

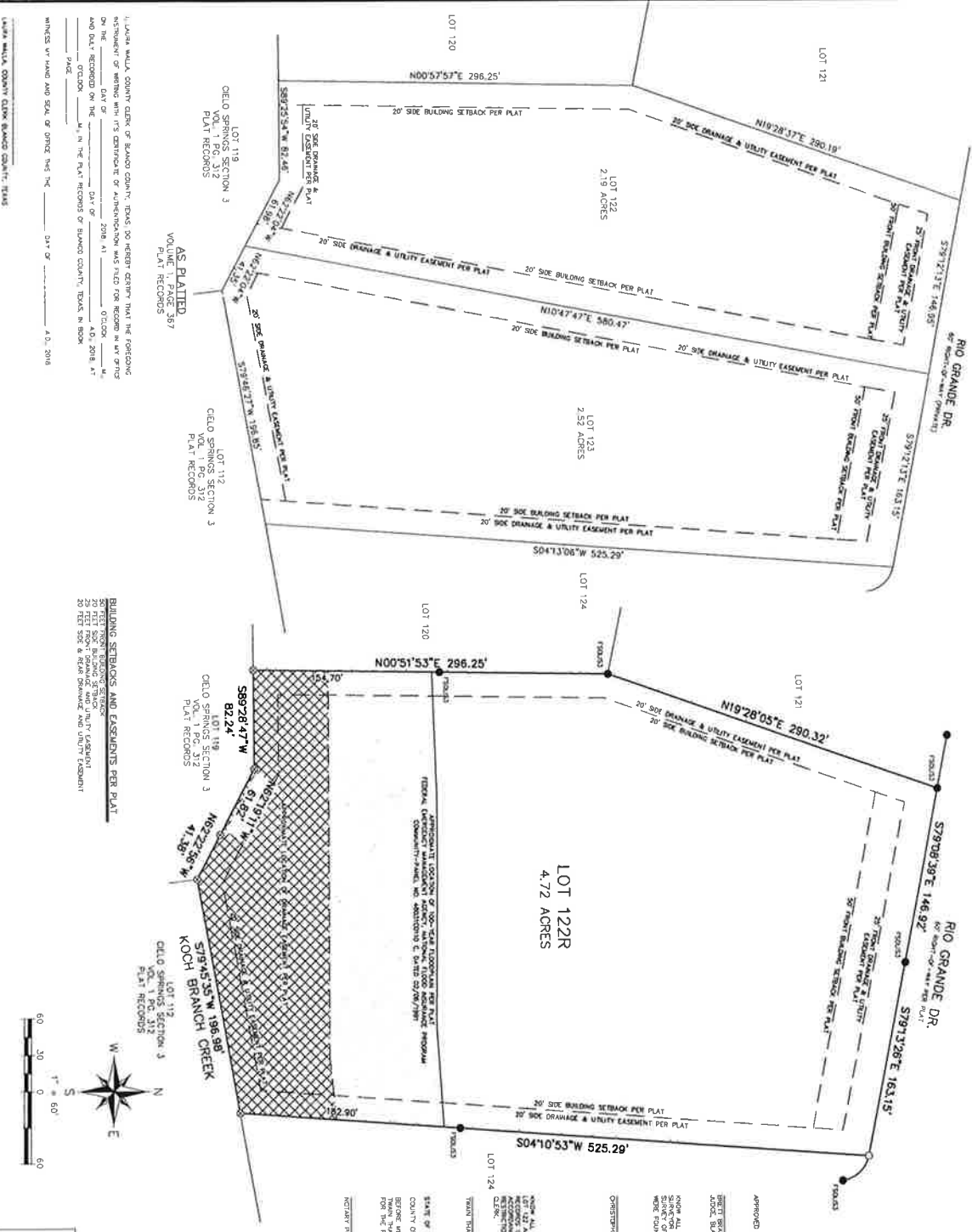
TRPLS FIRM NO. 101919-00  
419 BIG BEND, CANYON LAKE, TEXAS 78133  
PHONE (830) 935-2487  
WWW.RICKMANLANDSURVEYING.COM



A REPLAT OF LOT 122 AND LOT 123, CIELO SPRINGS SECTION 4 RECORDED IN VOLUME 1, PAGE 367, PLAT INTO LOT 122R AND LOT 123R

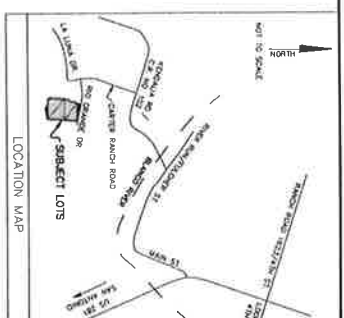
**LEGEND**  
 ○ SETBACK MARKING W/ A YELLOW PAINTED CURB  
 ⊙ FOUND 1/2" IRON ROD (UNLESS OTHERWISE NOTED)  
 ⊙ CALCULATED FROM POINTS ESTABLISHED BY SURVEY  
 ⊙ POINTS SURVEYED IN THE FIELD BY SURVEYOR  
 ⊙ POINTS SURVEYED IN THE FIELD BY SURVEYOR  
 ⊙ POINTS SURVEYED IN THE FIELD BY SURVEYOR

**GENERAL SURVEY NOTES**  
 1) THIS SURVEY IS A REPLAT OF LOT 122 AND LOT 123, CIELO SPRINGS SECTION 4, VOLUME 1, PAGE 367, PLAT INTO LOT 122R AND LOT 123R. THE REPLAT IS SUBJECT TO SUBDIVISION RESTRICTIONS RECORDED AND ON FILE WITH THE COUNTY CLERK'S OFFICE. THE SURVEYOR HAS REVIEWED THE RECORDS AND HAS DETERMINED THAT THE REPLAT IS ACCORDING TO THE RECORDS AND IS ACCORDING TO THE RECORDS AND IS ACCORDING TO THE RECORDS.



**FLOOR PLAN NOTE**  
 1) THIS SURVEY IS A REPLAT OF LOT 122 AND LOT 123, CIELO SPRINGS SECTION 4, VOLUME 1, PAGE 367, PLAT INTO LOT 122R AND LOT 123R. THE REPLAT IS SUBJECT TO SUBDIVISION RESTRICTIONS RECORDED AND ON FILE WITH THE COUNTY CLERK'S OFFICE. THE SURVEYOR HAS REVIEWED THE RECORDS AND HAS DETERMINED THAT THE REPLAT IS ACCORDING TO THE RECORDS AND IS ACCORDING TO THE RECORDS.

**WCR LAND SURVEYING**  
 JOB NO.: 1124-18  
 DATE: 05/20/2016  
 DRAWN BY: CJJ  
 CHECKED BY: CJJ  
 SHEET: 1 OF 1



**APPROVED BY THE BLANCO COUNTY COMMISSIONERS COURT ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. 2016.**  
 \_\_\_\_\_  
 COUNTY CLERK

**APPROVED BY THE BLANCO COUNTY COMMISSIONERS COURT ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. 2016.**  
 \_\_\_\_\_  
 COUNTY CLERK

**WCR LAND SURVEYING**  
 JOB NO.: 1124-18  
 DATE: 05/20/2016  
 DRAWN BY: CJJ  
 CHECKED BY: CJJ  
 SHEET: 1 OF 1