



Williamson County Right-of-Entry (ROE) Form
2023 Road Bond – Liberty Hill Bypass East (Segment 3)

Property ID: R499759

Parcel: #11

Property Owner: Old Castle Materials Texas Production Assets Company, LLC

Property Addresses: 11735 W SH 29, Liberty Hill, TX 78642

Williamson County (County) and its subcontractors and agents are requesting limited access to your property adjacent to or within the project improvement area to perform tasks necessary for road design or construction of the LIBERTY HILL BYPASS EAST (SEG. 3) PROJECT. Some of the tasks necessary may be:

Land and topographical surveying, engineering, environmental surveying, archaeological or historical studies, core-drilling, geotechnical studies and testing, appraisal or other related tasks. This right-of-entry authorization shall expire twelve (12) months after the date indicated below, unless otherwise noted in the comment section below.

The County and its contractors will make every effort possible to keep any disturbance to your property's current state to a minimum. Any holes dug, because of shovel testing will be refilled, and the property restored to its prior condition.

Permission is hereby granted for uses and purposes described above. The County is subject to remuneration if physical damages are done by County representatives. Damages must be submitted in writing to the County within 30 calendar days of the date of occurrence.

Michael A. Brown

Owner's or Representative's Signature and Date

512-415-9601

Phone Number

Michael A. Brown

Printed Name

mike.brown@texasmaterials.com

E-mail Address

Comments. Please use this space to inform us of any comments, contact information, phone numbers, or special conditions you would like us to observe. (Access Instructions, Locked Gate Combinations, Lessees' or Tenants' Names, Addresses, and Phone Numbers, etc.)

Please sign, initial and return "Access Agreement" including Exhibit B,
Certificate of Liability Insurance. (See attached 5 pages, Access Agreement)
Upon receipt of Signed "Access Agreement", Texas Materials will return
a fully executed Williamson Co. ROE Form and Access Agreement.

Mike Brown
10/21/24

ACCESS AGREEMENT

This Access Agreement ("**Agreement**"), effective February 26, 2025, is entered into by Oldcastle Materials Texas Production Assets Company, LLC ("**Owner**") and Williamson County, Texas and its agents and subcontractors ("**Contractor**"). Owner agrees to grant to Contractor non-exclusive access to a portion of Owner's property more specifically described in Exhibit "A" attached hereto ("**Property**") for the limited purpose of allowing Contractor, its employees and agents to perform tasks necessary for road design or construction of the LIBERTY HILL BYPASS EAST (SEG. 3) PROJECT. Some of the tasks necessary may be: Land and topographical surveying, engineering, environmental surveying, archaeological or historical studies, core-drilling, geotechnical studies and testing, appraisal or other related tasks, a route survey for possible water easements ("**Project**"). In consideration of the mutual covenants set forth herein, Owner and Contractor agree as follows:

1. **ACCESS:** Owner hereby grants to Contractor non-exclusive access to the Property for the sole and limited purposes set forth above, and for no other purposes whatsoever. Contractor warrants and represents that no illegal activity will be conducted on the Property and that all work or other Contractor activities on the Property will be performed in a safe manner. In the event that contractor breaches any portion of this Access Agreement, including but not limited to carrying on its operations upon the Property in an unsafe manner, or conducting activities upon the Property beyond those activities permitted under this Agreement, Owner may revoke this Agreement by providing Contractor with seven days notice of its intention to do so, such revocation to become final at the end of the seven day notice period set forth hereunder. In addition, Owner shall have all other rights and causes of action against Contractor, legal, equitable or otherwise, including (but not limited to) asserting causes of action for breach of contract.

2. **RELEASE:** Contractor acknowledges that this Agreement is entered into for the convenience of Contractor and that Owner assumes no responsibility whatsoever for, and exercises no rights of ownership or control over, Contractor's activities. Contractor does hereby agree to release Owner, its affiliated companies, their employees, officers, insurers, successors, agents, and assigns (collectively referenced as "**Releasees**") from and against any and all damages, losses (including, without limitation, losses from theft and/or vandalism), claims, liabilities, or expenses arising out of, or in any way related to, Contractor's access to or work on the Property. In addition, at the time of termination of this Agreement, Contractor will restore the Property to its condition immediately preceding commencement of this Agreement. In the event that any archaeological sites are discovered, the treatment and proper handling thereof shall be the sole responsibility of Contractor.

