GREAT AMERICAN INSURANCE COMPANY®

OHIO

Bond No. CA 4182749

## TEXAS STATUTORY PERFORMANCE BOND
(PUBLIC WORK)

KNOW ALL MEN BY THESE PRESENTS, that CS Advantage USAA, Inc.
P.O. Box 12407, College Station, TX 77845
(hereinafter called the Principal(s), as Principal(s), and GREAT AMERICAN INSURANCE COMPANY (hereinafter called the Surety), as Surety, are held and firmly bound unto Burnet County, Texas
133 E. Jackson Street, Burnet, TX 78611
(hereinafter called the Obligee), in the amount of -------- Three Hundred Ninety Thousand and 00/100 ---------
---------- Dollars ($ --------390,000.00---------)
for the payment whereof, the said Principal and Surety bind themselves, and their heirs, administrators, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has entered into a certain written contract with the Obligee, dated the 10th day of January, 20 22, to

RFP# 22-4090-02 Sheriff and North Annex Building Roof Replacement

which contract is hereby referred to and made a part hereof as fully and to the same extent as if copied at length herein.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that is the said Principal shall faithfully perform the work in accordance with the plans, specifications and contract documents, then this obligation shall be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that this bond is executed pursuant to the provisions of Chapter 2253 of the Texas Government Code, and all liabilities on this bond shall be determined in accordance with the provisions of said Chapter to the same extent as if it were copied at length herein.

IN WITNESS WHEREOF, the said Principal(s) and Surety have signed and sealed this instrument this 10th day of January, 20 22.

PRESIDENT
(Principal)
CS Advantage USAA, Inc.
(Principal)

(Principal)

COUNTERSIGNED

By _____
Resident Agent

GREAT AMERICAN INSURANCE COMPANY

By _____
David C. Hughston
Attorney-in-Fact

S-892E (10/97)

GREAT AMERICAN INSURANCE COMPANY®
OHIO

GREAT AMERICAN INSURANCE GROUP

Bond No. CA 4182749

# TEXAS STATUTORY PAYMENT BOND
(PUBLIC WORK)

KNOW ALL MEN BY THESE PRESENTS, that CS Advantage USAA, Inc.
P.O. Box 12407, College Station, TX 77845
(hereinafter called the Principal(s)), as Principal(s), and GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under the laws of the State of Ohio, with its principal office in the City of Cincinnati (hereinafter called the Surety), are held and firmly bound unto Burnet County, Texas
133 E. Jackson Street, Burnet, TX 78611
(hereinafter called the Obligee), in the amount of ---- Three Hundred Ninety Thousand and 00/100 ----------
---
--- Dollars ($ --------390,000.00----------)
for the payment whereof, the said Principal and Surety bind themselves, and their heirs, administrators, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has entered into a certain written contract with the Obligee, dated the 10th day of January , 2022 , to
RFP# 22-4090-02 Sheriff and North Annex Building Roof Replacement

which contract is hereby referred to and made a part hereof as fully and to the same extent as if copied at length herein.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said Principal shall pay all claimants supplying labor and materials to him or a subcontractor in the prosecution of the work provided for in said contract, then, this obligation shall be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that this bond is executed pursuant to the provisions of Chapter 2253 of the Texas Government Code, and all liabilities on this bond shall be determined in accordance with the provisions of said Chapter to the same extent as if it were copied at length herein.

IN WITNESS WHEREOF, the said Principal(s) and Surety have signed and sealed this instrument this 10th day of January , 2022

PRESIDENT
CS Advantage USAA, Inc. *Principal*

*Principal*

*Principal*

COUNTERSIGNED

By_____
*Resident Agent*

**GREAT AMERICAN INSURANCE COMPANY**

By_____
David C. Highston *Attorney-in-Fact*

S-891F (10/97)

# GREAT AMERICAN INSURANCE COMPANY®

**Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740**

The number of persons authorized by
this power of attorney is not more than SIX

No. 0 15621

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

| Name | Address | Limit of Power |
|---|---|---|
| RAY HUGHSTON<br>DAVID C. HUGHSTON<br>CHRISTOPHER J. HUGHSTON<br>PEGGY GONZALEZ<br>MARY EDWARDS<br>MORGAN B. HUGHSTON | ALL OF<br>BROWNSVILLE, TEXAS | ALL<br>$100,000,000 |

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 13TH day of FEBRUARY, 2019.

