



**City of Willow Park
Regular Meeting Agenda
Municipal Complex
516 Ranch House Rd, Willow Park, TX 76087
Tuesday, May 15, 2018 at 7:30 p.m.**

Call to Order

Determination of Quorum

Invocation & Pledge of Allegiance

Cody McQueen, Pastor, Christ Chapel will be conducting our invocation and pledge to the U.S. flag.

Presentations & Proclamations

- A. Proclamation –National Peace Officers Week

Public Comments (Limited to five minutes per person)

Residents may address the Council regarding an item that is not listed on the agenda. Residents must complete a speaker form and turn it in to the Secretary five (5) minutes before the start of the meeting. The Rules of Procedure states that comments are to be limited to five (5) minutes. The Texas Open Meetings Act provides the following:

- (a) If, at a meeting of a governmental body, a member of the public or of the governmental body inquiries about a subject for which notice has not been given as required by this subchapter, the notice provisions of this subchapter do not apply to:
 - (1) A statement of specific factual information given in response to the inquiry; or
 - (2) A recitation of existing policy in response to the inquiry.
- (b) Any deliberation of or decision about the subject of the inquiry shall be limited to a proposal to place the subject on the agenda for a subsequent meeting.

Consent Agenda

All matters listed in the Consent Agenda are considered to be routine by the City Council and will be enacted by one motion. There will not be a separate discussion of these items. If discussion is desired, that item will be removed from the consent agenda and will be considered separately.

A. Approve City Council Meeting Minutes – April 17, 2018

Regular Agenda Items

1. Discussion/ Action: To consider and take action on Canvass Election of May 5, 2018 election results.
 - a. Oath of Office for newly elected Councilmembers.
2. Discussion/ Action: To consider and take action to elect a Mayor Pro Tem.
3. Discussion/ Action: To consider and take action on Employee Health Benefits bid.
4. Discussion/ Action: To consider a take action on Ordinance 768-18, annexing a 44.99-acre tract of land situated in The Wesley Franklin Survey, Abstract No. 468, Parker County Texas, located south of Crown Road and adjacent to the wastewater treatment plant.
5. Discussion/ Action: To consider and take action authorizing the Mayor to execute a deed conveying a 0.112-acre tract of land in the Josh Cole Survey, Abstract No. 218, Parker County, Texas and grant of an improved access easement from the Morrison Group to the City of Willow Park.
6. Discussion/ Action: To consider and take action on approving the sale of a K&M International Asphalt Hot Mix Reclaimer Box to the City of Poteet.
7. Presentation of the Quarterly Financial Statement—Jake Weber
8. Discussion/ Action: To consider and take action to allow a Request for Proposal for Bank Depository Services.
9. Discussion/ Action: To consider and take action on the issuance of Tax Notes for the Ranch House Road Project.
10. Discussion/ Action: To consider and take action on Public Safety Building Bids.

11. Discussion Action: To consider and take action on a Park Plan.
12. Discussion/ Action: To consider and take action on the authorization to have Storm water / Drainage Studies completed.
13. Discussion/ Action: To consider and take action on approving a Wastewater Services MOU with City of Weatherford.
14. Discussion/ Action: To consider and take action on an Inter-Local Agreement with Hudson Oaks regarding Engineering Services related to Fort Worth Water Partnership.
15. Discussion/ Action: To consider and take action on an addendum to the Inter-Local Agreement with Parker County for street paving.
16. Discussion/ Action: To consider and take action on the extension of the City Administrator's Housing Stipend.

Executive Session

Pursuant to Chapter 551, Texas Government Code, the City Council reserves the right to convene in Executive Session(s) from time to time as deemed necessary during this meeting to seek legal advice from the City Attorney regarding any item on the agenda as permitted by law. In addition, the Council may convene into Executive Session to discuss the following:

- A. The City Council may reconvene in open session in the City Council Conference Room and act on any item listed on the Executive Session Agenda in accordance with Chapter 551 of the Texas Government Code.

Informational

- A. Mayor & Council Member Comments
- B. City Manager's Comments

Adjournment

I certify that the above notice of this meeting posted on the bulletin board at the municipal complex of the City of Willow Park, Texas on or before May 11, 2018 at 5:00 p.m.

Alicia Smith TRMC, CMC
City Secretary

If you plan to attend this public meeting and you have a disability that requires special arrangements at this meeting, please contact City Secretary's Office at (817) 441-7108 ext. 6 or fax (817) 441-6900 at least two (2) working days prior to the meeting so that appropriate arrangements can be made.

Proclamation

WHEREAS, in every American community, law enforcement officers are committed to the preservation of life and property, risking their lives to protect us from all who would mock the law, providing protection, law and order and serving the cause of justice; and

WHEREAS, law enforcement officers, including members of the Willow Park Police Department, accept a profound responsibility and work to uphold our laws, safeguard our rights and freedoms, and serve on the front lines in the light against crime and terrorism; and

WHEREAS, we honor the heroism of all our law enforcement officers, especially those who have given their lives so that others might live, asking God's blessing for the families and friends they left behind; and

WHEREAS, by Joint Resolution approved October 1, 1962, as amended, Congress authorized and President Kennedy proclaimed May 15 of each year "Peace Officers Memorial Day" in honor of the Federal, State and municipal officers who have been killed or disabled in the line of duty, further designating the calendar week in which May 15 falls "Police Week," and has directed that flags be flown at half-staff on "Peace Officers Memorial Day", under Public Law 103-322, as amended, and

WHEREAS, across the nation, Police Week is observed with ceremonies, including the hanging of a blue bow or ribbon to honor law enforcement officers who have sacrificed their lives in the line of duty and to honor those who still strive to keep us safe; and

NOW, THEREFORE, I, Doyle Moss, Mayor of the City of Willow Park, do hereby proclaim **Tuesday, May 15, 2018** as:

“PEACE OFFICERS MEMORIAL DAY”

And **May 13-19, 2018** as:

“WILLOW PARK POLICE WEEK”

As ask the citizens of Willow Park and those with us today to join us as we

“HONOR THE STANDING AND THE FALLEN”

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of Willow Park, Texas, to be affixed this the 15th day of May, 2018.

Doyle Moss, Mayor



**City of Willow Park
Regular Council Meeting Minutes
Municipal Complex
516 Ranch House Rd, Willow Park, TX 76087
Tuesday, April 17, 2018 at 7:00 p.m.**

Call to Order

Mayor Moss called the meeting to order at 7:00 pm.

Determination of Quorum

Present:

Mayor Doyle Moss
Councilmember Norman Hogue
Councilmember Amy Fennell
Councilmember Greg Runnebaum
Councilmember Bruce Williams

Absent:

Mayor Pro tem John Gholson

Staff Present:

City Administrator Bryan Grimes
City Secretary Alicia Smith
City Attorney Pat Chesser

Invocation & Pledge of Allegiance

Scott Marsh, Trinity Bible Church Outreach Pastor, led the invocation and pledge to the U.S. flag.

Presentations & Proclamations

- A. Mayor Moss read the proclamation recognizing Trinity Christian Academy for their 25-year anniversary. Mike Skaggs from Trinity Christian Academy was present.
- B. Mayor Moss read a proclamation naming April Sexual Assault Awareness Month. Pamela Donnelly from Freedom House was present.
- C. Wilks Development presented the City Willow Park a golden shovel.

Public Comments

Citizens participating: None

Consent Agenda

- A. Approve City Council Meeting Minutes – March 13 & March 27, 2018
Motion made by Councilmember Fennell
To approve the minutes from the March 13 and March 27, 2018, meetings.
Seconded by Councilmember Runnebaum
Aye votes: Councilmembers Hogue, Fennell, Runnebaum, and Williams
Motion passed with a vote of 4-0

Regular Agenda Items

- 1. Motion made by Councilmember Williams
To accept the 2017 Audit Report.
Seconded by Councilmember Hogue
Aye votes: Councilmembers Hogue, Fennell, Runnebaum, and Williams
Motion passed with a vote of 4-0
- 2. Motion made by Councilmember Fennell
To move the Regular May City Council meeting from May 8 to May 15, 2018, at 7:30 pm.
Seconded by Councilmember Runnebaum
Aye votes: Councilmembers Hogue, Fennell, Runnebaum, and Williams

Motion passed with a vote of 4-0

3. Motion made by Councilmember Fennell

To accept the resignation of Councilmember John Gholson as Mayor ProTem

Seconded by Councilmember Runnebaum

Aye votes: Councilmembers Hogue, Fennell, Runnebaum, and Williams

Motion passed with a vote of 4-0

4. To consider and accept the resignation of Councilmember John Gholson as Mayor ProTem

Item 4 was tabled until the May 15 meeting

5. Public Hearing was opened at 7:00 pm

No one signed in to speak

Public Hearing was closed at 7:18 pm

6. Public Hearing was opened at 7:18 pm

No one signed in to speak

Public Hearing was closed at 7:35 pm

7. Motion made by Councilmember Runnebaum

To accept the Preliminary Plat of a 24.19-acre subdivision, The Village at Willow Park, located on the southeast and southwest corner of Willow Crossing Drive and Willow Bend Drive.

Seconded by Councilmember Hogue

Aye votes: Councilmembers Hogue, Fennell, Runnebaum, and Williams

Motion passed with a vote of 4-0

8. Motion made by Councilmember Hogue

To accept the revised Site Plan for "Crown Pointe Dental Clinic" Lot 5, Block B, Crown Pointe Addition, City of Willow Park, Texas, located at 221 Shops Blvd.

Seconded by Councilmember Runnebaum

Aye votes: Councilmembers Hogue, Fennell, Runnebaum, and Williams

Motion passed with a vote of 4-0

9. Motion made by Councilmember Runnebaum

To approve on Resolution 06-2018, adopting a policy to provide for recovery of costs incurred to respond to Public Information Requests.

Seconded by Councilmember Williams

Aye votes: Councilmembers Hogue, Fennell, Runnebaum, and Williams

Motion passed with a vote of 4-0

10. Motion made by Councilmember Hogue

To deny Resolution 07-2018, Oncor Electric Delivery Co rate increase

Seconded by Councilmember Williams

Aye votes: Councilmembers Hogue, Fennell, Runnebaum, and Williams

Motion passed with a vote of 4-0

Executive Session was convened at 7:37 pm

Regular Session was reconvened at 8:05 pm

11. Motion made Councilmember Runnebaum

To appoint Carol Gauntt Municipal Court Judge and authorize City Attorney, Pat Chesser to draw up a contract.

Seconded by Councilmember Fennell

Aye votes: Councilmembers Hogue, Fennell, Runnebaum, and Williams

Motion passed with a vote of 4-0

12. Motion made by Councilmember Hogue

To award the Ranch House Road Construction Contract and authorizing the mayor to sign all contract documents.

Seconded by Councilmember Runnebaum

Aye votes: Councilmembers Hogue, Fennell, Runnebaum, and Williams

Motion passed with a vote of 4-0

Adjournment

Motion made by Councilmember Runnebaum

To adjourn

Seconded by Councilmember Fennell

Aye votes: Councilmembers Hogue, Fennell, Runnebaum, and Williams

Motion passed with a vote of 4-0

APPROVED:

Doyle Moss, Mayor
City of Willow Park, Texas

ATTEST:

Alicia Smith TRMC CMC, City
Secretary
City of Willow Park, Texas

City of Willow Park

Competitive Proposals

Health – Blue Cross Blue Shield of Texas

Dental/Vision – Ameritas

Life – Dearborn National

Effective Date:

June 1, 2018

TOMMY MORRIS
a g e n c y

Nancy Johnson
PO Box 365
Abilene, TX 79604
325-673-4289

EMPLOYEE BENEFITS City of Willow Park Effective 6/1/2018		
	A	B
	<i>Current TML</i>	<i>Blue Cross/ Ameritas/ Dearborn</i>
<i>Health</i>	\$24,386.72	\$27,629.83
<i>Dental</i>	\$2,085.32	\$2,085.32
<i>Vision</i>	\$387.50	\$295.68
<i>Life</i>	\$541.50	\$315.40
<i>Total Monthly Cost</i>	\$27,401.04	\$30,326.23
<i>Employee Monthly Cost</i>		
<i>Medical Dependents</i>	\$4,095.48	\$4,068.69
<i>Dental Dependents</i>	\$655.00	\$655.00
<i>Vision</i>	\$387.50	\$295.68
<i>Total Monthly Employee Cost</i>	\$5,137.98	\$5,019.37
<i>City Monthly Cost</i>	\$22,263.06	\$25,306.86
	<i>Difference</i>	\$3,043.80

Note: The enclosed rates and premium estimates are based on the employee data submitted by you. Final rates and premiums will be based on the plan and employee data provided by you at inception.