3. **ACCESS FEE & TERM:** Contractor shall pay Owner the sum of **One Dollar (\$1.00)** for the right to access the Property as specified in this Agreement. This Agreement shall terminate October 31, 2025, unless the parties mutually agree (in writing) to extend the Agreement thereafter.

4. **INDEMNITY:** To the fullest extent permitted by law, Contractor shall defend, indemnify and hold Owner, its officers, employees, agents, insurers, sureties, parent, and affiliated corporations, harmless from any and all losses, damages, expenses (including but not limited to reasonable attorneys' and experts' fees), claims, suits, liabilities, fines, penalties, and remedial or clean-up costs arising out of or in any way related to: (i) Contractor's access to the Property; (ii) any breach of this Agreement; or (iii) any act or omission by Contractor, its invitees, or any person performing work directly

Contractor Initials:

or indirectly on behalf of Contractor, regardless of whether Owner is partially at fault. Contractor's indemnity and defense obligations shall apply to any claim against Owner by any employee of Contractor. In addition, Contractor shall include a provision in any contracts or subcontracts it enters into with third parties requiring such third parties to agree to indemnify and hold Owner harmless as set forth under this Paragraph.

5. INSURANCE: Contractor and each of its contract agents shall maintain: (i) worker's compensation and employer's liability insurance to fully protect against loss from personal injury, including death, to any of their employees; and (ii) comprehensive automobile liability, general liability, excess or umbrella coverage, and property damage insurance. Umbrella or excess coverage may be used to satisfy the required limits. The minimum required limits are as follows: Workers Compensation Coverage A-Statutory Limits; Workers Compensation Coverage B-\$1,000,000 per occurrence; Auto Liability-\$1,000,000 Combined Single Limit; General Liability-\$1,000,000 per occurrence and having minimum aggregate limits of \$2,000,000 or greater; and Excess or Umbrella coverage with minimum limits not less than \$1,000,000. All coverage shall be provided on an "occurrence" basis and not on a "claims made" basis. All such insurance shall be written by insurers properly licensed to do business in the state where the Property is located and acceptable to Owner. All policies, except for worker's compensation policies, shall name Owner as an additional insured on a primary basis. Owner's coverage shall be deemed secondary and noncontributory. Contractor shall indemnify, defend, and protect Owner from all claims, expenses and liabilities in any way connected with any act or omission of Contractor, its invitees, or any person performing work directly or indirectly on behalf of Contractor, regardless of whether Owner is partially at fault. All insurance shall expressly provide that all rights of subrogation against Owner are waived and that no amendment or cancellation of any policy shall be effective until 30 days prior written notice to Owner. Before accessing the Property and at any time Owner so requests, Contractor shall furnish certificates of insurance evidencing the required insurance. The insurance certificate shall be in the form and substance attached hereto as Exhibit "B".

6. ENTIRE AGREEMENT: This Agreement constitutes the entire agreement between the parties and contains all the terms agreed to by the parties. No representation, warranty, promise, inducement or statement of intention has been made by any party hereto which is not embodied in the Agreement and neither party shall be bound by or liable for any alleged representation, warranty, promise, inducement, or statement or intention not so set forth. Any modification of this Agreement must be in writing and signed by both parties.

7. MANDATORY BINDING ARBITRATION: All claims or controversies arising out of or related to this Agreement, including any claims involving Contractor's sureties and insurers, shall be submitted to and resolved by binding arbitration by a single arbitrator in the county and state where the Property is located]. The American Arbitration Association ("AAA") shall conduct the arbitration unless the parties mutually agree to use an alternative arbitration service. Judgment upon any award made by the arbitrator may be entered in any court having jurisdiction thereof, if necessary.

[Signatures on following page]

IN WITNESS WHEREOF, the parties hereto have executed this Agreement effective as of the day and year noted above.

