Burnet County, Texas
Contract Labor Agreement

The **County of Burnet** hereby enters into a contract labor agreement with the following independent contractor:

Name: Texas Air Boss, LLC

Address: 700 CR 333
Burnet, TX 78611

Phone: 830-613-0495

Tax ID or Social Security #82-5414448

Length of Contract: 3/20/2019 until completed

Total Amount of Payment: $2,000.00

Description of Work to be performed without County Supervision:
RB4
Electrical: add outlets, lights, switches at barn
HVAC: Install heater in barn

Contractor agrees to provide liability insurance covering any damage or injury to persons and property, including damage and/or injury to Contractor and/or his/her employees, and to indemnify and hold Burnet County harmless from any and all claims arising out of work performed by Contractor. Burnet County reserves the right to terminate this contract at any time.

Signatures:

Sam Bunt date 3/18/19
Contractor

J. Oakley date 3/20/19
County Judge

[signature] date 3/20/19
Commissioner, Pct. 1

ABSENT date
Commissioner, Pct. 2

Billy C. Wall date
Commissioner, Pct. 3

[signature] date 3-20-19
Commissioner, Pct. 4

Revised 06/29/2005

TEXAS AIR BOSS, LLC

Lic-# TACLBO20509E 700 CR 333 TECL-21417

BURNET, TEXAS 78611

Cell (830) 613-0495 TEXASAIRBOSS@GMAIL.COM

DATE – 3/18/2019 **PROPOSAL**

ADDRESS:

BURNET COUNTY
PRECINCT 4
BURNET, TX 78611

REFERENCE: COUNTY BARN

SCOPE OF WORK

ELECTRICAL:

Add outlets, lights, switches at barn.

HVAC:

Install heater in barn.

PROPOSED ESTIMATE: **$2,000.00**

THANK YOU FOR YOUR BUSINESS.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/06/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Next Insurance, Inc. PO Box 60787 Palo Alto, CA 94306	PHONE (A/C, No, Ext): (855) 222-5919	FAX (A/C, No):
	E-MAIL ADDRESS: support@next-insurance.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State National Insurance Company, Inc.	12831
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Sam burton
Texas Airboss
700 County Road 333
Burnet, TX 78611

COVERAGES **CERTIFICATE NUMBER:** 0036462 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			NXTEBIF3CU-00-GL	02/04/2019	02/04/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000.00 $100,000.00 $10,000.00 $1,000,000.00 $1,000,000.00 $1,000,000.00 $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Contractors Errors and Omissions			NXTEBIF3CU-00-GL	02/04/2019	02/04/2020	Each Occurrence: Aggregate:	$10,000.00 $20,000.00

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

Proof of insurance

CERTIFICATE HOLDER

Sam burton
Texas Airboss
700 County Road 333
Burnet, TX 78611

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE