LETTER OF AGREEMENT

This Letter of Agreement ("Agreement") is entered into by and between the City of Killeen ("City") and Austin Armature Works, LP ("Contractor"); collectively, the "Parties".

In consideration of the premises and of the mutual covenants and agreements contained in this Agreement, the Parties hereby agree as follows:

Scope of Agreement. The purpose of this Agreement is to enlist the services of the Contractor to:

Provide labor and material to install three (3) pumps at Pump Station No. 4, per Buyboard contract 672-22; as more thoroughly described in the Quote, attached hereto as Attachment A (the "Project").

<u>Term of Agreement</u>. This Agreement shall become effective on the date that the last required signature is affixed and shall automatically terminate after twelve (12) months.

<u>Consideration.</u> Contractor agrees to provide the services stated above:	
at the rate of \$ per hour;	
X for the lump sum payment of \$ 114,968.00.	
for progress payments in the total amount not to exceed \$.	
Independent Contractor, Contractor shall act as an Independent Contractor	Under no giroumatanasa shall

<u>Independent Contractor.</u> Contractor shall act as an Independent Contractor. Under no circumstances shall Contractor be deemed an employee or partner of Owner.

<u>Applicable Laws.</u> Contractor shall follow all applicable local, State, and Federal laws, regulations, and requirements for the abatement and disposal of lead, asbestos, and other routinely encountered hazardous substances. If any unusual substances or extraordinary amounts of the aforementioned substances are encountered, the Contractor will contact the City to contact the State and the relevant agency with authority for regulation of the substance.

<u>Standard of Care.</u> The standard of care for all professional engineering and related services performed or furnished by Contractor under this Agreement will be the care and skill ordinarily used by members of the Contractor's profession practicing under similar circumstances at the same time and in the same locality.

Insurance. Contractor shall procure and maintain insurance in the following amounts:

Worker's Compensation Automobile Liability	Statutory \$500,000 Combined single Limit for each accident
General Liability	(Bodily injury and property damage). \$1,000,000 each occurrence (Bodily injury and property damage)

Professional Liability \$1,000,000 general aggregate.

On all policies, except Worker's Compensation and Professional Liability, City shall be listed as an additional insured with a full waiver of subrogation. A certificate of coverage shall be provided to the City prior to commencing work on the Project.

<u>Subcontracts and Assignments</u>. Contractor's rights and obligations hereunder are deemed to be personal and may not be transferred or assigned. Any assignments shall be void and of no effect.

<u>Indemnification.</u> To the fullest extent permitted by law, City or Contractor, as applicable, shall indemnify and hold harmless the other party, and the other party's officers, directors, partners and employees from and against any and all costs, losses and damages (including, without limitation, all fees and charges of attorneys and other professionals, and all court or dispute resolutions costs) caused by the negligent acts or omissions of the City or Contractor, as applicable, or their respective officers, directors, partners, employees and consultants with respect to the performance under this Agreement or the Project.

<u>Termination</u>. This Agreement may be terminated by either party for cause upon thirty (30) calendar days' written notice, provided such cause cannot be reasonably cured within such thirty (30) day period. City may terminate this Agreement for convenience effective upon receipt of written notice declaring the same and Contractor shall be compensated for all work completed at that time in accordance with this Agreement.

<u>Texas Law</u>. This Agreement shall be subject to and governed by the laws of the State of Texas. The Parties agree that for venue purposes, any and all lawsuits, disputes, or causes of action shall be in Bell County, Texas.

<u>Severability</u>. If any provision of this Agreement shall, for any reason, be held to violate any applicable law, then the invalidity of such a specific provision in this Agreement shall not be held to invalidate the remaining provisions of this Agreement.

<u>Survival</u>. Any provision of this Agreement providing for indemnity, insurance or a duty that necessarily will not be completed until after the expiration or termination of this Agreement shall continue in full force and effect until such a time as all duties have been fully performed.

Non-waiver. Failure to enforce any provision of this Agreement by either party shall not constitute a waiver of that provision for purposes of the subsequent enforcement of that provision or the remainder of this Agreement.