Williamson County

By: Bill Gravell Jr.
Bill Gravell (Feb 26, 2025 10:57 CST)

Print Name: Bill Gravell, Jr., County Judge

Its: _____

Owner

By: Michael A. Brown

Print Name: Michael A. Brown

Its: _____

Exhibit "A"

Property ID: R499759

Parcel: #11

Property Addresses: 11735 W SH 29, Liberty Hill, TX 78642

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/05/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC -CL 4630 North Loop 1604 West Suite 410 San Antonio, TX 78249		CONTACT NAME: Danelle Touchstone PHONE (A/C, No, Ext): 210 524-2094 E-MAIL ADDRESS: danelle.touchstone@usi.com FAX (A/C, No): 610 537-1904															
INSURED McGray & McGray Land Surveyors, Inc. 3301 Hancock Drive, Suite 6 Austin, TX 78731		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Utica Specialty Risk Insurance Company</td> <td>43451</td> </tr> <tr> <td>INSURER B : Republic Franklin Insurance Company</td> <td>12475</td> </tr> <tr> <td>INSURER C : Utica National Insurance Company of TX</td> <td>43478</td> </tr> <tr> <td>INSURER D : Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER E : Hanover Insurance Company</td> <td>22292</td> </tr> <tr> <td>INSURER F : National Liability & Fire Insurance Co.</td> <td>20052</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Utica Specialty Risk Insurance Company	43451	INSURER B : Republic Franklin Insurance Company	12475	INSURER C : Utica National Insurance Company of TX	43478	INSURER D : Continental Casualty Company	20443	INSURER E : Hanover Insurance Company	22292	INSURER F : National Liability & Fire Insurance Co.	20052
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A : Utica Specialty Risk Insurance Company	43451																
INSURER B : Republic Franklin Insurance Company	12475																
INSURER C : Utica National Insurance Company of TX	43478																
INSURER D : Continental Casualty Company	20443																
INSURER E : Hanover Insurance Company	22292																
INSURER F : National Liability & Fire Insurance Co.	20052																

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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPP5466475	06/29/2024	06/29/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		5457681	06/29/2024	06/29/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000		CULP5466476	06/29/2024	06/29/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	5457682	06/29/2024	06/29/2025	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Profess/Poli Liab		LSH113788592	06/29/2024	06/29/2025	\$5,000,000 aggregate
E	Leased/Rented Equ		IHDD27510707	06/29/2024	06/29/2025	\$25,000 any one item
F	Unmanned Air liab		SIHL1579	06/29/2024	06/29/2025	\$1,000,000 ea occurrence

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

The General Liability & Business Auto Policies include a Blanket automatic Additional Insured endorsement which provides Additional Insured status to the Certificate Holder when there is a written contract which requires such status, and only with regard to work performed by or on behalf of the named insured.

The General Liability, Business Auto, and Workers Compensation Policies include a Blanket automatic Waiver of subrogation in favor of the Certificate Holder when there is a written contract which

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

LJA Engineering, Inc.
 2700 La Frontera Blvd Suite 200
 Round Rock, TX 78681

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

Barbara J. Davis

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/06/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 2375 E.Camelback Rd. Suite 740 Phoenix, AZ 85016	CONTACT NAME: Justin Evans	
	PHONE (A/C, No, Ext): E-MAIL ADDRESS: justin.evans@usi.com	FAX (A/C, No):
INSURED SWCA, Incorporated 20 East Thomas Road, Suite 1700 Phoenix, AZ 85012	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Continental Insurance Company	NAIC # 35289
	INSURER B : National Fire Insurance Co. of Hartford	20478
	INSURER C : Valley Forge Insurance Company	20508
	INSURER D : Steadfast Insurance Company	26387
	INSURER E : Continental Casualty Company	20443
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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	7039732036	07/26/2024	08/25/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Max Agg \$10,000,000
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	7039732053	07/26/2024	08/25/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	X	X	7039732084	07/26/2024	08/25/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	X		7039732070 (AOS)	07/26/2024	08/25/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000
C	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	N/A	7039732067 (CA)	07/26/2024	08/25/2025	E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Enviro. Liab Prof			PEC992416902	07/26/2024	08/25/2025	\$15,000,000 Each Claim
D	Contractors Poll*	X	X	PEC992416902	07/26/2024	08/25/2025	\$15,000,000 Aggregate
	Prof -Claims Made						\$100,000 Deductible

