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**RENEWAL ACCEPTANCE**

By signing herewith, I acknowledge and agree to renew Bid #03-92 (contract # 03-164), for annual electric system construction and maintenance for the total amount of \$900,863.00 in accordance with all terms and conditions previously agreed to and accepted.

I understand this renewal term will be for a one year period beginning October 16, 2005 through October 15, 2006.

**H & B Construction**

  
\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

9/19/05  
\_\_\_\_\_  
DATE

**CITY OF COLLEGE STATION**

\_\_\_\_\_  
Ron Silvia, Mayor

\_\_\_\_\_  
DATE

**ATTEST:**

\_\_\_\_\_  
Connie Hooks, City Secretary

\_\_\_\_\_  
DATE

**APPROVED:**

\_\_\_\_\_  
City Manager

\_\_\_\_\_  
DATE

\_\_\_\_\_  
City Attorney

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Director of Fiscal Services

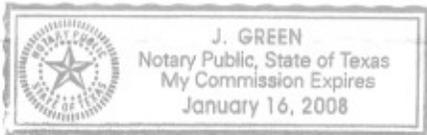
\_\_\_\_\_  
DATE

STATE OF TEXAS

CORPORATE ACKNOWLEDGMENT

COUNTY OF Montgomery

This instrument was acknowledged on the 19<sup>th</sup> day of September, 2005,  
by William L. Hendrix II in his/her capacity as Managing Partner of  
H+B Construction, Ltd., a TEXAS Corporation, on behalf of said corporation.



[Signature]  
Notary Public in and for the  
State of Texas

STATE OF TEXAS

ACKNOWLEDGMENT

COUNTY OF BRAZOS

This instrument was acknowledged on the \_\_\_\_\_ day of \_\_\_\_\_, 2005,  
by Ron Silvia, in his capacity as Mayor of the City of College Station, a Texas  
home-rule municipality, on behalf of said municipality.

\_\_\_\_\_  
Notary Public in and for the  
State of Texas

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# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/22/2005

**PRODUCER**  
**SCHURR INSURANCE AGENCY**  
 14729 HWY 105 W, STE 100  
 MONTGOMERY, TX 77356  
 936-588-6733

**INSURED**  
**WILLIAM HENDRIX**  
**H & B CONSTRUCTION, LTD**  
 P.O. BOX 30  
 MONTGOMERY, TX 77356  
 936-597-4779

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC#
INSURER A:	COLONY INSURANCE COMPANY	A, VIII
INSURER B:	FARMERS INSURANCE COMPANY	A, XV
INSURER C:	TEXAS MUTUAL INS. COMPANY	A, VIII
INSURER D:	COLONY INSURANCE COMPANY	A, VIII
INSURER E:	COLONY INSURANCE COMPANY	A, VIII

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADPL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
X	X	GENERAL LIABILITY	GL 121358	05-02-05	05-02-06	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER				PERSONAL & ADV INJURY \$ 1,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/PROP AGG \$ 2,000,000
X	X	AUTOMOBILE LIABILITY	6941-99-49	07-21-04	07-21-05	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ 1,000,000
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ 1,000,000
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$ 1,000,000
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
X	X	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
						AGG \$
X	X	EXCESS/UMBRELLA LIABILITY	UM 141576	05-02-05	05-02-06	EACH OCCURRENCE \$ 2,000,000
		<input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMSMADE				AGGREGATE \$ 2,000,000
		<input type="checkbox"/> DEDUCTIBLE				\$
		RETENTION \$				\$
X	X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	0001116930	05-21-05	05-21-06	WC STATUTORY LIMITS OTH-ER \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E		SCHEDULED EQUIPMENT	6943-04-55	04-03-05	04-03-06	\$40,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED ON GENERAL LIABILITY AND AUTOMOBILE LIABILITY POLICIES. WORKERS' COMPENSATION POLICY INCLUDES A GRANTING A WAIVER OF SUBROGATION IN FAVOR OF CERTIFICATE HOLDER. COVERAG SHALL NOT BE ENDED, VOIDED, CANCELED, REDUCED IN COVERAGE OF LIMITS EXCEPT AFTER 30 DAYS PRIOR WRITTEN NOTICE BY CERIFIED MAIL OOR FAX AND ORIGINAL NOTICE MAILED.**

**CERTIFICATE HOLDER**

**CITY OF COLLEGE STATION**  
**P.O. BOX 9960**  
**COLLEGE STATION TX. 77842**

**ATTN: RISK MANAGEMENT**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