<u>Contract Verification</u>. Texas law provides that a governmental entity may not enter into contracts over for goods and services valued at \$100,000 or more with a company that employs at least 10 full-time employees unless the company provides written verification regarding aspects of the company's business dealings. By signing, Contractor agrees to the following:

- Texas Government Code, Chapter 2271 Contractor must verify that it does not boycott Israel and will not boycott Israel during the term of the contract. Boycott Israel is defined in Texas Government Code Chapter 808.
- Texas Government Code, Chapter 2274 Contractor must verify that it does not have a
 practice, policy, guidance, or directive that discriminates against a firearm entity or firearm
 trade association and will not discriminate during the term of the contract against a firearm
 entity or firearm trade association. Discriminate, firearm entity and firearm trade
 association are defined in Texas Government Code Chapter 2274.
- Texas Government Code, Chapter 2276 Contractor must verify that it does not boycott
 energy companies and will not boycott energy companies during the term of the contract.
 Boycott energy company is defined in Texas Government Code Chapter 809.

<u>Entire Agreement</u>. This Agreement shall represent the entire agreement by and between the Parties and it may not be changed except by written amendment duly executed by all Parties.

SIGNED, ACCEPTED, AND AGREED to by the undersigned Parties, on the dates indicated, who acknowledge that they have read and understand this Agreement and that the Agreement is issued in accordance with local, State, and Federal laws, and the undersigned Parties hereby execute this legal document voluntarily and of their own free will.

City		Contractor
Kent Cagle City Manager		Clayton Tischler Digitally signed by Clayton Tischler Date: 2024.07.19 08:52:17 -05'00'
	Date	Date [Name]
		Executive Officer
		[Title]

	W	Contact		Quot
umps Motor Austin Armature	Works, LP	Alexander Tucker Customer Number	Quote Date	Quote Number
496 Commercial drive, Phone (512)312 0088 F		000833	6/7/2024	NSQ23862
Quote To:			Ship To:	
CITY OF KILLEEN Wat Attn: ACCTS PAYABLE 101 N College St KILLEEN, TX 76542 (254) 634-2191 x	•		CITY OF KILLEEN 805 W. Jasper Drive KILLEEN, TX 76542 (254) 634-2140 x	
Ship Via	Terms	Quoted By	FOB Customer RFQ	Customer PO
	Net 30	Jozua van der Mer	ve	

Product ID	Qty	Description	Sales Price		Total
Pump, Custom Build	2	Buyboard 672-22 Estimated lead time 22-30 weeks ARO Fairbanks Split case Pump Bare Pump Only, no coupling, base, motor, or coupling guard Impeller Diameter Selection Criteria: Impeller diameter calculated from 2250 USgpm and 220 Ft Flow: 2250.0 US gpm Head: 220.0 ft Impeller diameter: 16.8750 inches - based on curve data Speed: 1775 RPM Pump: 6"1825 - Split case, Model 1820, NSF 61/372 Certified Casing: Cast iron, ASTM A48 Impeller: Alpha nickel aluminum bronze Shaft: Stainless steel, 416 Case wear ring: Stainless Steel, AISI 416 Shaft sleeve: Stainless Steel, AISI 316 Gland material: Cast Iron A48 Gland hardware: Gland hardware - stainless steel eyebolts and nuts Sealing: Mechanical Seal, John Crane, Type 21; hot water, 225 °F max; Buna-N, Carbon, Ceramic, 18-8 SS Flush lines: 1/4" Stainless Steel (316) Tubing, from volute to stuffing Special Coating: Epoxy-phenolic coating (Tnemec 69), includes	53,530.00	30.00% DISC.	74,942.00
Quote is	valid until 8	option 54L surface prep (SSPC-SP10) - 54B			
Pump, Custom Build	1	Buyboard 672-22 Estimated lead time 22-30 weeks ARO Fairbanks Split case Pump Bare Pump Only, no coupling, base, motor, or coupling guard Selection Criteria: Impeller diameter calculated from 2550 Usgpm and 220 Ft Flow: 2550 Usgpm Head: 220 Ft	33,470.00	20.00% DISC.	26,776.00
SICNIATUDE:		DATE			

PO# (IF NOT ALREADY ISSUED):

Pumps Motor Austin Armature		Contact Alexander Tucker Customer Number		Quote Date	Page 2 Quote Quote Number
496 Commercial drive, Phone (512)312 0088 F	Buda, TX 78610	000833		6/7/2024	NSQ23862
CITY OF KILLEEN Wate Attn: ACCTS PAYABLE 101 N College St KILLEEN, TX 76542 (254) 634-2191 x	er & Sewer Dept		805 W KILLEI	DF KILLEEN . Jasper Drive EN, TX 76542 334-2140 x	
Ship Via	Terms	Quoted By	FOB	Customer RFQ	Customer PO
-	Net 30	Jozua van der Mer	we		