HEALTH INSURANCE BENEFITS City of Willow Park Effective 6/1/2018				
I. HEALTH BENEFITS	A	B	C	D
	TML H96-150-10 Current	Blue Cross Blue Shield S663CHC	Blue Cross Blue Shield G651CHC - HSA	Blue Cross Blue Shield G652CHC
Deductible (Indiv./Family)	\$1,500/\$3,000	\$3,000/\$9,000	\$3,000/\$9,000	\$1,500/\$4,500
Co-Insurance	90%/10% In/ 60%/40% Out	70%/30% In/ 50%/50% Out	100%/0% In/ 100%/0% Out	80%/20% In/ 60%/40% Out
Medical Plan Max OOP (Indiv./Family)	\$2,500/\$5,000	N/A	N/A	N/A
Max Out-of-Pocket (Indiv/Family) (including copays and Telehealth)	\$7,150/\$14,300	\$7,350/\$14,700	\$3,000/\$9,000	\$5,000/\$10,000
Office Visit Co-Pay (PCP/Spec)	N/A	\$40/\$80	N/A	\$30/\$60
ER Copay	N/A	\$500 + 30%	N/A	\$400 + 20%
Preventive Care	100%	100%	100%	100%
Drug Card	\$5/\$43/\$65/\$100	\$0/\$10/\$50/\$100/\$150 /\$250	N/A	\$0/\$10/\$50/\$100/\$150 /\$250
II. RATES	TML H96-150-10 Current	Blue Cross Blue Shield S663CHC	Blue Cross Blue Shield G651CHC - HSA	Blue Cross Blue Shield G652CHC
Employee Only 38	\$533.98	\$600.65	\$648.32	\$680.89
Employee Child 3	\$405.82	\$600.64	\$648.32	\$680.89
Employee Spouse 3	\$549.98	\$600.64	\$648.32	\$680.89
Employee Family 1	\$1,228.08	\$1,201.29	\$1,296.64	\$1,361.78
III. TOTAL MONTHLY PREMIUM	\$24,386.72	\$27,629.83	\$29,822.72	\$31,320.94
IV. TOTAL ANNUAL PREMIUM	\$292,640.64	\$331,557.96	\$357,872.64	\$375,851.28
VI. % INCREASE FROM CURRENT		13.30%	22.29%	28.43%

DENTAL INSURANCE BENEFITS		
City of Willow Park		
Effective 6/1/2018		
I. DENTAL BENEFITS	A	B
	TML Dental Plan 4 Renewal	Ameritas Dental
Coinsurance		
Type 1	100%	100%
Type 2	80%	80%
Type 3	50%	50%
Deductible	\$50/Calendar Year Type 2 and 3	\$50/Calendar Year Type 2 and 3
Maximum	\$2,000 /Calendar Year	\$2,000 /Calendar Year
Orthodontics		
Benefit	100%	50%
Lifetime Benefit	\$3,000	\$2,500
II. RATES	TML Dental Plan 4 Renewal	Ameritas Dental
Employee Only 38	\$37.64	\$37.64
Employee Child 6	\$43.58	\$43.58
Employee Spouse 6	\$39.62	\$39.62
Employee Family 2	\$77.90	\$77.90
III. TOTAL MONTHLY PREMIUM	\$2,085.32	\$2,085.32
IV. TOTAL ANNUAL PREMIUM	\$25,023.84	\$25,023.84

VOLUNTARY VISION INSURANCE BENEFITS		
City of Willow Park		
Effective 6/1/2018		
I. VISION BENEFITS	A	C
	TML Vision B Current	Ameritas Vision
Deductibles		\$10 Exam/\$25 Glass Lenses or Frams
Calendar Year Maximum	\$225 frames, lenses and contacts	None
Annual Eye Exam	\$85	Covered in full
Contacts		
Fit & Follow up	\$85	Amount over \$60
Elective Contacts	\$175	Amount up to \$130
Medically necessary Contacts	\$175	Covered in full
Lenses		
Single	\$70	Covered in full
Bifocal	\$85	Covered in full
Trifocal	\$100	Covered in full
Progressive	\$140	Up to Provider's Contracted fee for lined bifocal lenses
Lenticular	\$190	Covered in full
Frames	\$85	\$130
Frequencies	12/12/12	12/12/24
II. RATES	TML Vision B Current	Ameritas Vision
Employee Only 15	\$12.50	\$8.88
Employee Child 1	\$25.00	\$15.44
Employee Spouse 5	\$25.00	\$19.12
Employee Family 2	\$25.00	\$25.72
III. TOTAL MONTHLY PREMIUM	\$387.50	\$295.68
IV. TOTAL ANNUAL PREMIUM	\$4,650.00	\$3,548.16

LIFE INSURANCE BENEFITS City of Willow Park Effective 6/1/2018		
I. LIFE BENEFITS	A	B
	TML Current	Dearborn National
Group Life - \$50,000 per employee	\$0.285	\$0.166
TOTAL MONTHLY PREMIUM	\$541.50	\$315.40
Supplemental Life (Rates per \$1,000 Monthly)		
Under 25	\$0.061	\$0.042
25-29	\$0.061	\$0.051
30-34	\$0.069	\$0.067
35-39	\$0.100	\$0.076
40-44	\$0.130	\$0.084
45-49	\$0.198	\$0.127
50-54	\$0.332	\$0.194
55-59	\$0.595	\$0.363
60-64	\$0.913	\$0.557
65-69	\$1.513	\$1.071
70 and Over	\$2.431	\$1.737
Guaranteed Issue- Employee	Unknown	\$100,000
Guaranteed Issue- Spouse	Unknown	\$20,000

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018

Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Quote5
Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Name	Relationship Code	Date of Birth	Age	Coverage Type	State
CARMICHAEL CHELSEY L	Employee	01/20/1992	26	EO	TX
GRIMES BRYAN	Employee	06/29/1974	43	EF	TX
GRIMES Spouse	Spouse	01/15/1978	40	-	-
GRIMES Child	Dependent	04/02/2004	14	-	-
GRIMES Child	Dependent	11/25/2009	8	-	-
GARNETT DOUGLAS T	Employee	06/04/1970	47	EO	TX
GOODWIN DANIEL W	Employee	06/22/1989	28	EO	TX
GUNTER TIMOTHY	Employee	01/04/1967	51	EO	TX
HALLMAN DUSTY W	Employee	11/19/1991	26	EO	TX
JOHNSON RAMON R	Employee	01/29/1962	56	EO	TX
JUNKER JARED L	Employee	06/22/1987	30	EC	TX
JUNKER Child	Dependent	07/02/2012	5	-	-
JUNKER Child	Dependent	10/11/2016	1	-	-
JUSTICE JOHN W	Employee	07/27/1981	36	EO	TX
LAMB MICHAEL F	Employee	06/16/1987	30	EO	TX
LAWRENCE WALKER W	Employee	02/28/1975	43	EO	TX
LEACH MAYRA	Employee	12/02/1979	38	EO	TX
LENOIR JAMES M	Employee	04/08/1975	43	EO	TX
LOCKWOOD KEVIN J	Employee	01/23/1980	38	EO	TX
LOWE VERONICA M	Employee	10/03/1974	43	EO	TX
MABRY JR RICHARD W	Employee	07/05/1959	58	EO	TX
MALWITZ RYAN C	Employee	06/06/1981	36	EO	TX
McBRIDE CHASE M	Employee	02/10/1991	27	EO	TX
MINNICH SAMUEL P	Employee	07/12/1989	28	EO	TX
MOLINAR CORINA A	Employee	10/26/1971	46	EO	TX
MOODY JIMMY R	Employee	12/06/1957	60	EC	TX
MOODY Child	Dependent	04/18/2008	10	-	-
NAPOLI GUY A	Employee	09/03/1964	53	EO	TX
NELSON JOE	Employee	05/30/1988	30	ES	TX
NELSON Spouse	Spouse	05/01/1985	33	-	-
PARKER BERNIE D	Employee	01/27/1971	47	EO	TX
RAMIREZ JACLIN C	Employee	09/11/1976	41	EO	TX
RAY WILLIAM A	Employee	11/07/1969	48	EO	TX
RILEY RAYMOND E	Employee	12/23/1952	65	EO	TX
ROBERTSON CODY W	Employee	03/01/1989	29	EO	TX
SCHNEIDER JOHN C	Employee	10/09/1984	33	EC	TX
SCHNEIDER Child	Dependent	12/09/2005	12	-	-
SCHNEIDER Child	Dependent	11/30/2006	11	-	-
SCOTT CANDICE J	Employee	09/18/1959	58	EO	TX
TANNER KYLE J	Employee	02/23/1963	55	EO	TX

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City of Willow Park
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Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Small Group Business Proposal

Name	Relationship Code	Date of Birth	Age	Coverage Type	State
WEHUNT JAMIE L	Employee	04/09/1992	26	EO	TX
WEST CARRIE L	Employee	06/24/1971	46	ES	TX
WEST Spouse	Spouse	06/29/1954	63	-	-
WESTBROOK MICHAEL W	Employee	07/23/1977	40	EO	TX
SMITH ALICIA	Employee	10/22/1970	47	ES	TX
SMITH JAMES	Spouse	12/24/1969	48	-	-
TREJO-WOLFE CLARISSA	Employee	03/02/1991	27	EO	TX
WITHERS NATHAN	Employee	03/10/1992	26	EO	TX
BURROUGHS MICHAEL	Employee	03/06/1985	33	EO	TX



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Small Group Business Proposal

This conditional rate quotation is based on the ages of the participants listed in the census, the effective date of coverage and the primary business location. These rates are subject to change based on the information furnished on the employer and employee applications. The "Quote ID" number listed in the upper left portion of this document and your signature below indicate you are aware of the conditional rates and benefit plans available. Should you elect to purchase a group policy, please sign and return this page along with other required enrollment documentation.

Agents/Producers can find the most recent versions of paperwork needed to enroll new groups on our website BCBSTX.com under producer and small group forms.

Group Administrator

Date

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Small Group Business Proposal

Individual Age Rated and Composite Rated Billed Premium Rates

Effective Dec. 1, 2015, premium rates for all metallic plans (medical and dental) include two ratings:

- Individual Age Rated and
- Composite Rated

Groups with multiple metallic plans must select one rating or the other; a combination of ratings (one plan Individual Age Rated and another Composite Rated) is not allowed.

The rating selection also applies to medical and dental (Dental QHP) plan combination(s). For example, if the metallic medical plan is Composite Rated, then the Dental QHP selection must be Composite Rated, too.

Individual Age Rated

Premium rates for Individual Age Rated metallic plans are for each individual covered. The total premium for a family would equal the sum of all individual family members' rates.

For subscribers with more than three (3) covered dependent children under the age of 21 within the covered family, the premium rate for the children is capped at a maximum of three (3) children.

Composite Rated

Premium rates for Composite Rated metallic plans are tiered by subscriber participation:

- **EO - Employee Only**
- **ES - Employee +Spouse**
- **EC - Employee +Child(ren)**
- **EF - Employee +Family (Spouse with children)**

The **Employee +Child(ren)** and **Employee +Family (Spouse with children)** Composite Rated tiers each include all child(ren), regardless of the number of children covered.

Minimum Participation and Employer Contribution

BCBSTX reserves the right to: 1) restrict new business enrollment in health insurance coverage to open or special enrollment periods unless the 50% minimum employer contribution is met and at least 75% of Eligible Persons (less valid waivers) have enrolled for coverage; and 2) review participation and contribution on existing business and non-renew or discontinue health coverage unless the 50% minimum employer contribution is met and at least 75% of Eligible Persons (less valid waivers) have enrolled for coverage. 3) Dental Contributory Group plans requires a minimum of 75% or more participation and 50% or more contribution the employee rate. 4) Voluntary dental requires a minimum of 25% participation.

Employer will promptly notify BCBSTX of any change in participation and Employer contribution.



**BlueCross BlueShield
of Texas**

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018
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Producer: TOMMY MORRIS AGENCY, L.L.C.

Printed: 04/10/2018
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Small Group Business Proposal

Important Rating Information for Small Groups

The rates in this proposal are applicable for the effective date specified in this proposal. Please be advised, rates are subject to change on a quarterly basis. Please contact your Marketing Representative with questions regarding rating.

Quote ID: 4065026

No. of Employees: 38

County: Parker

Effective Date: 06/01/2018


**BlueCross BlueShield
of Texas**

Printed: 04/10/2018

Zip Code of Business: 76087

Rating Area: 8

Quote5

City of Willow Park

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

An In-Vitro benefit option is available for all PPO and HMO plans. There is an additional charge for the In-Vitro benefits and it is not included in the rates shown in the tables below. If a group offers multiple benefit plans and chooses to elect In-Vitro benefits, they must elect In-Vitro with all the health plans selected.

4 Tier Composite Rates
Blue Choice PPO Network

Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/ Out	OPX In/ Out	ER Copay*3 /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx**	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost*	Estimated Taxes and Fees
PPO Plans															
Blue Platinum Plans															
P620CHC	\$250/\$500	\$25/\$45	80%/60%	\$1250/ \$2500	\$300/80%	\$150/ \$250	\$100/\$200	70%/ 70%	\$10/\$20/\$55 / \$95/\$150/\$250	\$827.87	\$1,655.74	\$1,655.74	\$2,483.61	\$38,082.02	\$856.91
P621CHC	\$1250/\$2500	\$25/\$45	100%/100%	\$1250/ \$2500	\$300/100%	\$150/ \$250	\$100/\$200	100% / 100%	\$10/\$20/\$55 / \$95/\$150/\$250	\$816.11	\$1,632.22	\$1,632.22	\$2,448.33	\$37,541.06	\$844.57
Blue Gold Plans															
G654CHC	\$1250/\$3000	\$30/\$60	100%/80%	\$6500/ \$13000	\$400/100%	\$150/ \$250	\$100/\$200	70%/ 70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$734.28	\$1,468.57	\$1,468.57	\$2,202.85	\$33,776.95	\$759.92
G653CHC	\$1500/\$3000	\$30/\$50	80%/60%	\$4000/ \$8000	\$400/80%	NA/NA	NA/NA	70%/ 70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$699.61	\$1,399.21	\$1,399.21	\$2,098.82	\$32,181.99	\$724.04
G652CHC	\$1500/\$3000	\$30/\$60	80%/60%	\$5000/ \$10000	\$400/80%	NA/NA	NA/NA	70%/ 70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$680.89	\$1,361.78	\$1,361.78	\$2,042.67	\$31,320.94	\$704.72
G650CHC	\$3000/\$6000	\$30/\$50	100%/100%	\$3000/ \$6000	\$400/100%	\$200/ \$300	\$150/\$250	100% / 100%	\$10/\$20/\$70 / \$120/\$150/\$250	\$714.84	\$1,429.69	\$1,429.69	\$2,144.53	\$32,882.71	\$739.75
Blue Silver Plans															
S663CHC	\$3000/\$6000	\$40/\$80	70%/50%	\$7350/ \$14700	\$500/70%	\$250/ \$350	\$200/\$300	70%/ 70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$600.65	\$1,201.29	\$1,201.29	\$1,801.94	\$27,629.83	\$621.53
S665CHC	\$3250/\$8000	\$40/\$70	80%/60%	\$7350/ \$14700	\$500/80%	\$250/ \$350	\$200/\$300	70%/ 70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$604.49	\$1,208.97	\$1,208.97	\$1,813.46	\$27,806.47	\$625.60
S661CHC	\$3500/\$7000	\$40/\$80	70%/50%	\$7350/ \$14700	\$600/70%	NA/NA	NA/NA	70%/ 70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$592.50	\$1,185.00	\$1,185.00	\$1,777.50	\$27,255.00	\$613.18
S666CHC	\$4000/\$8000	\$40/\$70	80%/60%	\$7350/ \$14700	\$750/80%	\$250/ \$350	\$200/\$300	70%/ 70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$591.38	\$1,182.77	\$1,182.77	\$1,774.15	\$27,203.55	\$612.19
S667CHC	\$6000/\$8000	\$40/\$70	80%/60%	\$7350/ \$14700	\$750/80%	\$250/ \$350	\$200/\$300	70%/ 70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$571.31	\$1,142.63	\$1,142.63	\$1,713.94	\$26,280.33	\$591.17
S660CHC	\$6000/\$12000	\$25/\$45	100%/100%	\$6000/ \$12000	\$500/100%	\$250/ \$350	\$200/\$300	100% / 100%	\$10/\$20/\$70 / \$120/\$150/\$250	\$621.89	\$1,243.78	\$1,243.78	\$1,865.68	\$28,606.95	\$643.61
Blue Bronze Plans															
B662CHC	\$7350/\$14700	NA/NA	100%/100%	\$7350/ \$14700	NA/100%	NA/NA	NA/NA	100% / 100%	100%	\$475.53	\$951.06	\$951.06	\$1,426.59	\$21,874.38	\$492.20

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 No. of Employees: 38
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Printed: 04/10/2018
 Zip Code of Business: 76087
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 Quote5

City of Willow Park
 Producer: TOMMY MORRIS AGENCY, L.L.C.
 Small Group Business Proposal

Blue Choice PPO Network

Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/ Out	OPX In/ Out	ER Copay*3 /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx**	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost*	Estimated Taxes and Fees
PPO Plans															

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees **(including but not limited to successor or alternate programs)**, if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

* - Due to system rounding, the group's total premium amount based on composite rates may vary slightly in comparison with the group's total premium amount based on member age rates.

