

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, Texas 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	pricing, terms and o	conditions as the existing contract.	
 Extend Contract for the first (1 	st) of three (3) one (1) year	renewal option peri	iods:	
Renewal Option Period 1	October 1, 2016 – September 30, 2017			
Initial Contract Period	October 1, 2015 – September 30, 2016			
BY SIGNING BELOW, THE PARTIES	AGREE TO THE TERMS OF E	XTENSION SET OUT	HEREIN	
Vendor EXTRAW BAN	PI	wells	710 Main Ct. Comments TV 70020	
Vendor Company	<u>(3)</u>	Williamson C	ounty, 710 Main St., Georgetown, TX 78626	
Name Stelle Colla		Dan A. Gatt	is	
THE CASE PROSEN	Lyny	Williamson	County ludge	
Title VC G T T G C C C N		Williamson	Williamson County Judge	
Signature / / / / / / / / / / / / / / / / / / /	<u>~</u>	Signature	rb /M	
08/17/11			8. 26. 2016	
Date		Date	Date	



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 CowAN		
Name of Company:	Extraco Banks		
Date:	AUDUST 12,2016		
Signature of Person Submitting Affidavit:	D Carlor		

Notary Public