Product ID	Qty	Description	Sales Price	Total
		Impeller Diameter: 16.00 inch Pump Speed: 1785 RPM Product: 6 inch, 2824C Horizontal split case pump, Standard construction Rotation: Clockwise Rotation : For Potable Water applications with Chlorinated water Casing Material: Cast Iron, A48 CL30 Impeller Material: Nickel Aluminum Bronze, ASTM B148 C95800 Shaft Material: 416SS Shaft Sleeve Material: 400 SS (190-241 BHN) Shaft Sleeve Case Wear Ring Material: 416 SS Casing Wear Ring Impeller Wear Ring Material: 416 SS Impeller Wear Ring Dynamic Balancing: Dynamic Balance Bearing Housing: Grease Lubricated Sealing: Crane Type 21 Code BF171 Sealing Faces: Carbon - Ceramic Surface Prep: SSPC-SP6, Commercial Blast Cleaning Prime Coat: Modified Alkyd Enamel Prime Coat: Color: Pentair Blue		
Quote is v	aild until 8	/30/2024 Buyboard 672-22	3,250.00	9,750.00
		Labor to install Pump on existing skid Includes all gaskets and bolt kits Includes alignment of motor Includes start up verification of pump Reuse existing coupling and element Does not include new motor installation Valves must be able to function and completly shut off water supply to pump		
SIGNATURE:		DATE:		

PO# (IF NOT ALREADY ISSUED):

Austin Armature 496 Commercial drive	Works, LP	Contact Alexander Tucker Customer Number	Quote Date	Page Quote
Phone (512)312 0088 F		000833	6/7/2024	NSQ23862
Quote To:			Ship To:	
CITY OF KILLEEN Wat Attn: ACCTS PAYABLE 101 N College St KILLEEN, TX 76542 (254) 634-2191 x	•		CITY OF KILLEEN 805 W. Jasper Drive KILLEEN, TX 76542 (254) 634-2140 x	
			FOB	
Ship Via	Terms	Quoted By	Customer RFQ	Customer PO
	Net 30	Jozua van der Merwe	e	

Product ID	Qty	Description	Sales Price	Total
Freight	1	Estimated Freight/delivery Charges	3,500.00	3,500.00

114,968.00	Subtotal:	
0.00	Freight:	
0.00	Other:	
0.00	Sales Tax 1:	0.0000 %
0.00	Sales Tax 2:	0.0000 %
114,968.00	Total:	

SIGNATURE: DATE:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/19/2024

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)