** - The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy then a lower copay may apply.

*3 - ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

Blue Choice PPO Network

Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/ Out	OPX In/ Out	ER Copay*3 /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx**	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost*	Estimated Taxes and Fees
HSA Plans															
Blue Gold Plans															
G651CHC	\$3000/\$6000	NA/NA	100%/100%	\$3000/\$6000	NA/100%	NA/NA	NA/NA	100% / 100%	100%	\$648.32	\$1,296.64	\$1,296.64	\$1,944.96	\$29,822.72	\$671.07
G656CHC	\$4000/\$8000	NA/NA	100%/100%	\$4000/\$8000	NA/100%	NA/NA	NA/NA	100% / 100%	100%	\$598.43	\$1,196.86	\$1,196.86	\$1,795.30	\$27,527.79	\$619.23
Blue Silver Plans															
S662CHC	\$5000/\$10000	NA/NA	100%/100%	\$5000/\$10000	NA/100%	NA/NA	NA/NA	100% / 100%	100%	\$548.20	\$1,096.40	\$1,096.40	\$1,644.60	\$25,217.20	\$567.25
Blue Bronze Plans															
B660CHC	\$5750/\$11000	NA/NA	70%/50%	\$6550/\$13100	NA/70%	NA/NA	NA/NA	70% / 70%	80%/80%/70% / 60%/60%/50%	\$487.11	\$974.22	\$974.22	\$1,461.33	\$22,407.06	\$504.16
B661CHC	\$6550/\$13100	NA/NA	100%/100%	\$6550/\$13100	NA/100%	NA/NA	NA/NA	100% / 100%	100%	\$501.87	\$1,003.73	\$1,003.73	\$1,505.60	\$23,085.95	\$519.35

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

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Blue Advantage HMO Network

Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/ Out	OPX In/ Out	ER Copay*3 /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx**	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost*	Estimated Taxes and Fees
HMO Plans															
Blue Platinum Plans															
P610ADT	\$250	\$25/\$45	80%	\$1250	\$300/80%	\$150	\$100	70%/70%	\$10/\$20/\$55 / \$95/\$150/\$250	\$545.83	\$1,091.67	\$1,091.67	\$1,637.50	\$25,108.25	\$564.88
P611ADT	\$1250	\$25/\$45	100%	\$1250	\$400/100%	\$150	\$100	100% / 100%	\$10/\$20/\$55 / \$95/\$150/\$250	\$538.97	\$1,077.94	\$1,077.94	\$1,616.90	\$24,792.61	\$557.91
Blue Gold Plans															
G665ADT*5	\$0	\$25/\$45	100%	\$7350	\$750/100%	\$150	\$100	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$522.39	\$1,044.78	\$1,044.78	\$1,567.17	\$24,029.94	\$540.57
G662ADT	\$1000	\$25/\$45	80%	\$5000	\$500/80%	NA	NA	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$462.65	\$925.31	\$925.31	\$1,387.96	\$21,281.97	\$478.86
G663ADT	\$1500	\$30/\$60	80%	\$3500	\$400/80%	NA	NA	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$465.59	\$931.18	\$931.18	\$1,396.77	\$21,417.14	\$482.01
G664ADT	\$2000	\$30/\$60	100%	\$4000	\$300/100%	\$150	\$100	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$467.11	\$934.22	\$934.22	\$1,401.34	\$21,487.07	\$483.46
G661ADT	\$2000	NA/NA	100%	\$2000	NA/100%	NA	NA	100% / 100%	100%	\$465.56	\$931.12	\$931.12	\$1,396.68	\$21,415.76	\$482.01
G660ADT	\$3000	\$30/\$60	100%	\$3000	\$400/100%	\$200	\$150	100% / 100%	\$10/\$20/\$55 / \$95/\$150/\$250	\$472.53	\$945.07	\$945.07	\$1,417.60	\$21,736.45	\$488.99
Blue Silver Plans															
S643ADT	\$3000	\$40/\$70	70%	\$7350	\$500/70%	\$250	\$200	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$395.50	\$790.99	\$790.99	\$1,186.49	\$18,192.93	\$409.40
S642ADT	\$3500	\$40/\$80	70%	\$7350	\$500/70%	NA	NA	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$391.13	\$782.26	\$782.26	\$1,173.39	\$17,991.98	\$404.80
S641ADT	\$4000	\$40/\$60	80%	\$7350	\$500/80%	\$250	\$200	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$393.52	\$787.05	\$787.05	\$1,180.57	\$18,101.99	\$407.17
S640ADT	\$6000	\$30/\$60	100%	\$6000	\$500/100%	\$250	\$200	100% / 100%	\$10/\$20/\$70 / \$120/\$150/\$250	\$406.70	\$813.40	\$813.40	\$1,220.10	\$18,708.20	\$420.90
S644ADT	\$7350	\$30/\$60	100%	\$7350	\$500/100%	\$250	\$200	100% / 100%	\$10/\$20/\$70 / \$120/\$150/\$250	\$388.51	\$777.02	\$777.02	\$1,165.53	\$17,871.46	\$402.04
Blue Bronze Plans															
B661ADT	\$7350	NA/NA	100%	\$7350	NA/100%	NA	NA	100% / 100%	100%	\$295.68	\$591.35	\$591.35	\$887.03	\$13,601.21	\$305.97

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City of Willow Park
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 Small Group Business Proposal

Blue Advantage HMO Network

Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/ Out	OPX In/ Out	ER Copay* ³ /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx**	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost*	Estimated Taxes and Fees
HMO Plans															

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

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* - Due to system rounding, the group's total premium amount based on composite rates may vary slightly in comparison with the group's total premium amount based on member age rates.

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*5 - DME covered at 80% coinsurance, Allergy covered at 50% coinsurance. \$150 copay per service for Ambulance Services for the Non Consumer Choice Plan (regular and in vitro version)

Blue Advantage HMO Network

Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/ Out	OPX In/ Out	ER Copay* ³ /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx**	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost*	Estimated Taxes and Fees
HSA Plans															
Blue Gold Plans															
G666ADT	\$4000	NA/NA	100%	\$4000	NA/100%	NA	NA	100% / 100%	100%	\$382.40	\$764.79	\$764.79	\$1,147.19	\$17,590.33	\$395.67
Blue Bronze Plans															
B660ADT	\$6550	NA/NA	100%	\$6550	NA/100%	NA	NA	100% / 100%	100%	\$313.58	\$627.16	\$627.16	\$940.74	\$14,424.68	\$324.69

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City of Willow Park
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Small Group Business Proposal

Blue Essentials Access HMO Network

Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/ Out	OPX In/ Out	ER Copay*3 /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx**	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost*	Estimated Taxes and Fees
HMO Plans															
Blue Gold Plans															
G610HMO	\$1500	\$30/\$60	80%	\$5000	\$400/80%	NA	NA	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$681.13	\$1,362.26	\$1,362.26	\$2,043.39	\$31,331.98	\$705.11
Blue Silver Plans															
S601HMO	\$3000	\$40/\$80	70%	\$7350	\$500/70%	\$250	\$200	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$609.74	\$1,219.48	\$1,219.48	\$1,829.22	\$28,048.04	\$631.12
S602HMO	\$4000	\$30/\$60	80%	\$7000	\$500/80%	\$250	\$200	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250	\$612.39	\$1,224.78	\$1,224.78	\$1,837.17	\$28,169.94	\$633.88
S604HMO	\$6000	\$25/\$45	100%	\$6000	\$500/100%	\$250	\$200	100% / 100%	\$10/\$20/\$70 / \$120/\$150/\$250	\$631.00	\$1,262.00	\$1,262.00	\$1,893.01	\$29,026.01	\$653.19
S605HMO	\$7350	\$25/\$45	100%	\$7350	\$500/100%	\$250	\$200	100% / 100%	\$10/\$20/\$70 / \$120/\$150/\$250	\$604.49	\$1,208.97	\$1,208.97	\$1,813.46	\$27,806.47	\$625.60

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (**including but not limited to successor or alternate programs**), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

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Blue Essentials Access HMO Network

Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/ Out	OPX In/ Out	ER Copay*3 /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx**	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost*	Estimated Taxes and Fees
HSA Plans															
Blue Silver Plans															
S603HMO	\$5000	NA/NA	100%	\$5000	NA/100%	NA	NA	100% / 100%	100%	\$555.34	\$1,110.67	\$1,110.67	\$1,666.01	\$25,545.57	\$574.93
Blue Bronze Plans															
B601HMO	\$6550	NA/NA	100%	\$6550	NA/100%	NA	NA	100% / 100%	100%	\$510.33	\$1,020.66	\$1,020.66	\$1,530.98	\$23,475.17	\$528.09

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Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/ Out	OPX In/ Out	ER Copay* 3 /ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx**	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost*	Estimated Taxes and Fees
HSA Plans															

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

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An In-Vitro benefit option is available for all PPO and HMO plans. There is an additional charge for the In-Vitro benefits and it is not included in the rates shown in the tables below. If a group offers multiple benefit plans and chooses to elect In-Vitro benefits, they must elect In-Vitro with all the health plans selected.

Member Level Rates

Blue Choice PPO Network

Plan #	Total Employee Cost	Total Spouse Cost	Total Child(ren) Cost	Total Monthly Health Cost*	Estimated Taxes and Fees
PPO Plans					
Blue Platinum Plans					
P620CHC	\$31,254.67	\$3,883.19	\$2,944.13	\$38,081.99	\$856.86
P621CHC	\$30,810.45	\$3,828.00	\$2,902.27	\$37,540.72	\$844.69
Blue Gold Plans					
G654CHC	\$27,721.58	\$3,444.23	\$2,611.35	\$33,777.16	\$759.99
G653CHC	\$26,412.25	\$3,281.56	\$2,488.01	\$32,181.82	\$724.10
G652CHC	\$25,705.74	\$3,193.78	\$2,421.44	\$31,320.96	\$704.68
G650CHC	\$26,987.54	\$3,353.04	\$2,542.19	\$32,882.77	\$739.84
Blue Silver Plans					
S663CHC	\$22,676.01	\$2,817.35	\$2,136.05	\$27,629.41	\$621.71
S665CHC	\$22,820.93	\$2,835.36	\$2,149.70	\$27,805.99	\$625.64
S661CHC	\$22,368.45	\$2,779.14	\$2,107.07	\$27,254.66	\$613.22
S666CHC	\$22,326.42	\$2,773.91	\$2,103.08	\$27,203.41	\$612.12
S667CHC	\$21,568.56	\$2,679.75	\$2,031.75	\$26,280.06	\$591.29
S660CHC	\$23,478.02	\$2,917.00	\$2,211.58	\$28,606.60	\$643.68
Blue Bronze Plans					
B662CHC	\$17,952.71	\$2,230.51	\$1,691.13	\$21,874.35	\$492.21
HSA Plans					
Blue Gold Plans					
G651CHC	\$24,475.99	\$3,040.98	\$2,305.59	\$29,822.56	\$671.03
G656CHC	\$22,592.41	\$2,806.97	\$2,128.14	\$27,527.52	\$619.36
Blue Silver Plans					
S662CHC	\$20,696.25	\$2,571.38	\$1,949.57	\$25,217.20	\$567.43
Blue Bronze Plans					
B660CHC	\$18,389.72	\$2,284.81	\$1,732.29	\$22,406.82	\$504.18
B661CHC	\$18,946.76	\$2,354.02	\$1,784.79	\$23,085.57	\$519.44

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

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Blue Advantage HMO Network

Plan #	Total Employee Cost	Total Spouse Cost	Total Child(ren) Cost	Total Monthly Health Cost*	Estimated Taxes and Fees
HMO Plans					
Blue Platinum Plans					
P610ADT	\$20,606.67	\$2,560.25	\$1,941.10	\$25,108.02	\$564.98
P611ADT	\$20,347.52	\$2,528.05	\$1,916.74	\$24,792.31	\$557.85
Blue Gold Plans					
G665ADT*5	\$19,721.68	\$2,450.29	\$1,857.73	\$24,029.70	\$540.63
G662ADT	\$17,466.48	\$2,170.09	\$1,645.28	\$21,281.85	\$478.83
G663ADT	\$17,577.20	\$2,183.84	\$1,655.71	\$21,416.75	\$481.84
G664ADT	\$17,634.91	\$2,191.03	\$1,661.17	\$21,487.11	\$483.45
G661ADT	\$17,576.38	\$2,183.76	\$1,655.71	\$21,415.85	\$481.82
G660ADT	\$17,839.73	\$2,216.47	\$1,680.49	\$21,736.69	\$489.03
Blue Silver Plans					
S643ADT	\$14,931.05	\$1,855.09	\$1,406.51	\$18,192.65	\$409.32
S642ADT	\$14,766.52	\$1,834.66	\$1,390.97	\$17,992.15	\$404.77
S641ADT	\$14,856.43	\$1,845.81	\$1,399.44	\$18,101.68	\$407.26
S640ADT	\$15,354.03	\$1,907.64	\$1,446.34	\$18,708.01	\$420.96
S644ADT	\$14,667.36	\$1,822.34	\$1,381.66	\$17,871.36	\$402.07
Blue Bronze Plans					
B661ADT	\$11,162.96	\$1,386.93	\$1,051.54	\$13,601.43	\$306.02
HSA Plans					
Blue Gold Plans					
G666ADT	\$14,436.72	\$1,793.67	\$1,359.89	\$17,590.28	\$395.77
Blue Bronze Plans					
B660ADT	\$11,838.75	\$1,470.89	\$1,115.17	\$14,424.81	\$324.53

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees **(including but not limited to successor or alternate programs)**, if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

*5 - DME covered at 80% coinsurance, Allergy covered at 50% coinsurance. \$150 copay per service for Ambulance Services for the Non Consumer Choice Plan (regular and in vitro version)



Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018
Quote5
Producer: TOMMY MORRIS AGENCY, L.L.C.

Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Small Group Business Proposal

Blue Essentials Access HMO Network

Plan #	Total Employee Cost	Total Spouse Cost	Total Child(ren) Cost	Total Monthly Health Cost*	Estimated Taxes and Fees
HMO Plans					
Blue Gold Plans					
G610HMO	\$25,714.77	\$3,194.90	\$2,422.28	\$31,331.95	\$704.98
Blue Silver Plans					
S601HMO	\$23,019.67	\$2,860.06	\$2,168.39	\$28,048.12	\$631.06
S602HMO	\$23,119.33	\$2,872.43	\$2,177.84	\$28,169.60	\$633.83
S604HMO	\$23,822.39	\$2,959.78	\$2,244.06	\$29,026.23	\$653.05
S605HMO	\$22,820.93	\$2,835.36	\$2,149.70	\$27,805.99	\$625.64
HSA Plans					
Blue Silver Plans					
S603HMO	\$20,965.78	\$2,604.86	\$1,974.98	\$25,545.62	\$574.82
Blue Bronze Plans					
B601HMO	\$19,266.16	\$2,393.69	\$1,814.82	\$23,474.67	\$528.21

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees **(including but not limited to successor or alternate programs)**, if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018

Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Choice PPO Network											
PPO Plans											
Blue Platinum Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
P620CHC	\$250/\$500	\$25/\$45	80%/60%	\$1250/ \$2500	\$300/80%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$55 / \$95/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$420.59	23	\$549.79	32	\$650.41	41	\$715.83	50	\$981.93	59	\$1,431.11
15	\$457.98	24	\$549.79	33	\$658.65	42	\$728.48	51	\$1,025.36	60	\$1,492.14
16	\$472.27	25	\$551.99	34	\$667.45	43	\$746.07	52	\$1,073.20	61	\$1,544.92
17	\$486.57	26	\$562.99	35	\$671.85	44	\$768.06	53	\$1,121.58	62	\$1,579.56
18	\$501.96	27	\$576.18	36	\$676.25	45	\$793.90	54	\$1,173.81	63	\$1,622.99
19	\$517.36	28	\$597.63	37	\$680.64	46	\$824.69	55	\$1,226.04	64+	\$1,649.37
20	\$533.30	29	\$615.22	38	\$685.04	47	\$859.33	56	\$1,282.67		
21	\$549.79	30	\$624.02	39	\$693.84	48	\$898.91	57	\$1,339.85		
22	\$549.79	31	\$637.21	40	\$702.64	49	\$937.95	58	\$1,400.87		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Choice PPO Network											
PPO Plans											
Blue Platinum Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
P621CHC	\$1250/\$2500	\$25/\$45	100%/100%	\$1250/ \$2500	\$300/100%	\$150/\$250	\$100/\$200	100%/100%	\$10/\$20/\$55 / \$95/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$414.61	23	\$541.98	32	\$641.16	41	\$705.66	50	\$967.97	59	\$1,410.77
15	\$451.47	24	\$541.98	33	\$649.29	42	\$718.12	51	\$1,010.79	60	\$1,470.93
16	\$465.56	25	\$544.15	34	\$657.96	43	\$735.47	52	\$1,057.94	61	\$1,522.96
17	\$479.65	26	\$554.99	35	\$662.30	44	\$757.15	53	\$1,105.64	62	\$1,557.11
18	\$494.83	27	\$567.99	36	\$666.63	45	\$782.62	54	\$1,157.13	63	\$1,599.92
19	\$510.00	28	\$589.13	37	\$670.97	46	\$812.97	55	\$1,208.61	64+	\$1,625.94
20	\$525.72	29	\$606.47	38	\$675.31	47	\$847.11	56	\$1,264.44		
21	\$541.98	30	\$615.15	39	\$683.98	48	\$886.14	57	\$1,320.80		
22	\$541.98	31	\$628.15	40	\$692.65	49	\$924.62	58	\$1,380.96		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018

Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Choice PPO Network											
PPO Plans											
Blue Gold Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
G654CHC	\$1250/\$3000	\$30/\$60	100%/80%	\$6500/ \$13000	\$400/100%	\$150/\$250	\$100/\$200	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$373.05	23	\$487.64	32	\$576.88	41	\$634.91	50	\$870.93	59	\$1,269.34
15	\$406.21	24	\$487.64	33	\$584.20	42	\$646.13	51	\$909.46	60	\$1,323.46
16	\$418.89	25	\$489.59	34	\$592.00	43	\$661.73	52	\$951.88	61	\$1,370.28
17	\$431.56	26	\$499.35	35	\$595.90	44	\$681.24	53	\$994.79	62	\$1,401.00
18	\$445.22	27	\$511.05	36	\$599.80	45	\$704.16	54	\$1,041.12	63	\$1,439.52
19	\$458.87	28	\$530.07	37	\$603.70	46	\$731.47	55	\$1,087.44	64+	\$1,462.92
20	\$473.01	29	\$545.67	38	\$607.60	47	\$762.19	56	\$1,137.67		
21	\$487.64	30	\$553.48	39	\$615.41	48	\$797.30	57	\$1,188.39		
22	\$487.64	31	\$565.18	40	\$623.21	49	\$831.92	58	\$1,242.52		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Choice PPO Network											
PPO Plans											
Blue Gold Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
G653CHC	\$1500/\$3000	\$30/\$50	80%/60%	\$4000/ \$8000	\$400/80%	NA/NA	NA/NA	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$355.43	23	\$464.61	32	\$549.64	41	\$604.93	50	\$829.80	59	\$1,209.39
15	\$387.02	24	\$464.61	33	\$556.61	42	\$615.61	51	\$866.50	60	\$1,260.96
16	\$399.10	25	\$466.47	34	\$564.04	43	\$630.48	52	\$906.92	61	\$1,305.56
17	\$411.18	26	\$475.76	35	\$567.76	44	\$649.06	53	\$947.81	62	\$1,334.83
18	\$424.19	27	\$486.91	36	\$571.47	45	\$670.90	54	\$991.95	63	\$1,371.54
19	\$437.20	28	\$505.03	37	\$575.19	46	\$696.92	55	\$1,036.09	64+	\$1,393.83
20	\$450.67	29	\$519.90	38	\$578.91	47	\$726.19	56	\$1,083.94		
21	\$464.61	30	\$527.33	39	\$586.34	48	\$759.64	57	\$1,132.26		
22	\$464.61	31	\$538.49	40	\$593.77	49	\$792.63	58	\$1,183.83		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018

Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Choice PPO Network											
PPO Plans											
Blue Gold Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
G652CHC	\$1500/\$3000	\$30/\$60	80%/60%	\$5000/ \$10000	\$400/80%	NA/NA	NA/NA	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$345.92	23	\$452.18	32	\$534.93	41	\$588.74	50	\$807.60	59	\$1,177.03
15	\$376.67	24	\$452.18	33	\$541.72	42	\$599.14	51	\$843.32	60	\$1,227.23
16	\$388.43	25	\$453.99	34	\$548.95	43	\$613.61	52	\$882.66	61	\$1,270.64
17	\$400.18	26	\$463.04	35	\$552.57	44	\$631.70	53	\$922.46	62	\$1,299.12
18	\$412.84	27	\$473.89	36	\$556.19	45	\$652.95	54	\$965.41	63	\$1,334.85
19	\$425.51	28	\$491.52	37	\$559.80	46	\$678.28	55	\$1,008.37	64+	\$1,356.54
20	\$438.62	29	\$505.99	38	\$563.42	47	\$706.76	56	\$1,054.95		
21	\$452.18	30	\$513.23	39	\$570.66	48	\$739.32	57	\$1,101.97		
22	\$452.18	31	\$524.08	40	\$577.89	49	\$771.43	58	\$1,152.16		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Choice PPO Network											
PPO Plans											
Blue Gold Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
G650CHC	\$3000/\$6000	\$30/\$50	100%/100%	\$3000/ \$6000	\$400/100%	\$200/\$300	\$150/\$250	100%/100%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$363.17	23	\$474.73	32	\$561.61	41	\$618.10	50	\$847.87	59	\$1,235.73
15	\$395.45	24	\$474.73	33	\$568.73	42	\$629.02	51	\$885.37	60	\$1,288.42
16	\$407.79	25	\$476.63	34	\$576.32	43	\$644.21	52	\$926.68	61	\$1,334.00
17	\$420.14	26	\$486.12	35	\$580.12	44	\$663.20	53	\$968.45	62	\$1,363.90
18	\$433.43	27	\$497.52	36	\$583.92	45	\$685.51	54	\$1,013.55	63	\$1,401.41
19	\$446.72	28	\$516.03	37	\$587.72	46	\$712.10	55	\$1,058.65	64+	\$1,424.19
20	\$460.49	29	\$531.22	38	\$591.52	47	\$742.01	56	\$1,107.55		
21	\$474.73	30	\$538.82	39	\$599.11	48	\$776.19	57	\$1,156.92		
22	\$474.73	31	\$550.21	40	\$606.71	49	\$809.89	58	\$1,209.62		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018

Printed: 04/10/2018
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Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Choice PPO Network											
PPO Plans											
Blue Silver Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
S663CHC	\$3000/\$6000	\$40/\$80	70%/50%	\$7350/ \$14700	\$500/70%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$305.15	23	\$398.89	32	\$471.89	41	\$519.35	50	\$712.42	59	\$1,038.31
15	\$332.27	24	\$398.89	33	\$477.87	42	\$528.53	51	\$743.93	60	\$1,082.58
16	\$342.65	25	\$400.48	34	\$484.25	43	\$541.29	52	\$778.63	61	\$1,120.88
17	\$353.02	26	\$408.46	35	\$487.44	44	\$557.25	53	\$813.73	62	\$1,146.01
18	\$364.19	27	\$418.04	36	\$490.63	45	\$576.00	54	\$851.63	63	\$1,177.52
19	\$375.35	28	\$433.59	37	\$493.82	46	\$598.33	55	\$889.52	64+	\$1,196.67
20	\$386.92	29	\$446.36	38	\$497.02	47	\$623.46	56	\$930.61		
21	\$398.89	30	\$452.74	39	\$503.40	48	\$652.18	57	\$972.09		
22	\$398.89	31	\$462.31	40	\$509.78	49	\$680.50	58	\$1,016.37		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Choice PPO Network											
PPO Plans											
Blue Silver Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
S665CHC	\$3250/\$8000	\$40/\$70	80%/60%	\$7350/ \$14700	\$500/80%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$307.10	23	\$401.44	32	\$474.90	41	\$522.67	50	\$716.97	59	\$1,044.94
15	\$334.40	24	\$401.44	33	\$480.92	42	\$531.91	51	\$748.68	60	\$1,089.50
16	\$344.84	25	\$403.04	34	\$487.35	43	\$544.75	52	\$783.61	61	\$1,128.04
17	\$355.27	26	\$411.07	35	\$490.56	44	\$560.81	53	\$818.93	62	\$1,153.33
18	\$366.51	27	\$420.71	36	\$493.77	45	\$579.68	54	\$857.07	63	\$1,185.05
19	\$377.75	28	\$436.36	37	\$496.98	46	\$602.16	55	\$895.21	64+	\$1,204.32
20	\$389.39	29	\$449.21	38	\$500.19	47	\$627.45	56	\$936.56		
21	\$401.44	30	\$455.63	39	\$506.61	48	\$656.35	57	\$978.30		
22	\$401.44	31	\$465.27	40	\$513.04	49	\$684.85	58	\$1,022.86		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

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No. of Employees: 38
County: Parker

City of Willow Park
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Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Choice PPO Network											
PPO Plans											
Blue Silver Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
S661CHC	\$3500/\$7000	\$40/\$80	70%/50%	\$7350/ \$14700	\$600/70%	NA/NA	NA/NA	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$301.01	23	\$393.48	32	\$465.48	41	\$512.31	50	\$702.75	59	\$1,024.22
15	\$327.77	24	\$393.48	33	\$471.39	42	\$521.36	51	\$733.84	60	\$1,067.90
16	\$338.00	25	\$395.05	34	\$477.68	43	\$533.95	52	\$768.07	61	\$1,105.67
17	\$348.23	26	\$402.92	35	\$480.83	44	\$549.69	53	\$802.69	62	\$1,130.46
18	\$359.25	27	\$412.36	36	\$483.98	45	\$568.18	54	\$840.08	63	\$1,161.55
19	\$370.26	28	\$427.71	37	\$487.13	46	\$590.22	55	\$877.46	64+	\$1,180.44
20	\$381.67	29	\$440.30	38	\$490.27	47	\$615.01	56	\$917.98		
21	\$393.48	30	\$446.60	39	\$496.57	48	\$643.34	57	\$958.91		
22	\$393.48	31	\$456.04	40	\$502.86	49	\$671.27	58	\$1,002.58		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Choice PPO Network											
PPO Plans											
Blue Silver Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
S666CHC	\$4000/\$8000	\$40/\$70	80%/60%	\$7350/ \$14700	\$750/80%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$300.44	23	\$392.74	32	\$464.61	41	\$511.34	50	\$701.43	59	\$1,022.30
15	\$327.15	24	\$392.74	33	\$470.50	42	\$520.38	51	\$732.46	60	\$1,065.89
16	\$337.36	25	\$394.31	34	\$476.78	43	\$532.95	52	\$766.62	61	\$1,103.59
17	\$347.57	26	\$402.16	35	\$479.93	44	\$548.65	53	\$801.19	62	\$1,128.34
18	\$358.57	27	\$411.59	36	\$483.07	45	\$567.11	54	\$838.50	63	\$1,159.36
19	\$369.57	28	\$426.91	37	\$486.21	46	\$589.11	55	\$875.81	64+	\$1,178.22
20	\$380.96	29	\$439.47	38	\$489.35	47	\$613.85	56	\$916.26		
21	\$392.74	30	\$445.76	39	\$495.64	48	\$642.13	57	\$957.10		
22	\$392.74	31	\$455.18	40	\$501.92	49	\$670.01	58	\$1,000.70		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