Attest

GREAT AMERICAN INSURANCE COMPANY

*Assistant Secretary*

*Divisional Senior Vice President*

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 13TH day of FEBRUARY, 2019, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

**Susan A. Kohorst**
**Notary Public, State of Ohio**
**My Commission Expires 05-18-2020**

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

*RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.*

*RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof; such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.*

## CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 10th day of January, 2022.

*Assistant Secretary*

GREAT AMERICAN INSURANCE GROUP

**Great American Insurance Company of New York**
**Great American Alliance Insurance Company**
**Great American Insurance Company**

**IMPORTANT NOTICE:**

To obtain information or make a complaint:

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance at:

P.O. Box 149104
Austin, TX 78714-9104
FAX: 1-512-475-1771

Your notice of claim against the attached bond may be given to the surety company that issued the bond by sending it by certified or registered mail to the following address:

| | |
|---|---|
| Mailing Address: | Great American Insurance Company<br>P.O. Box 2119<br>Cincinnati, Ohio 45202 |
| Physical Address: | Great American Insurance Company<br>301 E. Fourth Street<br>Cincinnati, Ohio 45202 |

You may also contact the Great American Insurance Company Claim office by:

| | |
|---|---|
| Fax: | 1-888-290-3706 |
| Telephone: | 1-513-369-5091 |
| Email: | bondclaims@gaic.com |

**PREMIUM OR CLAIM DISPUTES:**

If you have a dispute concerning a premium, you should contact the agent first. If you have a dispute concerning a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR BOND:**

This notice is for information only and does not become a part or condition of the attached document.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/19/2022

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<br>Hughston Insurance Agency, Inc.<br>PO Box 8550<br><br>Brownsville TX 78526 | CONTACT NAME: Maria Edwards<br>PHONE (A/C, No, Ext): (956) 542-4387 FAX (A/C, No):<br>E-MAIL ADDRESS: |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: Travelers Casualty Ins Co of Ame | 19046 |
| INSURER B: Texas Mutual Insurance Company | 22945 |
| INSURER C: United Specialty Insurance Co. | 12537 |
| INSURER D: United Fire Lloyds | 43559 |
| INSURER E: Travelers Casualty Ins Co of A | 19046 |
| INSURER F: | |

INSURED
CS Advantage USAA, Inc.
PO Box 12407
College Station TX 77845

**COVERAGES** **CERTIFICATE NUMBER:** Cert ID 2216 **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 | |
|---|---|---|---|---|---|---|---|---|
| C | X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | ATN2118474 | 08/17/2021 | 08/17/2022 | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | POLICY X PRO-JECT LOC | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | OTHER | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | | | | | | | Empl Benefits Liab | $ 1,000,000 |
| A | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | X ANY AUTO | | | BA9N73391A-21-42-G | 01/13/2022 | 01/13/2023 | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| C | X UMBRELLA LIAB X OCCUR | | | BTN2117832 | 08/17/2021 | 08/17/2022 | EACH OCCURRENCE | $ 3,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ 3,000,000 |
| | DED RETENTION $ | | | | | | | $ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 0001211645 | 04/28/2021 | 04/28/2022 | X PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT | $ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 1,000,000 |
| D | Builders Risk | | | 46309854 | 04/28/2021 | 04/28/2022 | Any One Jobsite | $ 10,000,000 |
| | | | | | | | | $ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured is provided to the certificate holder for General Liability as per endorsement CG2010 (04/13) for Ongoing Operations & endorsement CG2037 (04/13) for Completed Operations on Primary & Non-Contributory basis as per endorsement VEN05100 (02/20);
30 Day Notice of Cancellation is shown on Workers Compensation as per endorsement WC420601; General Liability as per endorsement VEN06400 (01/15), Business Auto as per endorsement ILT400 (05/19) & Follow Form on Excess Liability. Waiver of Subrogation Endorsement is shown on Workers Compensation policy as per WC420304B (01/00)

**CERTIFICATE HOLDER**

Burnet County, Texas
133 E. Jackson Street
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

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