Hank Gerdes State Farm 610 Main St Ste 1 Buda, TX 78610 Austin Armature Works, LP 496 Commercial Drive Buda, TX 78610 Austin Armature Works, LP 496 Commercial Drive Buda, TX 78610 COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR 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. NAME: Halk Gerdes FAX, 12-295-9837 FAX, 512-295-9837 FAX, 512-295-9837 FAX, 512-295-9837 FAX, 512-295-9837 FAX, NO, Ext.: 512-295-9837 FAX, NO, Ext.: 512-295-4265 FAX, NO, Ext.: 512-295-4265 FAX, NO, Ext.: 512-295-4265 FAX, NO, Ext.: 512-295-4265 FAX, NO, Ext.: 512-295-9837 FAX, NO, Ext.: 512-295-4265 FAX, NO, Ext. 512-295-426	PRODUCER	10 111		uncate noticer in fled of Si	CONTA		<u> </u>			
### STATE OF THE POLICE ST	State Farm Hank Gerdes State Fa	rm			NAME:	nank Ge				
AUSTIN ARTHUR STORE ADDRESS, Park Mylery and automobile insurance Company 25178	and the state of a	1111			PHONE (A/C, No, Ext): 512-295-4265 FAX (A/C, No): 512-295-9837					
MSURER A. Stole Farm Mutual Automobile Insurance Company 25178 MSURER A. Listin Armature Works, LP A96 Commercial Drive Buda, TX 78610 MSURER 9: MSURER	610 Main St Ste 1				E-MAIL honk@honkerardas as as					
MSURED A Austin Armsture Works, LP 496 Commercial Drive Buds, TX 78610 CETTIFICATE NUMBER: CETTIFICATE NUMBER: CETTIFICATE NUMBER: CETTIFICATE NUMBER: CETTIFICATE NUMBER: NUMBER F: NUMBER F	Buda, TX 78610									
Austin Armature Works, LP 496 Commercial Drive Bud, TX 78610 **SUBJERT 1.** **COVERAGES **CERTIFICATE MUMBER:** **COVERAGES **CERTIFICATE MUMBER:** **CONTROL TO SUBJECT 10 HISUBER 1.** **THIS IS 10 CERTIFY THAT THE POLICIES OF INSURANCE LIGHTED BELOW HAVE BEEN INSURED TO THE INSURED NAMED ABOVE FOR THE POLICY PENIOD CERTIFICATE MAY BE ISSUED OR MAY PERDURANCE LIGHTED BY THE CONTROL TO SUBJECT TO WHICH THIS EXCUSION SAVE PROLESS. LIMITS SHOWN MAY PARE BEEN ROUGH BY THE POLICIES INSURANCE AFFORDED BY THE POLICIES INSURANCE CONTROL TO SUBJECT TO ALT THE TENNIS. **EXCUSIONA BAD CONTROL OF SUBJECT TO ALT THE TENNIS. **EXCUSIONA BAD CONTROL OF SUBJECT TO ALT THE TENNIS. **COMMERCIAL GENERAL LABOR LIMITS SHOWN MAY HAVE BEEN ROUGH BY THE POLICIES INSURANCE AFFORDED BY THE										
Audin Armature Works, LP 498 Commercial Drive Buda, TX 78610 **COVERAGES*** **CERTIFICATE NUMBER:** **CERTIFICATE NUMBER:** **INSURER 1:**	INSURED	NSURED				ERA: State Fa	arm Mutual A	utomobile Insurance Com	pany	25178
AND COMMERCE LIBRARY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AND DESCRIPTION OF ANY CONTRACT OR CTHER DOLUMENT WITH RESPECT TO WHICH THIS SECULATION AND DATE THE POLICY FERROR CONDITION OF ANY CONTRACT OR CTHER DOLUMENT WITH RESPECT TO WHICH THIS SECULATION AND CONTRACT OR CHIEF DOLUMENT WITH RESPECT TO WHICH THIS SECULATION AND CONTRACT OR CHIEF DOLUMENT WITH RESPECT TO WHICH THIS SECULATION AND CONTRACT OR CHIEF DOLUMENT WITH RESPECT TO WHICH THIS SECULATION AND CONTRACT OR SUBJECT TO ALL THE TERMS. THE OF INSURANCE DOLUMENT WITH RESPECT TO WHICH THIS SECULATION AND CONTRACT OR CHIEF DOLUMENT WITH RESPECT TO WHICH THIS SECULATION AND CONTRACT OR SUBJECT TO ALL THE TERMS. THE OF INSURANCE DOLUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMAS. THE OF INSURANCE DOLUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMAS. THE OF INSURANCE DOLUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMAS. THE OF INSURANCE DOLUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMAS. THE OF INSURANCE DOLUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMAS. THE OF INSURANCE DOLUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMAS. THE OF INSURANCE DOLUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PADD CLAMAS. THE OF INSURANCE DOLUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY PROPERTY DATA SHOWN THE POLICY PROPERTY DATA SHOWN THE POLICY PROPERTY DATA SHOWN THE POLICY PROVISIONS. THE OFFICE AND THE OWN THE POLICY PROVISIONS. THE OFFICE AND THE OWN THE POLICY PROVISIONS. THE OWN THE POLICY PROVISIONS WITH THE POLICY PROVISIONS. THE OWN THE POLICY PROVISIONS. THE OWN THE POLICY PROVISIONS WITH THE POLICY PROVISIONS.					INSURE	RB:				
Buda, TX 78610 NOUVERAGES CERTIFICATE NUMBER: INSURANCE INSURER	,				INSURE	RC:				
COVERAGES CERTIFICATE NUMBER: PROBURER : 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 CERTIFICATE MAY BE SSUED ON ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SECULOSE AND CONDITION OF SUCH POLICIES BECAUSIONS OF SUCH POLICIES THE INSURANCE APPORTED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT OF TAULT HE TERMS. TYPE OF INSURANCE ADOLLSR HITS SHOWN MAY FAVE BEEN REDUCED BY PAID CLAMBS. COMMERCIAL CENTRAL LABILITY CERTIFICATE MAY BE SOLICIES OF THE POLICY PROMISES COMMERCIAL CENTRAL LABILITY CERTIFICATE MAY BE SOLICIES OF THE POLICY PROMISES AND CLAMBS. AND INJURY PROJECT OF THE POLICY PROMISES AND CLAMBS. CERTIFICATE MAY BE SOLICIES OF THE POLICY PROMISES AND CLAMBS. AND INJURY PROJECT OF THE POLICY PROMISES AND CLAMBS. AND INJURY PROJECT OF THE POLICY PROMISES AND CLAMBS. AND INJURY PROJECT OF THE POLICY PROMISES AND CLAMBS. AND INJURY PROJECT OF THE POLICY PROMISES AND CLAMBS. AND INJURY PROJECT OF THE POLICY PROMISES AND CLAMBS. AND INJURY PROJECT OF THE POLICY PROMISES AND CLAMBS. AND INJURY PROJECT OF THE POLICY PROMISES AND CLAMBS. AND INJURY PROJECT OF THE POLICY PROMISES AND CLAMBS. AND INJURY PROJECT OF THE POLICY PROVISIONS. AND CLAMBS AND CLAMBS. AND C					INSURE	RD:				