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County: Parker

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Quote5
Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Choice PPO Network									
PPO Plans									
Blue Silver Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
S667CHC	\$6000/\$8000	\$40/\$70	80%/60%	\$7350/ \$14700	\$750/80%	\$250/\$350	\$200/\$300	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$290.25	23	\$379.41	32	\$448.84	41	\$493.99	50	\$677.62	59	\$987.60
15	\$316.05	24	\$379.41	33	\$454.53	42	\$502.71	51	\$707.59	60	\$1,029.71
16	\$325.91	25	\$380.92	34	\$460.60	43	\$514.86	52	\$740.60	61	\$1,066.13
17	\$335.78	26	\$388.51	35	\$463.64	44	\$530.03	53	\$773.99	62	\$1,090.04
18	\$346.40	27	\$397.62	36	\$466.67	45	\$547.86	54	\$810.03	63	\$1,120.01
19	\$357.02	28	\$412.42	37	\$469.71	46	\$569.11	55	\$846.08	64+	\$1,138.23
20	\$368.02	29	\$424.56	38	\$472.74	47	\$593.01	56	\$885.16		
21	\$379.41	30	\$430.63	39	\$478.81	48	\$620.33	57	\$924.61		
22	\$379.41	31	\$439.73	40	\$484.88	49	\$647.27	58	\$966.73		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Choice PPO Network									
PPO Plans									
Blue Silver Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
S660CHC	\$6000/\$12000	\$25/\$45	100%/100%	\$6000/ \$12000	\$500/100%	\$250/\$350	\$200/\$300	100%/100%	\$10/\$20/\$70 / \$120/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$315.94	23	\$413.00	32	\$488.57	41	\$537.72	50	\$737.61	59	\$1,075.03
15	\$344.03	24	\$413.00	33	\$494.77	42	\$547.22	51	\$770.24	60	\$1,120.87
16	\$354.76	25	\$414.65	34	\$501.38	43	\$560.44	52	\$806.17	61	\$1,160.52
17	\$365.50	26	\$422.91	35	\$504.68	44	\$576.96	53	\$842.51	62	\$1,186.54
18	\$377.07	27	\$432.82	36	\$507.99	45	\$596.37	54	\$881.75	63	\$1,219.17
19	\$388.63	28	\$448.93	37	\$511.29	46	\$619.49	55	\$920.98	64+	\$1,239.00
20	\$400.61	29	\$462.14	38	\$514.59	47	\$645.51	56	\$963.52		
21	\$413.00	30	\$468.75	39	\$521.20	48	\$675.25	57	\$1,006.47		
22	\$413.00	31	\$478.66	40	\$527.81	49	\$704.57	58	\$1,052.31		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018
Quote5
Producer: TOMMY MORRIS AGENCY, L.L.C.

Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Small Group Business Proposal

Blue Choice PPO Network									
PPO Plans									
Blue Bronze Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
B662CHC	\$7350/\$14700	NA/NA	100%/100%	\$7350/ \$14700	NA/100%	NA/NA	NA/NA	100%/100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$241.59	23	\$315.80	32	\$373.59	41	\$411.17	50	\$564.02	59	\$822.03
15	\$263.06	24	\$315.80	33	\$378.33	42	\$418.44	51	\$588.97	60	\$857.09
16	\$271.27	25	\$317.07	34	\$383.38	43	\$428.54	52	\$616.45	61	\$887.40
17	\$279.48	26	\$323.38	35	\$385.91	44	\$441.18	53	\$644.24	62	\$907.30
18	\$288.33	27	\$330.96	36	\$388.44	45	\$456.02	54	\$674.24	63	\$932.25
19	\$297.17	28	\$343.28	37	\$390.96	46	\$473.70	55	\$704.24	64+	\$947.40
20	\$306.33	29	\$353.38	38	\$393.49	47	\$493.60	56	\$736.77		
21	\$315.80	30	\$358.44	39	\$398.54	48	\$516.34	57	\$769.61		
22	\$315.80	31	\$366.01	40	\$403.59	49	\$538.76	58	\$804.66		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Choice PPO Network									
HSA Plans									
Blue Gold Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
G651CHC	\$3000/\$6000	NA/NA	100%/100%	\$3000/ \$6000	NA/100%	NA/NA	NA/NA	100%/100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$329.37	23	\$430.55	32	\$509.34	41	\$560.58	50	\$768.96	59	\$1,120.73
15	\$358.65	24	\$430.55	33	\$515.80	42	\$570.48	51	\$802.98	60	\$1,168.52
16	\$369.84	25	\$432.27	34	\$522.69	43	\$584.26	52	\$840.44	61	\$1,209.85
17	\$381.04	26	\$440.88	35	\$526.13	44	\$601.48	53	\$878.32	62	\$1,236.97
18	\$393.09	27	\$451.22	36	\$529.58	45	\$621.72	54	\$919.23	63	\$1,270.99
19	\$405.15	28	\$468.01	37	\$533.02	46	\$645.83	55	\$960.13	64+	\$1,291.65
20	\$417.63	29	\$481.79	38	\$536.47	47	\$672.95	56	\$1,004.48		
21	\$430.55	30	\$488.68	39	\$543.36	48	\$703.95	57	\$1,049.25		
22	\$430.55	31	\$499.01	40	\$550.24	49	\$734.52	58	\$1,097.04		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018

Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Choice PPO Network									
HSA Plans									
Blue Gold Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
G656CHC	\$4000/\$8000	NA/NA	100%/100%	\$4000/ \$8000	NA/100%	NA/NA	NA/NA	100%/100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$304.02	23	\$397.42	32	\$470.14	41	\$517.44	50	\$709.79	59	\$1,034.48
15	\$331.05	24	\$397.42	33	\$476.11	42	\$526.58	51	\$741.18	60	\$1,078.59
16	\$341.38	25	\$399.01	34	\$482.46	43	\$539.30	52	\$775.76	61	\$1,116.74
17	\$351.71	26	\$406.96	35	\$485.64	44	\$555.19	53	\$810.73	62	\$1,141.78
18	\$362.84	27	\$416.49	36	\$488.82	45	\$573.87	54	\$848.49	63	\$1,173.18
19	\$373.97	28	\$431.99	37	\$492.00	46	\$596.13	55	\$886.24	64+	\$1,192.26
20	\$385.49	29	\$444.71	38	\$495.18	47	\$621.16	56	\$927.17		
21	\$397.42	30	\$451.07	39	\$501.54	48	\$649.78	57	\$968.51		
22	\$397.42	31	\$460.61	40	\$507.90	49	\$677.99	58	\$1,012.62		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Choice PPO Network									
HSA Plans									
Blue Silver Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
S662CHC	\$5000/\$10000	NA/NA	100%/100%	\$5000/ \$10000	NA/100%	NA/NA	NA/NA	100%/100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$278.51	23	\$364.06	32	\$430.69	41	\$474.01	50	\$650.22	59	\$947.66
15	\$303.27	24	\$364.06	33	\$436.15	42	\$482.38	51	\$678.98	60	\$988.07
16	\$312.73	25	\$365.52	34	\$441.97	43	\$494.03	52	\$710.65	61	\$1,023.02
17	\$322.20	26	\$372.80	35	\$444.89	44	\$508.60	53	\$742.69	62	\$1,045.96
18	\$332.39	27	\$381.54	36	\$447.80	45	\$525.71	54	\$777.28	63	\$1,074.72
19	\$342.58	28	\$395.74	37	\$450.71	46	\$546.10	55	\$811.86	64+	\$1,092.18
20	\$353.14	29	\$407.39	38	\$453.62	47	\$569.03	56	\$849.36		
21	\$364.06	30	\$413.21	39	\$459.45	48	\$595.24	57	\$887.22		
22	\$364.06	31	\$421.95	40	\$465.27	49	\$621.09	58	\$927.63		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

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County: Parker

City of Willow Park
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Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Choice PPO Network									
HSA Plans									
Blue Bronze Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
B660CHC	\$5750/\$11000	NA/NA	70%/50%	\$6550/ \$13100	NA/70%	NA/NA	NA/NA	70%/70%	80%/80%/70%/60%/60%/50%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$247.47	23	\$323.49	32	\$382.69	41	\$421.18	50	\$577.75	59	\$842.04
15	\$269.47	24	\$323.49	33	\$387.54	42	\$428.62	51	\$603.31	60	\$877.95
16	\$277.88	25	\$324.78	34	\$392.72	43	\$438.98	52	\$631.45	61	\$909.01
17	\$286.29	26	\$331.25	35	\$395.30	44	\$451.92	53	\$659.92	62	\$929.39
18	\$295.35	27	\$339.02	36	\$397.89	45	\$467.12	54	\$690.65	63	\$954.94
19	\$304.40	28	\$351.63	37	\$400.48	46	\$485.23	55	\$721.38	64+	\$970.47
20	\$313.79	29	\$361.99	38	\$403.07	47	\$505.61	56	\$754.70		
21	\$323.49	30	\$367.16	39	\$408.24	48	\$528.91	57	\$788.34		
22	\$323.49	31	\$374.92	40	\$413.42	49	\$551.87	58	\$824.25		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Choice PPO Network									
HSA Plans									
Blue Bronze Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
B661CHC	\$6550/\$13100	NA/NA	100%/100%	\$6550/ \$13100	NA/100%	NA/NA	NA/NA	100%/100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$254.97	23	\$333.29	32	\$394.28	41	\$433.94	50	\$595.25	59	\$867.55
15	\$277.63	24	\$333.29	33	\$399.28	42	\$441.61	51	\$621.58	60	\$904.54
16	\$286.29	25	\$334.62	34	\$404.61	43	\$452.27	52	\$650.58	61	\$936.54
17	\$294.96	26	\$341.29	35	\$407.28	44	\$465.60	53	\$679.91	62	\$957.54
18	\$304.29	27	\$349.29	36	\$409.94	45	\$481.27	54	\$711.57	63	\$983.87
19	\$313.62	28	\$362.28	37	\$412.61	46	\$499.93	55	\$743.23	64+	\$999.87
20	\$323.29	29	\$372.95	38	\$415.28	47	\$520.93	56	\$777.56		
21	\$333.29	30	\$378.28	39	\$420.61	48	\$544.93	57	\$812.22		
22	\$333.29	31	\$386.28	40	\$425.94	49	\$568.59	58	\$849.22		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

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County: Parker

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Quote5
Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Advantage HMO Network									
HMO Plans									
Blue Platinum Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
P610ADT	\$250	\$25/\$45	80%	\$1250	\$300/80%	\$150	\$100	70%/70%	\$10/\$20/\$55 / \$95/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$277.30	23	\$362.49	32	\$428.82	41	\$471.96	50	\$647.40	59	\$943.55
15	\$301.95	24	\$362.49	33	\$434.26	42	\$480.29	51	\$676.04	60	\$983.79
16	\$311.38	25	\$363.94	34	\$440.06	43	\$491.89	52	\$707.57	61	\$1,018.59
17	\$320.80	26	\$371.19	35	\$442.96	44	\$506.39	53	\$739.47	62	\$1,041.42
18	\$330.95	27	\$379.89	36	\$445.86	45	\$523.43	54	\$773.91	63	\$1,070.06
19	\$341.10	28	\$394.02	37	\$448.76	46	\$543.73	55	\$808.34	64+	\$1,087.47
20	\$351.61	29	\$405.62	38	\$451.66	47	\$566.57	56	\$845.68		
21	\$362.49	30	\$411.42	39	\$457.46	48	\$592.67	57	\$883.38		
22	\$362.49	31	\$420.12	40	\$463.26	49	\$618.40	58	\$923.62		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Advantage HMO Network									
HMO Plans									
Blue Platinum Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
P611ADT	\$1250	\$25/\$45	100%	\$1250	\$400/100%	\$150	\$100	100%/100%	\$10/\$20/\$55 / \$95/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$273.82	23	\$357.93	32	\$423.43	41	\$466.02	50	\$639.26	59	\$931.69
15	\$298.15	24	\$357.93	33	\$428.80	42	\$474.26	51	\$667.54	60	\$971.42
16	\$307.46	25	\$359.36	34	\$434.53	43	\$485.71	52	\$698.68	61	\$1,005.78
17	\$316.77	26	\$366.52	35	\$437.39	44	\$500.03	53	\$730.17	62	\$1,028.33
18	\$326.79	27	\$375.11	36	\$440.25	45	\$516.85	54	\$764.18	63	\$1,056.61
19	\$336.81	28	\$389.07	37	\$443.12	46	\$536.89	55	\$798.18	64+	\$1,073.79
20	\$347.19	29	\$400.52	38	\$445.98	47	\$559.44	56	\$835.05		
21	\$357.93	30	\$406.25	39	\$451.71	48	\$585.21	57	\$872.27		
22	\$357.93	31	\$414.84	40	\$457.43	49	\$610.63	58	\$912.00		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

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HMO Plans									
Blue Gold Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
G665ADT	\$0	\$25/\$45	100%	\$7350	\$750/100%	\$150	\$100	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$265.39	23	\$346.92	32	\$410.41	41	\$451.69	50	\$619.60	59	\$903.03
15	\$288.98	24	\$346.92	33	\$415.61	42	\$459.67	51	\$647.00	60	\$941.54
16	\$298.00	25	\$348.31	34	\$421.16	43	\$470.77	52	\$677.19	61	\$974.84
17	\$307.02	26	\$355.25	35	\$423.94	44	\$484.65	53	\$707.72	62	\$996.70
18	\$316.74	27	\$363.57	36	\$426.71	45	\$500.95	54	\$740.67	63	\$1,024.11
19	\$326.45	28	\$377.10	37	\$429.49	46	\$520.38	55	\$773.63	64+	\$1,040.76
20	\$336.51	29	\$388.20	38	\$432.26	47	\$542.24	56	\$809.36		
21	\$346.92	30	\$393.75	39	\$437.81	48	\$567.21	57	\$845.44		
22	\$346.92	31	\$402.08	40	\$443.36	49	\$591.84	58	\$883.95		

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Blue Advantage HMO Network									
HMO Plans									
Blue Gold Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
G662ADT	\$1000	\$25/\$45	80%	\$5000	\$500/80%	NA	NA	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$235.04	23	\$307.25	32	\$363.47	41	\$400.04	50	\$548.74	59	\$799.77
15	\$255.94	24	\$307.25	33	\$368.08	42	\$407.10	51	\$573.02	60	\$833.87
16	\$263.93	25	\$308.48	34	\$373.00	43	\$416.94	52	\$599.75	61	\$863.37
17	\$271.91	26	\$314.62	35	\$375.46	44	\$429.23	53	\$626.79	62	\$882.72
18	\$280.52	27	\$322.00	36	\$377.92	45	\$443.67	54	\$655.97	63	\$907.00
19	\$289.12	28	\$333.98	37	\$380.37	46	\$460.87	55	\$685.16	64+	\$921.75
20	\$298.03	29	\$343.81	38	\$382.83	47	\$480.23	56	\$716.81		
21	\$307.25	30	\$348.73	39	\$387.75	48	\$502.35	57	\$748.76		
22	\$307.25	31	\$356.10	40	\$392.66	49	\$524.17	58	\$782.87		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.



