

WILLIAMSON COUNTY PROPOSAL FORM

ARMORED COURIER SERVICE
FOR WILLIAMSON COUNTY

PROPOSAL NUMBER: 11WCAP128

NAME OF PROPOSER: Triple D Security

Mailing Address: P.O. Box 2346

City: Victoria State: Tx Zip: 77902

Email Address: hwright@triplesecurity.com

Telephone: (713) 799-9966 Fax: (713) 799-1588

Mobile Phone: (713) 875-2915

The undersigned, by his/her signature, represents that he/she is authorized to bind the proposer to fully comply with the terms and conditions of the attached Request for Proposal, Specifications, and Special Provisions for the amount(s) shown on the accompanying proposal sheet(s). By signing below, you have read the entire document and agreed to the terms therein.



Signature of Person Authorized to Sign Proposal

Date of PROPOSAL: 7-19-10

Printed Name and Title of Signer: Hank Wright Manager

DO NOT SIGN OR SUBMIT WITHOUT READING ENTIRE DOCUMENT

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH PROPOSAL

Triple D Security bid for Williamson County

Firearms policy:

We maintain required licensing from Texas Department of Public Safety. Our Employees carry the firearms they are commissioned to do so.

Vehicles:

Our fleet consists mainly of armored 2006-2008 Freightliner sprinter vans. We also have some armored 2006 ford E350 vans.

Background:

All of our employees submit to an extensive background screening, which includes criminal, driving, and credit.

Location	Schedule	Time	Number of Stops	Trip Charge	Monthly Charge
Williamson County Annex 350 Discovery Blvd Cedar Park, TX	M Thru F Except Holidays	9:00-11:00	2 Stops	27.33 ✓	601.40 ✓
Williamson County Annex 211 Commerce Cove Round Rock, TX	M-W-F Except Holidays	9:00-11:00	1 Stop	20.72 ✓	455.90 ✓
Williamson County Annex 412 Vance Street Taylor, TX	M Thru F Except Holidays	11:30-1:30	1 Stop	21.61 ✓	475.30 ✓
Justice of the Peace #4 109 W. 5th Street Taylor, TX	M Thru F Except Holidays	11:30-1:30	1 Stop	12.34 ✓	271.60 ✓
Williamson County Annex 301 SE Inner Loop Georgetown, TX	M Thru F Except Holidays	11:00-1:00	1 Stop	20.72 ✓	455.90 ✓
WC Tax Assessor 904 Main Street Georgetown, TX	M Thru F Except Holidays	11:00-1:00	1 Stop	14.99 ✓	329.80 ✓
WC Sheriff's Office 508 Rock Street Georgetown, TX	M Thru F Except Holidays	11:00-1:00	1 Stop	14.99 ✓	329.80 ✓
WC Justice Center 405 MLK Jr. Blvd Georgetown, TX	M Thru F Except Holidays	11:00-1:00	1 Stop	14.99 ✓	329.80 ✓
WC Juvenile Facility 1821 SE Inner Loop Georgetown, TX	Tues & Fri Except Holidays	11:00-1:00	1 Stop	16.17 ✓	145.50 ✓
WC Maintenance Facility 3351 SE Inner Loop Georgetown, TX	Tues & Fri Except Holidays	11:00-1:00	1 Stop	16.17 ✓	145.50 ✓
WC Regional Animal Shelter 1855 Inner Loop Georgetown, TX	Tues & Fri Except Holidays	11:00-1:00	1 Stop	16.17 ✓	145.50 ✓

Location	Schedule	Time	Number of Stops	Trip Charge	Monthly Charge
WC Health District	M-W-F	11:00-1:00	1 Stop	16.17	210.21 ✓
200 Main Street	Except				
Georgetown, TX	Holidays				
County Courthouse	M Thru F	11:00-1:00	1 Stop	16.17 ✓	145.50 ✓
701 Main Street	Except				
Georgetown, TX	Holidays				
WC Annex	M Thru F	10:00-12:00	1 Stop	20.72 ✓	455.90 ✓
1801 Old Settlers Blvd.	Except				
Round Rock, TX	Holidays				

- Items to be transported are cash, checks and general mail. All cash will be receipted and placed into locked bags prior to expected pick-up.
- Approximately 90%-95% of all cash to be picked up will be of a reconstructive nature.
- All cash bags are to be dropped off at:

Union State Bank
1100 Williams Drive
Georgetown, TX

on a **daily** basis, no later than **3:00 pm** and not stored overnight at the vendors location or any other facility.

