



AGREEMENT TO EXTEND WILLIAMSON COUNTY BID/PROPOSAL

141FB00202

Phoenix Trading, Inc. DBA

Amercure Products, Inc. (Vendor Name) wishes to extend bid/proposal

141FB00202 with Williamson County for the same pricing, terms and conditions as the existing contract for the contract period beginning 7/1/15 through 6/30/16.

BY SIGNATURE BELOW, THE PARTIES AGREE TO THE TERMS OF EXTENSION SET OUT HEREIN

Vendor Amercure Products, Inc.

Williamson County, 710 Main St., Georgetown, TX 78626

Name Wendy Hemming

Dan A. Gattis

Title President

Williamson County Judge

Signature

Signature

Date 7/14/15

Date 10-27-2015



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 bid/proposal # 141FB00202 and any extension thereof, if applicable. 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 General 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 bid.

Printed name of person submitting affidavit: <u>Wendy Hemming</u>
Title/Representative Capacity: <u>President</u>
Name of Company: <u>Phoenix Trading, Inc. DBA Americare Products, Inc.</u>
Date: <u>Sept.</u> <u>14</u> , 20 <u>15</u>
Signature of person submitting affidavit: <u>[Handwritten Signature]</u>

Notarized:

<p>On this, the <u>14TH</u> day of <u>Sept.</u>, 20<u>15</u>, before me a notary public, the undersigned officer, personally appeared <u>Wendy Hemming</u>, 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.</p> <p>In witness hereof, I hereunto set my hand and official seal.</p> <p><u>[Handwritten Signature]</u> Notary Public</p>	
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CERTIFICATE OF LIABILITY INSURANCE

SSY
R045DATE (MM/DD/YYYY)
9/14/2015

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 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	
HARTFORD CUSTOMER CENTER/PHS		NAME	
804000 P: (866) 467-8730 F: (888) 443-6112		PHONE (A/C, No. Ext.) (866) 467-8730	
PO BOX 33015		FAX (A/C, No.) (888) 443-6112	
SAN ANTONIO TX 78265		E MAIL ADDRESS	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A Hartford Casualty Ins Co	
		INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	
		INSURER F	

COVERAGES**CERTIFICATE NUMBER:****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	ADDITIONAL INSURER	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			52 SBA FS5986	09/25/2015	09/25/2016	EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	General Liab	X					MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY	\$2,000,000
	POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$4,000,000
	OTHER						PRODUCTS - COMP/OP AGG	\$4,000,000
								\$
A	AUTOMOBILE LIABILITY			52 SBA FS5986	09/25/2015	09/25/2016	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS	X					PROPERTY DAMAGE (Per accident)	\$
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	EMP STOP GAP			52 SBA FS5986	09/25/2015	09/25/2016	\$1,000,000/1,000,000/1,000,000	

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

Those usual to the Insured's Operations. Certificate Holder is an Additional Insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

WILLIAMSON COUNTY Purchasing Department
ATTN: 141FB00202
901 S AUSTIN AVE
GEORGETOWN, TX 78626

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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HARTFORD CUSTOMER CENTER/PHS
PO BOX 33015
SAN ANTONIO TX 78265

AMERCARE PRODUCTS INC
17661 128TH PL NE
WOODINVILLE WA 98072