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Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Advantage HMO Network											
HMO Plans											
Blue Gold Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
G663ADT	\$1500	\$30/\$60	80%	\$3500	\$400/80%	NA	NA	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$236.53	23	\$309.20	32	\$365.78	41	\$402.57	50	\$552.22	59	\$804.84
15	\$257.56	24	\$309.20	33	\$370.42	42	\$409.68	51	\$576.65	60	\$839.16
16	\$265.60	25	\$310.43	34	\$375.36	43	\$419.58	52	\$603.55	61	\$868.84
17	\$273.64	26	\$316.62	35	\$377.84	44	\$431.95	53	\$630.76	62	\$888.32
18	\$282.30	27	\$324.04	36	\$380.31	45	\$446.48	54	\$660.13	63	\$912.74
19	\$290.95	28	\$336.10	37	\$382.78	46	\$463.79	55	\$689.51	64+	\$927.60
20	\$299.92	29	\$345.99	38	\$385.26	47	\$483.27	56	\$721.35		
21	\$309.20	30	\$350.94	39	\$390.20	48	\$505.53	57	\$753.51		
22	\$309.20	31	\$358.36	40	\$395.15	49	\$527.49	58	\$787.83		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Advantage HMO Network											
HMO Plans											
Blue Gold Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
G664ADT	\$2000	\$30/\$60	100%	\$4000	\$300/100%	\$150	\$100	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$237.31	23	\$310.21	32	\$366.98	41	\$403.90	50	\$554.04	59	\$807.48
15	\$258.41	24	\$310.21	33	\$371.63	42	\$411.03	51	\$578.54	60	\$841.91
16	\$266.47	25	\$311.45	34	\$376.60	43	\$420.96	52	\$605.53	61	\$871.70
17	\$274.54	26	\$317.66	35	\$379.08	44	\$433.37	53	\$632.83	62	\$891.24
18	\$283.22	27	\$325.10	36	\$381.56	45	\$447.95	54	\$662.30	63	\$915.75
19	\$291.91	28	\$337.20	37	\$384.04	46	\$465.32	55	\$691.77	64+	\$930.63
20	\$300.91	29	\$347.13	38	\$386.52	47	\$484.86	56	\$723.72		
21	\$310.21	30	\$352.09	39	\$391.49	48	\$507.20	57	\$755.99		
22	\$310.21	31	\$359.54	40	\$396.45	49	\$529.22	58	\$790.42		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018

Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Advantage HMO Network											
HMO Plans											
Blue Gold Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
G661ADT	\$2000	NA/NA	100%	\$2000	NA/100%	NA	NA	100%/100%	100%		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$236.53	23	\$309.18	32	\$365.76	41	\$402.56	50	\$552.20	59	\$804.80
15	\$257.55	24	\$309.18	33	\$370.40	42	\$409.67	51	\$576.63	60	\$839.12
16	\$265.59	25	\$310.42	34	\$375.35	43	\$419.56	52	\$603.53	61	\$868.80
17	\$273.63	26	\$316.60	35	\$377.82	44	\$431.93	53	\$630.73	62	\$888.28
18	\$282.28	27	\$324.02	36	\$380.30	45	\$446.46	54	\$660.11	63	\$912.71
19	\$290.94	28	\$336.08	37	\$382.77	46	\$463.77	55	\$689.48	64+	\$927.54
20	\$299.91	29	\$345.98	38	\$385.24	47	\$483.25	56	\$721.32		
21	\$309.18	30	\$350.92	39	\$390.19	48	\$505.51	57	\$753.48		
22	\$309.18	31	\$358.34	40	\$395.14	49	\$527.47	58	\$787.80		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Advantage HMO Network											
HMO Plans											
Blue Gold Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
G660ADT	\$3000	\$30/\$60	100%	\$3000	\$400/100%	\$200	\$150	100%/100%	\$10/\$20/\$55 / \$95/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$240.07	23	\$313.81	32	\$371.24	41	\$408.59	50	\$560.47	59	\$816.86
15	\$261.41	24	\$313.81	33	\$375.95	42	\$415.80	51	\$585.26	60	\$851.69
16	\$269.57	25	\$315.07	34	\$380.97	43	\$425.85	52	\$612.56	61	\$881.82
17	\$277.73	26	\$321.35	35	\$383.48	44	\$438.40	53	\$640.18	62	\$901.59
18	\$286.51	27	\$328.88	36	\$385.99	45	\$453.15	54	\$669.99	63	\$926.38
19	\$295.30	28	\$341.12	37	\$388.50	46	\$470.72	55	\$699.80	64+	\$941.43
20	\$304.40	29	\$351.16	38	\$391.01	47	\$490.49	56	\$732.13		
21	\$313.81	30	\$356.18	39	\$396.03	48	\$513.09	57	\$764.76		
22	\$313.81	31	\$363.71	40	\$401.05	49	\$535.37	58	\$799.60		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018

Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Advantage HMO Network											
HMO Plans											
Blue Silver Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
S643ADT	\$3000	\$40/\$70	70%	\$7350	\$500/70%	\$250	\$200	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$200.93	23	\$262.65	32	\$310.71	41	\$341.97	50	\$469.09	59	\$683.68
15	\$218.79	24	\$262.65	33	\$314.65	42	\$348.01	51	\$489.84	60	\$712.83
16	\$225.62	25	\$263.70	34	\$318.86	43	\$356.41	52	\$512.69	61	\$738.04
17	\$232.44	26	\$268.95	35	\$320.96	44	\$366.92	53	\$535.80	62	\$754.59
18	\$239.80	27	\$275.26	36	\$323.06	45	\$379.27	54	\$560.76	63	\$775.34
19	\$247.15	28	\$285.50	37	\$325.16	46	\$393.97	55	\$585.71	64+	\$787.95
20	\$254.77	29	\$293.90	38	\$327.26	47	\$410.52	56	\$612.76		
21	\$262.65	30	\$298.11	39	\$331.46	48	\$429.43	57	\$640.08		
22	\$262.65	31	\$304.41	40	\$335.67	49	\$448.08	58	\$669.23		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Advantage HMO Network											
HMO Plans											
Blue Silver Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
S642ADT	\$3500	\$40/\$80	70%	\$7350	\$500/70%	NA	NA	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$198.71	23	\$259.75	32	\$307.29	41	\$338.20	50	\$463.92	59	\$676.14
15	\$216.38	24	\$259.75	33	\$311.19	42	\$344.17	51	\$484.44	60	\$704.97
16	\$223.13	25	\$260.79	34	\$315.34	43	\$352.49	52	\$507.04	61	\$729.91
17	\$229.88	26	\$265.99	35	\$317.42	44	\$362.88	53	\$529.90	62	\$746.27
18	\$237.16	27	\$272.22	36	\$319.50	45	\$375.09	54	\$554.58	63	\$766.80
19	\$244.43	28	\$282.35	37	\$321.58	46	\$389.63	55	\$579.25	64+	\$779.25
20	\$251.96	29	\$290.67	38	\$323.65	47	\$406.00	56	\$606.01		
21	\$259.75	30	\$294.82	39	\$327.81	48	\$424.70	57	\$633.02		
22	\$259.75	31	\$301.06	40	\$331.97	49	\$443.14	58	\$661.85		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018

Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Advantage HMO Network											
HMO Plans											
Blue Silver Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
S641ADT	\$4000	\$40/\$60	80%	\$7350	\$500/80%	\$250	\$200	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$199.92	23	\$261.34	32	\$309.16	41	\$340.26	50	\$466.75	59	\$680.26
15	\$217.69	24	\$261.34	33	\$313.08	42	\$346.27	51	\$487.39	60	\$709.27
16	\$224.49	25	\$262.38	34	\$317.26	43	\$354.63	52	\$510.13	61	\$734.35
17	\$231.28	26	\$267.61	35	\$319.35	44	\$365.09	53	\$533.13	62	\$750.82
18	\$238.60	27	\$273.88	36	\$321.44	45	\$377.37	54	\$557.95	63	\$771.46
19	\$245.92	28	\$284.07	37	\$323.53	46	\$392.00	55	\$582.78	64+	\$784.02
20	\$253.50	29	\$292.44	38	\$325.62	47	\$408.47	56	\$609.70		
21	\$261.34	30	\$296.62	39	\$329.81	48	\$427.28	57	\$636.88		
22	\$261.34	31	\$302.89	40	\$333.99	49	\$445.84	58	\$665.88		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Advantage HMO Network											
HMO Plans											
Blue Silver Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
S640ADT	\$6000	\$30/\$60	100%	\$6000	\$500/100%	\$250	\$200	100%/100%	\$10/\$20/\$70 / \$120/\$150/\$250		
Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$206.62	23	\$270.09	32	\$319.52	41	\$351.66	50	\$482.38	59	\$703.04
15	\$224.98	24	\$270.09	33	\$323.57	42	\$357.87	51	\$503.72	60	\$733.02
16	\$232.01	25	\$271.17	34	\$327.89	43	\$366.51	52	\$527.21	61	\$758.95
17	\$239.03	26	\$276.57	35	\$330.05	44	\$377.31	53	\$550.98	62	\$775.97
18	\$246.59	27	\$283.05	36	\$332.21	45	\$390.01	54	\$576.64	63	\$797.30
19	\$254.15	28	\$293.59	37	\$334.37	46	\$405.13	55	\$602.30	64+	\$810.27
20	\$261.99	29	\$302.23	38	\$336.53	47	\$422.15	56	\$630.12		
21	\$270.09	30	\$306.55	39	\$340.85	48	\$441.60	57	\$658.21		
22	\$270.09	31	\$313.03	40	\$345.17	49	\$460.77	58	\$688.19		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018

Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Advantage HMO Network									
HMO Plans									
Blue Silver Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
S644ADT	\$7350	\$30/\$60	100%	\$7350	\$500/100%	\$250	\$200	100%/100%	\$10/\$20/\$70 / \$120/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$197.38	23	\$258.01	32	\$305.23	41	\$335.93	50	\$460.81	59	\$671.60
15	\$214.92	24	\$258.01	33	\$309.10	42	\$341.86	51	\$481.19	60	\$700.24
16	\$221.63	25	\$259.04	34	\$313.22	43	\$350.12	52	\$503.64	61	\$725.01
17	\$228.34	26	\$264.20	35	\$315.29	44	\$360.44	53	\$526.34	62	\$741.26
18	\$235.56	27	\$270.39	36	\$317.35	45	\$372.57	54	\$550.85	63	\$761.65
19	\$242.79	28	\$280.46	37	\$319.42	46	\$387.02	55	\$575.36	64+	\$774.03
20	\$250.27	29	\$288.71	38	\$321.48	47	\$403.27	56	\$601.94		
21	\$258.01	30	\$292.84	39	\$325.61	48	\$421.85	57	\$628.77		
22	\$258.01	31	\$299.03	40	\$329.74	49	\$440.17	58	\$657.41		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Advantage HMO Network									
HMO Plans									
Blue Bronze Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
B661ADT	\$7350	NA/NA	100%	\$7350	NA/100%	NA	NA	100%/100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$150.22	23	\$196.36	32	\$232.30	41	\$255.67	50	\$350.71	59	\$511.14
15	\$163.57	24	\$196.36	33	\$235.25	42	\$260.18	51	\$366.22	60	\$532.93
16	\$168.68	25	\$197.15	34	\$238.39	43	\$266.47	52	\$383.30	61	\$551.79
17	\$173.78	26	\$201.08	35	\$239.96	44	\$274.32	53	\$400.58	62	\$564.16
18	\$179.28	27	\$205.79	36	\$241.53	45	\$283.55	54	\$419.24	63	\$579.67
19	\$184.78	28	\$213.45	37	\$243.10	46	\$294.55	55	\$437.89	64+	\$589.08
20	\$190.47	29	\$219.73	38	\$244.67	47	\$306.92	56	\$458.12		
21	\$196.36	30	\$222.87	39	\$247.81	48	\$321.06	57	\$478.54		
22	\$196.36	31	\$227.59	40	\$250.95	49	\$335.00	58	\$500.34		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018

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Zip Code of Business: 76087
Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Advantage HMO Network									
HSA Plans									
Blue Gold Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
G666ADT	\$4000	NA/NA	100%	\$4000	NA/100%	NA	NA	100%/100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$194.27	23	\$253.95	32	\$300.43	41	\$330.65	50	\$453.56	59	\$661.04
15	\$211.54	24	\$253.95	33	\$304.24	42	\$336.49	51	\$473.62	60	\$689.23
16	\$218.15	25	\$254.97	34	\$308.30	43	\$344.61	52	\$495.72	61	\$713.61
17	\$224.75	26	\$260.05	35	\$310.33	44	\$354.77	53	\$518.06	62	\$729.61
18	\$231.86	27	\$266.14	36	\$312.36	45	\$366.71	54	\$542.19	63	\$749.67
19	\$238.97	28	\$276.05	37	\$314.39	46	\$380.93	55	\$566.32	64+	\$761.85
20	\$246.33	29	\$284.17	38	\$316.43	47	\$396.93	56	\$592.47		
21	\$253.95	30	\$288.24	39	\$320.49	48	\$415.21	57	\$618.88		
22	\$253.95	31	\$294.33	40	\$324.55	49	\$433.24	58	\$647.07		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Advantage HMO Network									
HSA Plans									
Blue Bronze Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
B660ADT	\$6550	NA/NA	100%	\$6550	NA/100%	NA	NA	100%/100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$159.31	23	\$208.25	32	\$246.36	41	\$271.14	50	\$371.94	59	\$542.08
15	\$173.47	24	\$208.25	33	\$249.49	42	\$275.93	51	\$388.39	60	\$565.20
16	\$178.89	25	\$209.09	34	\$252.82	43	\$282.60	52	\$406.51	61	\$585.19
17	\$184.30	26	\$213.25	35	\$254.48	44	\$290.93	53	\$424.84	62	\$598.31
18	\$190.13	27	\$218.25	36	\$256.15	45	\$300.72	54	\$444.62	63	\$614.76
19	\$195.97	28	\$226.37	37	\$257.82	46	\$312.38	55	\$464.40	64+	\$624.75
20	\$202.00	29	\$233.03	38	\$259.48	47	\$325.50	56	\$485.85		
21	\$208.25	30	\$236.37	39	\$262.81	48	\$340.49	57	\$507.51		
22	\$208.25	31	\$241.36	40	\$266.15	49	\$355.28	58	\$530.63		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Quote ID: 4065026
No. of Employees: 38
County: Parker

City of Willow Park
Effective Date: 06/01/2018

Printed: 04/10/2018
Zip Code of Business: 76087
Rating Area: 8

Quote5

Producer: TOMMY MORRIS AGENCY, L.L.C.