Example of Service:

After the Responses are opened by the County, the Vendors may be required to demonstrate their competency and ability to provide the quality of service that will be required by the County during the contract period. Such demonstrations will be provided to the County for evaluation by, and at no cost to the County. If a demonstration of competency is required, the County will notify the Vendor of such and will specify the deadline for providing the demonstration. The County reserves the right to establish its own procedures for evaluating the Vendors' competencies and abilities. On the basis of these evaluation criteria, the County shall be the sole judge of the abilities of each Vendor in conformance with standards established in the Specifications and its decision shall be final.



INSTRUCTIONS ON THE USE OF THE B.O.L.

The BOL is designed to meet all the Triple D's receipting needs replacing the previous three page, In-town, and Out of town versions. The changes are to ensure a simple but complete record proving the "Chain of Custody" of a container from start to finish.

MAIN POINTS TO CHECK.

FROM:

A full address may be too long, but a complete abbreviated address is required, i.e.,

*SB,
Main St.,*

is not enough, but

*Small Bank,
123, Main St.,
Big Town*

is complete.

TO:

The same goes for this address. "Main Vault" is not complete. Where, Which Main Vault!

RELEASED BY This is the printed name and signature of the person that releases the containers to Triple D crew.

Item Description: Such as 'Currency', 'Cash', 'Checks', 'Coin', Bags, Boxes, Mixed, Mute etc.

Received By Triple D

1st column is for Triple D receiving crew to acknowledge pick up. Sign in full or initial with ID number.

2nd column is for Triple D vault staff or 2nd truck crew to acknowledge receipt from original pickup crew. If liability to stay at branch in the overnight safe this will acknowledge receipt by supervisor when placed in safe.

3rd column is for the next days crew or second crew to acknowledge receipt of liability from vault / safe supervisor. This light yellow copy will stay with the vault or at branch until the white signed original returns that evening to be matched up, stamped, and sent back to HQ.

Checked by Consignee

The consignee or person to receive the final delivery should verify each item by checking or initialing on each line. A final signature acknowledging receipt is made at the bottom right hand corner. It is important that as well as a signature we obtain date and time. **This can be substituted by a time clock stamp.**

SEE ATTACH EXAMPLES FOR MINOR DETAILS

INSTRUCTIONS ON THE USE OF THE B.O.L.

This is the Gold / Bottom Copy of the B.O.L. form. It is a detailed document with multiple sections for data entry, including fields for DATE, FROM, TO, and various signatures. The form is titled "TRIPLE D SECURITY CORPORATION" and "B.O.L. (Bill of Lading)".

GOLD / BOTTOM COPY

THE BOTTOM COPY STAYS WITH THE CUSTOMER, THE ORIGINATOR OF THE BILL OF LADING.

THIS COPY SHOULD NOT BE REMOVED FROM THE BOOK.
IT REMAINS AS A PERMANENT RECORD.

This is the Pink Copy of the B.O.L. form. It is a detailed document with multiple sections for data entry, including fields for DATE, FROM, TO, and various signatures. The form is titled "TRIPLE D SECURITY CORPORATION" and "B.O.L. (Bill of Lading)".

PINK COPY

THIS IS THE SECOND COPY AND CAN BE GIVEN TO THE CONSIGNEE WHEN THEY RECEIVE THE LIABILITY FROM THE TRIPLE D CREW.

This is the Pale Yellow Copy of the B.O.L. form. It is a detailed document with multiple sections for data entry, including fields for DATE, FROM, TO, and various signatures. The form is titled "TRIPLE D SECURITY CORPORATION" and "B.O.L. (Bill of Lading)".

PALE YELLOW

THIS COPY STAYS WITH THE TRIPLE D BRANCH, VAULT OR SECOND TRANSFER CREW.

THIS COPY WILL BE MATCHED WITH FINAL WHITE COPY AND STAMPED "RCVD"

WHITE TOP COPY

THIS FULLY COMPLETED ORIGINAL COPY ACCOMPANIES THE LIABILITY AT ALL TIMES AND ONCE SIGNED BY THE CONSIGNEE RETURNS TO TRIPLE D AS THE COPY WITH THE FULL AUDIT TRAIL TO BE MATCHED WITH THE VAULT/SAFE COPY. IT MUST BE SENT TO TRIPLE D H.Q. VIA BRANCH OFFICE

This is the White Top Copy of the B.O.L. form. It is a detailed document with multiple sections for data entry, including fields for DATE, FROM, TO, and various signatures. The form is titled "TRIPLE D SECURITY CORPORATION" and "B.O.L. (Bill of Lading)".

TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N. LAMAR BLVD BOX 4087 AUSTIN, TEXAS 78773-0001

www.txdps.state.tx.us

DRIVER IMPROVEMENT & COMPLIANCE BUREAU
512/424-7120



THOMAS A. DAVIS, JR.
DIRECTOR

DAVID McEATHRON
ASST. DIRECTOR



COMMISSION
ERNEST ANGELO, JR.
CHAIRMAN

ALLAN B. POLUNSKY
ELIZABETH ANDERSON
COMMISSIONERS

June 24, 2008

TRIPLE D SECURITY INC
901 PROFIT DRIVE
VICTORIA TX 79901

RE: Self-Insurance Certificate No. 110

To Whom It May Concern:

This is to certify that the above entity has been approved as a self-insurer under the Texas Motor Vehicle Safety Responsibility Act and assigned Self-Insurance number 110. When an accident report is submitted to the Department of Public Safety, this certificate number should be presented in place of liability insurance information.

This approval is effective 06-24-08 and will remain valid for three years unless it should be cancelled by the Department. On 06-24-11 this certificate will expire and become void.

Manager
Driver Improvement & Compliance Bureau



IT IS THE POSITION OF THE DEPARTMENT OF PUBLIC SAFETY THAT THIS CERTIFICATE OF SELF-INSURANCE EXEMPTS FROM THE AUTOMOBILE LIABILITY INSURANCE REQUIREMENTS OF CHAPTER 601.051(1) AND 601.053, ONLY THOSE VEHICLES REGISTERED IN THE NAME OF THE ENTITY TO WHOM THE CERTIFICATE IS ISSUED.



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
10/30/2009

PRODUCER Willis IIB, Inc. 10 Woodbridge Center Dr. Suite 601 Woodbridge, NJ 07095	732-855-3155	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.												
INSURED Triple D Security, Inc. Locations listed below		<table border="1"><thead><tr><th>INSURERS AFFORDING COVERAGE</th><th>NAIC#</th></tr></thead><tbody><tr><td>INSURER A: Navigators Insurance Company</td><td>42307-001</td></tr><tr><td>INSURER B: Underwriters at Lloyd's London</td><td>15792-001</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr></tbody></table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: Navigators Insurance Company	42307-001	INSURER B: Underwriters at Lloyd's London	15792-001	INSURER C:		INSURER D:		INSURER E:	
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A	OTHER Armored Vault /	NY08ILM009807-01	10/15/2009	10/15/2010	Vault Risk: \$10,000,000												
B	Armored Transit Risk including Employee Dishonesty	10712W09	10/15/2009	10/15/2010	any one accident/occ. Transit Risk: \$10,000,000 any one conveyance/acc/occ												

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

Insured: Triple D Security, Inc.
6060 S. Loop E. Houston, TX 77063
901 Profit Dr., Victoria, TX 77033
1400 Smith St. B106, Austin, TX 78721

2158 W. Northwest Hwy, Ste. 406 Dallas, TX 75220
3365 Pan Am Expressway, San Antonio, TX 78219
3901 A SPID, Corpus Christie, TX 78415

CERTIFICATE HOLDER

CANCELLATION

ISSUED AS EVIDENCE OF INSURANCE
IN FULL FORCE AND EFFECT

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

Catherine J. Peterson



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/15/2010

PRODUCER (713) 521-9251 FAX: (713) 521-0125
El Dorado Insurance Agency
3673 Westcenter
PO Box 66571
Houston TX 77266

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.

INSURED
Triple D Security Corporation
901 Profit Dr.
Victoria TX 77901

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Progressive County Mutual	29203
INSURER B: Texas Mutual Insurance	22945
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

CERTIFICATE HOLDER

CANCELLATION

El Dorado Insurance Agency
SPECIMEN
El Dorado Insurance Agency

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AUTHORIZED REPRESENTATIVE
R.L. Ring, Jr./DP19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/12/2010PRODUCER (713)521-9251 FAX: (713)521-0125
El Dorado Insurance Agency
3673 Westcenter
PO Box 66571
Houston TX 77266

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INSURED
Triple D Security Corporation
901 Profit Dr.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Texas Mutual Insurance

22945

INSURER B:

INSURER C:

INSURER D:

INSURER E:

Victoria TX 77901

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	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRCDUCTS - COMPI/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PRCPRTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER	TSF0001176696	2/13/2010	2/13/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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

R.L. Ring, Jr./DP19

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