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURBANDE DAMED AGOVE FOR THE POLICY PERIOD NICIOATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OF THE POLICY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OF THE POLICY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OF ANY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OF ANY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OF ANY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OF ANY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OR ANY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OR ANY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO ALL THE TERMS, WITH THE POLICY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO ALL THE TERMS, WITH THE POLICY PROVIDED CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DOCIMENT WITH RESPECT TO ALL THE TERMS, WITH THE POLICY PROVIDED CONTRACT OR OTHER DOCIMENT WITH RESPECT TO ALL THE TERMS, WITH THE POLICY PROVIDED COMPONENT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DOCIMENT WITH RESPECT TO ALL THE TERMS, WITH THE POLICY PROVIDED CONTRACT OR OTHER DOCIMENT OR OTHER DOCIMENT WITH THE POLICY PROVIDED CONTRACT OR OTHER D	Buda, IX 78610				INSURE	RE:				
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURBANDE DAMED AGOVE FOR THE POLICY PERIOD NICIOATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OF THE POLICY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OF THE POLICY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OF ANY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OF ANY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OF ANY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OF ANY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OR ANY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DEVICE OR ANY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO ALL THE TERMS, WITH THE POLICY PERIOD CONTRACT OR OTHER DOCIMENT WITH RESPECT TO ALL THE TERMS, WITH THE POLICY PROVIDED CONTRACT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DOCIMENT WITH RESPECT TO ALL THE TERMS, WITH THE POLICY PROVIDED CONTRACT OR OTHER DOCIMENT WITH RESPECT TO ALL THE TERMS, WITH THE POLICY PROVIDED COMPONENT OR OTHER DOCIMENT WITH RESPECT TO WHICH THIS DOCIMENT WITH RESPECT TO ALL THE TERMS, WITH THE POLICY PROVIDED CONTRACT OR OTHER DOCIMENT OR OTHER DOCIMENT WITH THE POLICY PROVIDED CONTRACT OR OTHER D					INSURE	RF:				
MINICATED. NOTWETHSTANDING ANY ESS OF INSTANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ADOVE FOR THE POLICY PERIOD CONTROL OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITION OF SUCH POLICIES. IMPRIS SHOWN MAY FRAVE BEEN BEST OF WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. IMPRIS SHOWN MAY FRAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. IMPRIS SHOWN MAY FRAVE BEEN REDUCED BY PAID CLAIMS. INTER TYPE OF INSURANCE APPLICATION. COMMERCIAL GENERAL LIMITATION BIRD WAY. ANY AUTO ON THE POLICY PRODUCTS COMPORE AGE SHOWN WAY. ANY AUTO ON THE POLICY PRODUCTS COMPORE AGE SHOWN WAY. ANY AUTO ON THE POLICY PRODUCTS COMPORE AGE SHOWN WAY. ANY AUTO ON THE POLICY PRODUCTS COMPORE AGE SHOWN WAY. ANY AUTO ON THE POLICY PRODUCTS COMPORE AGE SHOWN WAY. ANY AUTO ON THE POLICY PRODUCTS COMPORE AGE SHOWN WAY. ANY PROPRESENTATION SHOWN WAY. AND REPORT OF THE POLICY PRODUCTS COMPORED AGE SHOWN WAY. ANY PROPRESENTATION SHOWN WAY. BELL DISEASE. POLICY LIMIT SHOWN WAY. BELL DISE		RTIFI	CAT	E NUMBER:			1	DEVISION NUMBER		
DESCRIPTION OF OPERATIONS I SUSPECT TO MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES CONTRIBUTION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. PROCEEDINGS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	THIS IS TO CERTIFY THAT THE POLICIE	S OF	INSU	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO			FUE DO	
TYPE OF NSURANCE COMMERCIAL CENTRAL LUBBILITY CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR OCCUR CLAIMS-MADE OCCUR OCCU	CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PER I POL	TAIN,	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	THE BOLLOW	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS THE TERMS,