Small Group Business Proposal

Blue Essentials Access HMO Network									
HMO Plans									
Blue Gold Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
G610HMO	\$1500	\$30/\$60	80%	\$5000	\$400/80%	NA	NA	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$346.04	23	\$452.34	32	\$535.12	41	\$588.95	50	\$807.88	59	\$1,177.45
15	\$376.80	24	\$452.34	33	\$541.91	42	\$599.35	51	\$843.62	60	\$1,227.66
16	\$388.56	25	\$454.15	34	\$549.14	43	\$613.83	52	\$882.97	61	\$1,271.08
17	\$400.32	26	\$463.20	35	\$552.76	44	\$631.92	53	\$922.78	62	\$1,299.58
18	\$412.99	27	\$474.05	36	\$556.38	45	\$653.18	54	\$965.75	63	\$1,335.32
19	\$425.65	28	\$491.70	37	\$560.00	46	\$678.51	55	\$1,008.72	64+	\$1,357.02
20	\$438.77	29	\$506.17	38	\$563.62	47	\$707.01	56	\$1,055.32		
21	\$452.34	30	\$513.41	39	\$570.86	48	\$739.58	57	\$1,102.36		
22	\$452.34	31	\$524.27	40	\$578.09	49	\$771.70	58	\$1,152.57		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Essentials Access HMO Network									
HMO Plans									
Blue Silver Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
S601HMO	\$3000	\$40/\$80	70%	\$7350	\$500/70%	\$250	\$200	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$309.77	23	\$404.93	32	\$479.04	41	\$527.22	50	\$723.21	59	\$1,054.04
15	\$337.31	24	\$404.93	33	\$485.11	42	\$536.54	51	\$755.20	60	\$1,098.99
16	\$347.84	25	\$406.55	34	\$491.59	43	\$549.50	52	\$790.43	61	\$1,137.87
17	\$358.37	26	\$414.65	35	\$494.83	44	\$565.69	53	\$826.07	62	\$1,163.38
18	\$369.71	27	\$424.37	36	\$498.07	45	\$584.73	54	\$864.54	63	\$1,195.37
19	\$381.04	28	\$440.16	37	\$501.31	46	\$607.40	55	\$903.00	64+	\$1,214.79
20	\$392.79	29	\$453.12	38	\$504.55	47	\$632.91	56	\$944.71		
21	\$404.93	30	\$459.60	39	\$511.03	48	\$662.07	57	\$986.83		
22	\$404.93	31	\$469.32	40	\$517.51	49	\$690.82	58	\$1,031.77		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

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No. of Employees: 38
County: Parker

City of Willow Park
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Small Group Business Proposal

Blue Essentials Access HMO Network									
HMO Plans									
Blue Silver Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
S602HMO	\$4000	\$30/\$60	80%	\$7000	\$500/80%	\$250	\$200	70%/70%	\$10/\$20/\$70 / \$120/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$311.12	23	\$406.69	32	\$481.11	41	\$529.51	50	\$726.34	59	\$1,058.61
15	\$338.77	24	\$406.69	33	\$487.21	42	\$538.86	51	\$758.47	60	\$1,103.75
16	\$349.34	25	\$408.31	34	\$493.72	43	\$551.87	52	\$793.85	61	\$1,142.79
17	\$359.92	26	\$416.45	35	\$496.97	44	\$568.14	53	\$829.64	62	\$1,168.41
18	\$371.30	27	\$426.21	36	\$500.22	45	\$587.26	54	\$868.28	63	\$1,200.54
19	\$382.69	28	\$442.07	37	\$503.48	46	\$610.03	55	\$906.91	64+	\$1,220.07
20	\$394.49	29	\$455.08	38	\$506.73	47	\$635.65	56	\$948.80		
21	\$406.69	30	\$461.59	39	\$513.24	48	\$664.93	57	\$991.10		
22	\$406.69	31	\$471.35	40	\$519.75	49	\$693.81	58	\$1,036.24		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Essentials Access HMO Network									
HMO Plans									
Blue Silver Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
S604HMO	\$6000	\$25/\$45	100%	\$6000	\$500/100%	\$250	\$200	100%/100%	\$10/\$20/\$70 / \$120/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$320.58	23	\$419.05	32	\$495.74	41	\$545.61	50	\$748.43	59	\$1,090.80
15	\$349.07	24	\$419.05	33	\$502.03	42	\$555.25	51	\$781.54	60	\$1,137.31
16	\$359.97	25	\$420.73	34	\$508.73	43	\$568.66	52	\$817.99	61	\$1,177.54
17	\$370.86	26	\$429.11	35	\$512.08	44	\$585.42	53	\$854.87	62	\$1,203.94
18	\$382.60	27	\$439.17	36	\$515.44	45	\$605.11	54	\$894.68	63	\$1,237.05
19	\$394.33	28	\$455.51	37	\$518.79	46	\$628.58	55	\$934.49	64+	\$1,257.15
20	\$406.48	29	\$468.92	38	\$522.14	47	\$654.98	56	\$977.65		
21	\$419.05	30	\$475.63	39	\$528.85	48	\$685.15	57	\$1,021.23		
22	\$419.05	31	\$485.68	40	\$535.55	49	\$714.91	58	\$1,067.75		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

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Small Group Business Proposal

Blue Essentials Access HMO Network									
HMO Plans									
Blue Silver Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
S605HMO	\$7350	\$25/\$45	100%	\$7350	\$500/100%	\$250	\$200	100%/100%	\$10/\$20/\$70 / \$120/\$150/\$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$307.10	23	\$401.44	32	\$474.90	41	\$522.67	50	\$716.97	59	\$1,044.94
15	\$334.40	24	\$401.44	33	\$480.92	42	\$531.91	51	\$748.68	60	\$1,089.50
16	\$344.84	25	\$403.04	34	\$487.35	43	\$544.75	52	\$783.61	61	\$1,128.04
17	\$355.27	26	\$411.07	35	\$490.56	44	\$560.81	53	\$818.93	62	\$1,153.33
18	\$366.51	27	\$420.71	36	\$493.77	45	\$579.68	54	\$857.07	63	\$1,185.05
19	\$377.75	28	\$436.36	37	\$496.98	46	\$602.16	55	\$895.21	64+	\$1,204.32
20	\$389.39	29	\$449.21	38	\$500.19	47	\$627.45	56	\$936.56		
21	\$401.44	30	\$455.63	39	\$506.61	48	\$656.35	57	\$978.30		
22	\$401.44	31	\$465.27	40	\$513.04	49	\$684.85	58	\$1,022.86		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Blue Essentials Access HMO Network									
HSA Plans									
Blue Silver Plans									
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX
S603HMO	\$5000	NA/NA	100%	\$5000	NA/100%	NA	NA	100%/100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$282.14	23	\$368.80	32	\$436.30	41	\$480.18	50	\$658.68	59	\$960.00
15	\$307.21	24	\$368.80	33	\$441.83	42	\$488.67	51	\$687.82	60	\$1,000.93
16	\$316.80	25	\$370.28	34	\$447.73	43	\$500.47	52	\$719.91	61	\$1,036.34
17	\$326.39	26	\$377.66	35	\$450.68	44	\$515.22	53	\$752.36	62	\$1,059.57
18	\$336.72	27	\$386.51	36	\$453.63	45	\$532.55	54	\$787.40	63	\$1,088.71
19	\$347.04	28	\$400.89	37	\$456.58	46	\$553.21	55	\$822.43	64+	\$1,106.40
20	\$357.74	29	\$412.69	38	\$459.53	47	\$576.44	56	\$860.42		
21	\$368.80	30	\$418.59	39	\$465.43	48	\$602.99	57	\$898.78		
22	\$368.80	31	\$427.44	40	\$471.33	49	\$629.18	58	\$939.71		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

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Small Group Business Proposal

Blue Essentials Access HMO Network											
HSA Plans											
Blue Bronze Plans											
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX		
B601HMO	\$6550	NA/NA	100%	\$6550	NA/100%	NA	NA	100%/100%	100%		

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	\$259.26	23	\$338.91	32	\$400.93	41	\$441.26	50	\$605.29	59	\$882.17
15	\$282.31	24	\$338.91	33	\$406.01	42	\$449.05	51	\$632.06	60	\$919.79
16	\$291.12	25	\$340.26	34	\$411.43	43	\$459.90	52	\$661.55	61	\$952.33
17	\$299.93	26	\$347.04	35	\$414.14	44	\$473.45	53	\$691.37	62	\$973.68
18	\$309.42	27	\$355.17	36	\$416.85	45	\$489.38	54	\$723.56	63	\$1,000.45
19	\$318.91	28	\$368.39	37	\$419.57	46	\$508.36	55	\$755.76	64+	\$1,016.73
20	\$328.74	29	\$379.24	38	\$422.28	47	\$529.71	56	\$790.67		
21	\$338.91	30	\$384.66	39	\$427.70	48	\$554.11	57	\$825.91		
22	\$338.91	31	\$392.79	40	\$433.12	49	\$578.17	58	\$863.53		

* - Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

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Small Group Business Proposal

Dental Plan Benefits By Coverage Allocation Designation

Plan #	Plan Type	Deductible In/ Out*2	Annual Benefit Max	Out-of- Network Reimb.	Coinsurance		Orthodontia Lifetime Max
					In Network	Out Of Network	
Contributory Group							
High Allocation							
DTXHR01	Passive	\$25/\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
DTXHR02	Passive	\$50/\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000
DTXHR03	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
DTXHR04	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
DTXHM09	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA
DTXHM11	Passive	\$25/\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA
DTXHR20	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
Low Allocation							
DTXLR05	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
DTXLR06	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
DTXLR07	Passive	\$75/\$75	\$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	NA
DTXLM08	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
DTXLM10	Passive	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	NA
Voluntary Group							
High Allocation							
DTXHR12*1	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500
DTXHM13*1	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA
DTXHM15*3	Passive	\$25/\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA
DTXHR21*1	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000
DTXHR22*1	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
Low Allocation							
DTXLR23*1	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA
DTXLM24	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000

Coinurance Type - I : Exams/Cleanings/X-Rays (both High & Low Coverage)

Coinurance Type - II : Fillings/Non-Surgical Perio/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High)

Coinurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low)

Coinurance Type - IV: Ortho (both High & Low Coverage)

R&C: Reasonable & Customary, MAC: Maximum Allowable Charge

Contributory Group = (> 75% Participation AND >50% Employer Contribution), Voluntary Group = (>25% Participation AND <50% Employer Contribution)

*1 - Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prothodontics/Misc Rest & Prosth Services

*2 - Waived Deductible applies to all Class I services and plans include 3x Family Deductible Limit

*3 - Only Basic Restorative Services are covered

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Rating Area: 100

Small Group Business Proposal

Dental Plan Rates By Coverage Allocation Designation

4 Tier Composite Rates

Plan #	Plan Type	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Dental Cost*	Estimated Taxes and Fees
Contributory Group							
High Allocation							
DTXHR01	Passive	\$42.27	\$84.54	\$103.56	\$166.97	\$2,041.64	\$45.90
DTXHR02	Passive	\$40.13	\$80.27	\$98.33	\$158.53	\$1,938.36	\$43.53
DTXHR03	Passive	\$38.71	\$77.43	\$94.85	\$152.92	\$1,869.77	\$42.02
DTXHR04	Passive	\$35.66	\$71.32	\$87.37	\$140.86	\$1,722.39	\$38.68
DTXHM09	Passive	\$28.71	\$57.42	\$70.34	\$113.41	\$1,386.70	\$31.31
DTXHM11	Passive	\$12.30	\$24.61	\$30.14	\$48.60	\$594.15	\$13.46
DTXHR20	Passive	\$36.31	\$72.62	\$88.96	\$143.42	\$1,753.77	\$39.54
Low Allocation							
DTXLR05	Passive	\$32.78	\$65.56	\$80.31	\$129.47	\$1,583.26	\$35.72
DTXLR06	Passive	\$30.97	\$61.95	\$75.89	\$122.35	\$1,495.94	\$33.75
DTXLR07	Passive	\$26.94	\$53.88	\$66.01	\$106.42	\$1,301.23	\$29.40
DTXLM08	Passive	\$27.28	\$54.56	\$66.84	\$107.76	\$1,317.64	\$29.52
DTXLM10	Passive	\$21.36	\$42.73	\$52.34	\$84.39	\$1,031.76	\$23.20
Voluntary Group							
High Allocation							
DTXHR12	Passive	\$40.81	\$81.62	\$99.98	\$161.19	\$1,971.10	\$44.42
DTXHM13	Passive	\$30.90	\$61.79	\$75.70	\$122.04	\$1,492.41	\$33.72
DTXHM15	Passive	\$13.54	\$27.07	\$33.16	\$53.47	\$653.90	\$14.58
DTXHR21	Passive	\$38.39	\$76.79	\$94.06	\$151.65	\$1,854.29	\$41.62
DTXHR22	Passive	\$39.05	\$78.09	\$95.66	\$154.23	\$1,886.03	\$42.48
Low Allocation							
DTXLR23	Passive	\$33.62	\$67.24	\$82.37	\$132.79	\$1,623.84	\$36.63
DTXLM24	Passive	\$28.54	\$57.09	\$69.93	\$112.75	\$1,378.55	\$30.93

* - Total Monthly Dental Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

* - Due to system rounding, the group's total premium amount based on composite rates may vary slightly in comparison with the group's total premium amount based on member age rates.

