

Summary Agreement for Renewal of Williamson County Contract

Purchase/Contract Type:	Service	Department:	EMS	
Vendor Name:	Extraco Banks			
Vendor Address:	P.O. Box 6101, Temple, To	exas 76503-6101		
Purpose/Intended Use of Product	or Service (summary):			
Mal-Practice Insurance				
P.O./Contract Number:	1509-009	Effective Date:	10/01/2016	
Purchaser/Contract Specialist:	Sydney Richardson	Expiration Date:	09/30/2017	
Requested By:	Kenny Schnell, Director			
Detailed description of renewal of	product and/or service.			
• Williamson County wishes to e	extend this bid for the same p	ricing, terms and c	onditions as the existing contract.	
• Extend Contract for the first (1	st) of three (3) one (1) year re	newal option peri	ods:	
Renewal Option Period 1	October 1, 2016 – September 30, 2017			
Initial Contract Period	October 1, 2015 – Septer	October 1, 2015 – September 30, 2016		
BY SIGNING BELOW, THE PARTIES	AGREE TO THE TERMS OF EXT	ENSION SET OUT F	HEREIN	
C 1	AGREE TO THE TERMS OF EXT		TENETY.	
Vendor /xtraco BAN	KS	Williamson Co	ounty, 710 Main St., Georgetown, TX 78626	
Stove Paris		D A C-11		
Name JEVE COWAN		Dan A. Gatti	5	
Title We Trasident		Williamson County Judge		
Signature Love Comm	· · · · · · · · · · · · · · · · · · ·	Signature		
Date 8/4/2016		Date		
		4 3		
			- 1 TE - 201 W F 11	



WILLIAMSON COUNTY AFFIDAVIT AUTHORIZED VENDOR REPRESENTATIVE

I hereby swear, affirm and represent to Williamson County that my signature below represents that I am authorized to bind the bidder/proposer to fully comply with the pricing, terms and conditions for the Contract listed below and any extension thereof, if applicable.

Note: If Signature is by an agent, other than the Sole Proprietor(s) or an officer of a Corporation, Limited Liability Company, General Partner or a member of a Genera Partnership, a Power of Attorney or equivalent document must be submitted to the Williamson County Purchasing Department prior to being recommended for award of the contract or renewal.

Contract Number:	1509-009
Contract Name:	Mal-Practice Insurance
Printed Name of Person Submitting Affidavit:	Steve Coward
Name of Company:	Extraco Banks
Date:	This vs 7 4, 20 16
Signature of Person Submitting Affidavit:	Sur Caulan

On this, the 4th day of liquot, 2016, before me a notary public, the undersigned officer, personally appeared structure, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