CLAMS.MADE OCCUR CLAMS.MADE OCCUR CLAMS.MADE OCCUR CENT. AGGREGATE LIMIT APPLIES PER POLICY PEOPLY LOC DETERMINATION ANY AUTO OWNED SCHEDULED AUTOS ONLY AU		ADDI	SUBF			POLICY EFF				
CERTIFICATE HOLDER CANCELLATION CERTIFICATE HOLDER CERTIFICATE HOLDER CANCELLATION CERTIFICATE WILL BE DELIVERED IN ACCORD POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	COMMERCIAL GENERAL LIABILITY	1	1	. CON NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			
GEN. AGGREGATE LIMIT APPLIES PER- POLICY FBC LOC OTHER: AUTOMOBILE LIABILITY Y Y 351 0025-D01-53N 10/01/2023 10/01/2024 10	CLAIMS-MADE OCCUR							DAMAGE TO RENTED		
GENIL AGGRECATE LIMIT APPLIES PER: POLICY SECT LOC OTH-ERE POLICY SECT LOC OTH-ERE POLICY SECT LOC OTH-ERE POLICY SECT LOC OTH-ERE PRODUCTS: COMPONE AGS SECTION OF DEPARTIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required		-[\$	
GENERAL AGGREGATE S PRODUCTS - COMPIOP AGG S S S S S S S S S S S S S S S S S S								PERSONAL & ADV INJURY		
PRODUCTS - COMPINED AGG \$ AUTOMOBILE LIABILITY ANY AUTO ANY ONLED AUTOS ONLY AUTOS ON										
AUTOMOBILE LIABILITY ANY AUTO AUTOS ONLY	POLICY PRO-	}								
A AUTOMOBILE LIABILITY AN AYAUTO OWNED AUTOS ONLY AUTO	OTHER:							FRODUCTS - COMP/OP AGG		
ANY AUTO AUTOS ONLY AU	AUTOMOBILE LIABILITY	Y	Υ	351 0025-D01-53N		10/04/2022	10/04/0004	COMBINED SINGLE LIMIT		
AUTOS ONLY	X ANY AUTO			001 0020-001-001	İ	10/01/2023	10/01/2024	(Ea accident)	\$ 1,00	0,000
BODLY INJURY (Per accident) S PROPERTY DAMAGE S UMBRELLA LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABLITY ANY PROPRIETOR/PARTHENE/XECUTIVE OF THE ADMAGE S LEACH OCCURRENCE S AGGREGATE S AGGREGATE S BODLY INJURY (Per accident) S FROPERTY DAMAGE S LEACH OCCURRENCE S AGGREGATE S AGGREGATE S BEACH OCCURRENCE S AGGREGATE S LEACH ACCIDENT S BELL EACH ACCIDENT S LEL DISEASE - EA EMPLOYEE S LEL DISEASE - EA EMPLOYEE S LEL DISEASE - EA EMPLOYEE S LEL DISEASE - POLICY LIMIT S BELL DISEASE - POLICY LIMIT S Certificate holder, City of Killeen is listed as an additional insured on the above policies with a waiver of subrogation in place on a primary and non-contributory basis where required by contract. Ten day cancellation notice provided for non pay. Thirty day cancellation notice provided for termination or non renewal of policies. CERTIFICATE HOLDER 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.								BODILY INJURY (Per person)	\$	
AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY PROPERTY DAMAGE [Per scicioent] S EACH OCCURRENCE AGGREGATE S AGGREGATE S WORKERS COMPENSATION AND EMPLOYERS: LIABILITY ANY PROPERTORIANT REPRESECUTIVE [Mandatory in NH] If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holider, City of Killeen is listed as an additional insured on the above policies with a waiver of subrogation in place on a primary and non-contributory basis where required by contract. Ten day cancellation notice provided for non pay. Thirty day cancellation notice provided for termination or non renewal of policies. CERTIFICATE HOLDER 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.	AUTOS ONLY AUTOS								\$	
UMBRELLA LIAB OCCUR EXCESS LIAB OCLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS LIABILITY OFFICERALEM POPENSATIONS (MANDAUD LOUSE) (MANDAUD								PROPERTY DAMAGE (Per accident)	\$	
EXCESS LIAB CLAIMS-MADE DED RETENTIONS WORKERS COMPRISATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTHEM/SECUTIVE OF OPERATIONS Delow DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder. City of Killeen is listed as an additional insured on the above policies with a waiver of subrogation in place on a primary and non-contributory basis where required by contract. Ten day cancellation notice provided for non pay. Thirty day cancellation notice provided for termination or non renewal of policies. CERTIFICATE HOLDER 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.		L.						L. S.	\$	
DED RETURNS CLAIMS-MADE WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY ANY PROPRIETOR/PARTINEME/EXECUTIVE OFFICE/RIMEMEER EXCLUDED? (Mandatory in kH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder, City of Killeen is listed as an additional insured on the above policies with a waiver of subrogation in place on a primary and non-contributory basis where required by contract. Ten day cancellation notice provided for non pay. Thirty day cancellation notice provided for termination or non renewal of policies. CERTIFICATE HOLDER 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.	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINERIZACUTIVE ANY PROPRIETOR/PARTINERIZACUTIVE OFFICE/RIMEMEER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder, City of Killeen is listed as an additional insured on the above policies with a waiver of subrogation in place on a primary and non-contributory basis where required by contract. Ten day cancellation notice provided for non pay. Thirty day cancellation notice provided for termination or non renewal of policies. CERTIFICATE HOLDER Cancellation City of Killeen City of Killeen 101 N College St	EXCESS LIAB CLAIMS-MADE									