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

**Environmental Professional Liability Policy Each Claim/Aggregate Limits / Retro Dates as follows:

\$15,000,000/\$15,000,000 retro date 7/26/2022; \$10,000,000/\$10,000,000 retro date 7/26/2019 7/25/2022

\$5,000,000/\$5,000,000 retro date 2/28/1990 7/25/2019

**Various other Coverages/Limits Retro Dates Apply. *Pollution Liability Occurrence Form 7/26/2022.

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

LJA Engineering
2700 La Frontera, Suite 150
Round Rock, TX 78681-0000

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

Barbara Davis

© 1988-2015 ACORD CORPORATION. All rights reserved.

DESCRIPTIONS (Continued from Page 1)

requires such status, and only with regard to work performed by or on behalf of the named insured.
The General Liability, Business Auto and Workers Compensation Policies include a 30-Day Notice of Cancellation (10-Day Notice of Cancellation applies when cancelled for non-payment of premium)

Description of Operations: RE: Liberty Hill Bypass Segment 3, Williamson County - LJA Job No. 2291-2402. LJA Engineering, Inc. and Williamson County, Texas as additional insured(s).

EXHIBIT "B-3"



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
12/30/2024

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 Aon Risk Services Southwest, Inc. Houston TX Office 1300 Post Oak Blvd., Suite 1400 Houston TX 77056 USA		CONTACT NAME: PHONE (A/C No. Ext): (866) 283-7122		FAX (A/C No.): (800) 363-0105	
		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE			
		NAIC #			
INSURED Raba Kistner, Inc. 12821 West Golden Lane San Antonio TX 78249 USA		INSURER A: National Union Fire Ins Co of Pittsburgh 19445			
		INSURER B: Commerce & Industry Ins Co 19410			
		INSURER C: Allied World Surplus Lines Insurance Co 24319			
		INSURER D: Zurich American Ins Co 16535			
		INSURER E: Illinois Union Insurance Company 27960			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 570110164898

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			5361923	01/01/2024	07/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 PER PROJECT GENERAL AGG \$2,000,000
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 0305096-05	10/31/2024	10/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			BE018993868	01/01/2024	07/01/2025	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC030509505	10/31/2024	10/31/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
C	E&O - Professional Liability - Primary			03121277 Claims Made SIR applies per policy terms & conditions	12/31/2023	06/30/2025	Aggregate Limit \$2,000,000 Each Claim \$1,000,000

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

RE: Project: Liberty Hill Bypass Segment 3.

2291-2402

CERTIFICATE HOLDER

CANCELLATION

 LJA Engineering, Inc.
 2700 La Frontera Boulevard, suite 200
 Round Rock TX 78681 USA

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

Aon Risk Services Southwest, Inc.

Holder Identifier :

Certificate No : 570110164898

DESCRIPTIONS (Continued from Page 1)

The General Liability, Automobile Liability, Umbrella Liability and Pollution Liability policies include an automatic Additional Insured endorsement/language in coverage form that provides Additional Insured status to the Certificate Holder only when there is a written contract that requires such status, and only with regards to work performed on behalf of the Named Insured. The General Liability, Automobile Liability, Umbrella Liability and Pollution Liability policies contain a special endorsement/language in coverage form with "Primary and Noncontributory" wording, when required by written contract. The General Liability, Automobile Liability, Umbrella Liability, Pollution Liability and Workers Compensation policies provide Waiver of Subrogation when required by written contract. The General Liability, Automobile Liability and Workers Compensation Policies extend from the underlying to the Umbrella policy. The General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation policies include an endorsement providing that 30 days notice of cancellation will be given to the Certificate Holder by the Insurance Carrier. The Primary Excess Liability to follow form on the underlying policy coverage schedule. Coverage and the limits are in addition to those provided by the General Liability, Automobile Liability, and Workers Compensation.

RE: Liberty Hill Bypass, SW Bypass Extension, Ronald Reagan Corridor, Corridor A2 Segment 1 and Corridor A2 Segment 2, Corridor A3

Additional Insured Includes: LJA Engineering, its affiliates, owners, etc.



**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

[illegible]