WORKERS COMPENSATION AND EMPLOYERS' LIBRILITY ANY PROPRIETOR/PARTINER/EXECUTIVE VI AN	DED RETENTION \$		i		1			AGGREGATE	\$	
ANY PROPRIED REVISION OF A PRINTING PRATITION STATE AND A PROPRIED REVISION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT	WORKERS COMPENSATION	 						I PER L OTU	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder, City of Killeen is listed as an additional insured on the above policies with a waiver of subrogation in place on a primary and non-contributory basis where required by contract. Ten day cancellation notice provided for non pay. Thirty day cancellation notice provided for termination or non renewal of subrogation. CERTIFICATE HOLDER 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.								STATUTE ER		
DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder, City of Killeen is listed as an additional insured on the above policies with a waiver of subrogation in place on a primary and non-contributory basis where required by contract. Ten day cancellation notice provided for non pay. Thirty day cancellation notice provided for termination or non renewal of policies. CERTIFICATE HOLDER City of Killeen 101 N College St	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder, City of Killeen is listed as an additional insured on the above policies with a waiver of subrogation in place on a primary and non-contributory basis where required by contract. Ten day cancellation notice provided for non pay. Thirty day cancellation notice provided for termination or non renewal of policies. CERTIFICATE HOLDER 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.	If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder, City of Killeen is listed as an additional insured on the above policies with a waiver of subrogation in place on a primary and non-contributory basis where required by contract. Ten day cancellation notice provided for non pay. Thirty day cancellation notice provided for termination or non renewal of policies. CERTIFICATE HOLDER 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.	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$	
Certificate holder, City of Killeen is listed as an additional insured on the above policies with a waiver of subrogation in place on a primary and non-contributory basis where required by contract. Ten day cancellation notice provided for non pay. Thirty day cancellation notice provided for termination or non renewal of policies. CERTIFICATE HOLDER 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.									· · · · · ·	
Certificate holder, City of Killeen is listed as an additional insured on the above policies with a waiver of subrogation in place on a primary and non-contributory basis where required by contract. Ten day cancellation notice provided for non pay. Thirty day cancellation notice provided for termination or non renewal of policies. CERTIFICATE HOLDER 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.										
Certificate holder, City of Killeen is listed as an additional insured on the above policies with a waiver of subrogation in place on a primary and non-contributory basis where required by contract. Ten day cancellation notice provided for non pay. Thirty day cancellation notice provided for termination or non renewal of policies. CERTIFICATE HOLDER 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.	DESCRIPTION OF OTTO									
CERTIFICATE HOLDER City of Killeen City of Killeen 101 N College St CERTIFICATE HOLDER 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.	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	ed)		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		an a cance	dditio Ilatio	nal insured on the above pen n notice provided for non pa	olicies v ay. Thir	vith a waiver ty day cancel	of subrogatio lation notice p	n in place on a primary ar provided for termination or	nd non-c	contributory newal of
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	CERTIFICATE HOLDER				CANC	CI LATION				
City of Killeen City of Killeen 101 N College St				T T	CANC	ELLATION				
City of Killeen City of Killeen 101 N College St					euoi	D 4417 OF 7	11E 400.00 =			
101 N College St				į.	THE	EXPIRATION	HE ABOVE D	ESCRIBED POLICIES BE C	ANCELL	ED BEFORE
101 N College St	City of Killeen				ACC	ORDANCE WIT	H THE POLIC	Y PROVISIONS.	oc DEL	INEKED IN
	•							- · · · · · · · · · · · · · · · · · · ·		Į
HANGE -	_			Ī	AUTHOR	IZED REPRESEN	TATIVE			
MH/MO>	13001, 17 10072						(/ / ///a)	1 2		
				Į			MATIN	(0)		1

Client#: 59523 AUSTIARM

$ACORD_{\scriptscriptstyle{\mathbb{M}}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/19/2024

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).

CONTACT Rachelle Lehmann						
	o):					
E-MAIL ADDRESS: RachelleL@TheNitscheGroup.com						
INSURER(S) AFFORDING COVERAGE	NAIC #					
INSURER A: Charter Oak Fire Insurance Company	25615					
INSURER B: Travelers Property Casualty Co of Am 2567						
INSURER C: Texas Mutual Insurance Company	22945					
INSURER D:						
INSURER E:						
INSURER F:						
	PHONE (A/C, No, Ext): 979 540-2255 E-MAIL ADDRESS: RachelleL@TheNitscheGroup.com INSURER(S) AFFORDING COVERAGE INSURER A: Charter Oak Fire Insurance Company INSURER B: Travelers Property Casualty Co of Am INSURER C: Texas Mutual Insurance Company INSURER D: INSURER E:					

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	SR R TYPE OF INSURANCE			ADDL INSR	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERA	L LIABILITY			6308X486075COF24	06/12/2024	06/12/2025	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
			<u></u>						MED EXP (Any one person)	\$5,000
									PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:								\$
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO							BODILY INJURY (Per person)	\$
		AUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
			NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
В	X	UMBRELLA LIAB X	OCCUR			CUP4S57013323NF	10/01/2023	10/01/2024	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED X RETENTION \$10000		N \$ 10000							\$
С	AND EMBLOVEDS: LIABILITY				0002011118	04/01/2024	04/01/2025	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A				E.L. EACH ACCIDENT	\$1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A	`				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

NAMED INSURED: Austin Armature Work, LP dba EMS (Electro Mechanical Services, dba AAW Pumps Motor

Controls, dba Dynamic Pump Systems; Taylor Armature Works, LLC dba Tomeck Electric; Temple Armature Works,

LLC dba Goldman Electric

As per policy provision, Certificate Holder is listed as additional insured in regard to the general liability policy as provided by blanket additional insured endorsement when required by written contract. A (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION			
City of Killeen 101 N College St Killeen, TX 76542	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			
	RJ. Mitsihe			

© 1988-2015 ACORD CORPORATION. All rights reserved.

DESCRIPTIONS (Continued from Page 1)						
blanket waiver of subrogation endorsement is provided to the Certificate Holder in regard to the general liability and workers compensation policies when required by written contract.						