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Small Group Business Proposal

Member Level Rates

Plan #	Plan Type	Monthly Dental Cost (Under 21 Yrs)	Monthly Dental Cost (21 Yrs & Above)	Total Monthly Dental Cost*	Estimated Taxes and Fees
Contributory Group					
High Allocation					
DTXHR01	Passive	\$53.13	\$56.06	\$2,041.69	\$45.78
DTXHR02	Passive	\$52.44	\$52.90	\$1,938.51	\$43.54
DTXHR03	Passive	\$49.93	\$51.13	\$1,869.91	\$42.00
DTXHR04	Passive	\$46.87	\$46.95	\$1,722.42	\$38.71
DTXHM09	Passive	\$34.77	\$38.30	\$1,386.77	\$31.43
DTXHM11	Passive	\$19.86	\$15.58	\$594.23	\$13.23
DTXHR20	Passive	\$42.91	\$48.61	\$1,753.71	\$39.48
Low Allocation					
DTXLR05	Passive	\$38.26	\$43.96	\$1,583.19	\$35.56
DTXLR06	Passive	\$37.66	\$41.29	\$1,496.04	\$33.81
DTXLR07	Passive	\$32.39	\$35.97	\$1,301.30	\$29.47
DTXLM08	Passive	\$36.96	\$35.73	\$1,317.68	\$29.54
DTXLM10	Passive	\$26.75	\$28.35	\$1,031.87	\$23.31
Voluntary Group					
High Allocation					
DTXHR12	Passive	\$54.80	\$53.53	\$1,971.06	\$44.24
DTXHM13	Passive	\$38.15	\$41.08	\$1,492.33	\$33.46
DTXHM15	Passive	\$21.85	\$17.15	\$653.80	\$14.77
DTXHR21	Passive	\$51.85	\$50.32	\$1,854.37	\$41.79
DTXHR22	Passive	\$47.06	\$52.12	\$1,885.94	\$42.49
Low Allocation					
DTXLR23	Passive	\$42.16	\$44.60	\$1,623.79	\$36.47
DTXLM24	Passive	\$40.99	\$37.00	\$1,378.65	\$30.87

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Small Group Business Proposal

Pediatric Dental Information

ACA generally requires metallic, non-grandfathered insured small group benefit plans to have coverage for certain pediatric dental services that are considered essential health benefits (EHBs). For applicable small group coverage, pediatric dental EHBs are embedded in the medical plan.

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County: Parker

City of Willow Park
Effective Date: 06/01/2018
Quote5
Producer: TOMMY MORRIS AGENCY, L.L.C.

Printed: 04/10/2018
Zip Code of Business: 76087
SIC Code of Business: 9199
Rating Area: 8

Small Group Business Proposal

Group Term Life/AD&D and STD Cost Summary

Coverage	Number of Employees	Volume	Rate	Monthly Premium
Term Life/AD&D	38	\$1,129,500	\$0.23 / \$1000	\$259.79
Short Term Disability	38	\$7,600	\$0.34 / \$10	\$258.40
Total Monthly Premium				\$518.19

Note: Members with COBRA status will not be included in the quote for Life and STD. Only active full-time employees will be eligible for Life and STD coverage.

General Provisions:

- Rates and premium estimates are based on the schedule of benefits, census provided and the following assumptions:
 - If the employer contributes 100% of the cost, all eligible employees must be insured.
 - If the employer does not contribute the entire cost, at least 75% of those eligible must be insured.
 - The employer must contribute at least 25% of the cost.
 - This proposal illustrates the cost of the insurance program and is based upon the information submitted by you. Actual cost will be determined after an application has been accepted by Dearborn National® at its home office and will depend upon data obtained when the program becomes effective.
- This proposal provides only basic information on the features of the policy. It is not intended to be a complete representation of all terms and provisions of our contract. Please refer to the policy for details and limitations of coverage. In case of conflict between this proposal and the policy, the terms of the policy will govern.
- All active full-time employees are eligible for coverage. Full-time means that the employee is actively employed at least 30 hours each week on a regularly scheduled basis for his employer as of the effective date. Actively employed means the employee is performing the normal duties of his occupation.
- Rates shown for Life and STD insurance are guaranteed for the initial 24 months. All coverage has been rated together and may not be sold differently than quoted without approval from Dearborn National®. If a later effective date is desired, rates are subject to modification.
- Salary means compensation prior to before-tax payroll deductions. It does not include compensation from bonuses, overtime, or any other form of extra pay other than commissions. Commissions will be averaged over the preceding 12 month period preceding death or disability.
- This proposal is being issued based on a list billing basis. Groups with a total monthly premium of \$100 or less will be billed on a quarterly basis. If monthly premiums are calculated on this proposal to be \$100 or less, the initial deposit must be equal to one quarter's worth of premium at the time of sale.
- Billing, premium remittance, claims adjudication and servicing of Group Term Life/AD&D and STD policies will be issued and administered solely by Dearborn National®.

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) and certain of its affiliates. Dearborn National® Life Insurance Company is a separate company that does not provide BlueCross and BlueShield of TX products or services. Dearborn National® Life Insurance Company is solely responsible for the life and disability products described in this illustration.



Quote ID: 4065026
No. of Employees: 38
County: Parker

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Small Group Business Proposal

Group Term Life/AD&D and STD Plan Design Summary

Benefit Classifications:

CLASS1: All Active Full Time

Term Life / AD&D Benefit Amounts:

CLASS 1: \$30,000

Benefit Notes:

1. Employee benefits reduce by 35% of the original amount at age 65 and by 50% of the original amount at age 70.
2. All benefits will terminate at retirement.
3. Life and Accidental Death & Dismemberment benefits are rounded to the next multiple of \$1,000.
4. Evidence of Insurability is required for Life and AD&D amounts which exceed the guarantee issue limit of \$30,000 and on all late applications for contributory coverage.
5. A life insurance benefit of \$15,000 or more shall include an accelerated death benefit at no additional cost.
6. A premium waiver benefit is included with this life quote.
7. Benefits cannot vary by more than 2 1/2 times between classes.
8. Dependent Life benefits terminate at employee's retirement.
9. AD&D additional features include Seat-belt, Air Bag, Repatriation, and Education benefits.

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Small Group Business Proposal

Group Term Life/AD&D and STD Plan Design Summary (Cont.)

Short Term Disability Benefit Amounts:

CLASS 1: \$200

Benefit Notes:

1. Benefits begin on 1st day of disability as a result of an accident, the 8th day of disability as a result of a sickness. Short Term Disability Income benefits are payable for up to a maximum of 13 weeks.
2. Coverage is provided for non-occupational disabilities.
3. Benefits will terminate at retirement.
4. No STD benefits are payable for disabilities for which an insured is eligible for benefits under any Worker's Compensation or similar law.



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Small Group Business Proposal

Affordable Care Act Information

Notwithstanding anything in the proposal or renewal to the contrary, BCBS reserves the right to revise or withdraw our offer or to change our charge for the cost of coverage (premium or other amounts) at any time before or during the contract period if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBS to pay, submit or forward, on its own behalf or on the Employer Group's behalf, any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts).

NOTICE: AFFORDABLE CARE ACT (ACA) FEES

ACA established a number of taxes and fees that affect our customers and their benefit plans. Two of those fees are: (1) the Annual Fee on Health Insurers or "Health Insurer Fee"; and (2) the Transitional Reinsurance Program Contribution Fee or "Reinsurance Fee." Both the Reinsurance Fee and Health Insurer Fee began in 2014.

Section 9010(a) of ACA requires that "covered entities" providing health insurance ("health insurers") pay an annual fee to the federal government, commonly referred to as the Health Insurer Fee. The amount of this fee for a given calendar year is determined by the federal government and involves a formula based in part on a health insurer's net premiums written with respect to health insurance on certain health risk during the preceding calendar year. This fee helps fund premium tax credits and cost-sharing subsidies offered to certain individuals who purchase coverage on health insurance exchanges.

In addition, ACA Section 1341 provides for the establishment of a temporary reinsurance program(s) (for a three (3) year period (2014-2016)) which is funded by Reinsurance Fees collected from health insurance issuers and self-funded group health plans. Federal and state governments provide information as to how these fees are calculated. Federal regulations establish a flat, per member, per month fee. The temporary reinsurance programs funded by these Reinsurance Fees help to stabilize premiums in the individual market.

Your premium, which already accounts for the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for BCBSTX products/services.

fulfilling life

for City of Willow Park

Tiffany Kaiser
Small Group Manager
15400 Knoll Trail Dr., Suite 202
Dallas, TX 75248
972-726-7700

Dental and Eye Care Proposal

Presented By
THOMAS MORRIS

April 11, 2018





Dental Plan Design Summary	3
Covered Procedure Summary	4
Dental Features/Benefits	5
Eye Care Plan Design Summary	7
Eye Care Features/Benefits	9
<u><i>The Ameritas Difference</i></u>	
Our Technology	11
Our PPO Network	11
Our Service to Members	11
Our Service to Employers	11
Our Financial Management	11
Our Services for Successful Implementation	11
Our Story	11
Assumptions/Requirements	12
Limitations/Exclusions	14

Based on the information provided to us, we've prepared this proposal to meet the needs of City of Willow Park and its people. Every benefits solution we offer -- from fully insured coverage to administrative service arrangements -- represents **our promise** to provide products that help protect the health of your employees and serve your organization. If any of your information or needs change, we will be happy to provide an updated proposal.

Dental Summary

Proposed Effective Date: 06/01/2018

		Dental Plan 1
Plan Benefit	Type 1	100%
	Type 2	80%
	Type 3	50%
Deductible		\$50/Calendar Year Waived Type 1 \$150/family
Maximum (per person)		\$2,000/Calendar Year
PPO Allowance	Type 1	Passive PPO
	Type 2	90th U&C
	Type 3	90th U&C
		90th U&C
Waiting Period		None
Annual Open Enrollment		Included

Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.		
Plan Benefit		50%
Coverage for Adults		No
Lifetime Maximum (per person)		\$2,500
Waiting Period		None

Monthly Rates

Employee (EE)	\$37.64
EE + Spouse	\$77.26
EE + Children	\$81.22
EE + Spouse & Children	\$115.54

Rates are guaranteed for 12 months following the effective date listed above and include Orthodontia if part of plan design.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase. A \$15.00 monthly administrative fee may apply to groups with 15 or less enrolled employees and no online or paperless bill.

Employee Participation Requirements

Eligible Employees: 37

	All eligible employees Non-Contributory
--	--

Plan Design Summary	Dental Plan 1
	100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$2,000
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (1 per benefit period) • Sealants (age 12 and under) • Space Maintainers
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Simple Extractions • Complex Extractions • Anesthesia
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Denture Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Current Dental Terminology © American Dental Association.

Ameritas Network Products

- Employers achieve a balance between cost efficiency and employee choice.
- Plan members are free to receive care from any dentist they choose. Their out-of-pocket expenses are generally lower when using contracted providers, who have agreed to provide dental care at discounted fees.
- Our plans give members across the nation over 416,000 contracted provider access points for dental care.
- Contracted network providers must meet our credentialing and quality assurance requirements.

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Eyewear Savings at Walmart Vision Centers

- Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart.
- This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.
- To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.
- Also, when choosing eServices, your benefits administrator will have access to the Ameritas Eyewear Savings Card to assist members without Internet access.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

U&C

We determine the Usual and Customary (U&C) allowance listed on the plan summary page using information including data from a nationally recognized independent data source. Plan members are reimbursed based on the appropriate charges in the dentist's ZIP Code area. We review our U&C allowances annually.

- 90th U&C means 9 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure.

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Individual Dental Benefits for Retirees

Provide affordable dental benefits to retiring employees (and those not eligible for group benefits) without paying any monthly premium. Ameritas individual dental plan members can see any dentist, or save an average of 30% when visiting a network dentist. Plans may also include vision, LASIK and hearing care benefit options, and discounts on prescriptions and eyewear frames and lenses. Contact your broker or Ameritas sales representative to find out how you can offer Ameritas individual dental benefits.

Deductibles

After the date that \$150 in accumulated deductibles has been met within a family, we will waive the entire deductible or any remaining portion of the deductible amount for any other family members for the rest of that calendar year. At no time can a family member contribute more than the selected deductible amount.

Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 06/01/2018

	Plan 1: EyeChoice Focus® EyeChoice Focus Option 2 4 Year Rate Guarantee \$130 / \$130 12/12/24 Brochured VSP Plan		Plan 2: Focus® Tailored VSP Plan 1 Year Rate Guarantee \$180 / \$180 12/12/12 Plan	
	VSP Choice Network + Affiliates	Out of Network	VSP Choice Network + Affiliates	Out of Network
Annual Eye Exam	Covered in full	Up to \$45	Covered in full	Up to \$45
Lenses (per pair)				
Single Vision	Covered in full	Up to \$30	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100	Covered in full	Up to \$100
Progressive	See lens options	NA	See lens options	NA
Frames	\$130**	Up to \$70	\$180**	Up to \$70
Frequencies				
Exam/Lens/Frames	12/12/24	12/12/24	12/12/12	12/12/12
	Based on date of service	Based on date of service	Based on date of service	Based on date of service

**The Costco allowance will be the wholesale equivalent.

Deductible, Maximum

Deductibles	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames
Maximum Calendar Year	None	None	None	None

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Contact Lenses

Fit & Follow Up Exams	Member cost up to \$60	No benefit	Member cost up to \$60	No benefit
Contacts				
Elective	Up to \$130	Up to \$105	Up to \$180	Up to \$145
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$210

Monthly Rates

Employee (EE)	\$8.88	\$11.28
EE + Spouse	\$19.12	\$22.28
EE + Children	\$15.44	\$20.32
EE + Spouse & Children	\$25.72	\$31.32
Rate Guarantee	48 Months	12 Months

Rates are guaranteed for the months shown following the effective date listed above.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase. A \$15.00 monthly administrative fee may apply to groups with 15 or less enrolled employees and no online or paperless bill.

Employee Participation Requirements

Eligible Employees: 37

Minimum 10 lives Voluntary	Minimum 50% Participation Voluntary
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Lens Options (member cost)*

	Plan 1: EyeChoice Focus® EyeChoice Focus Option 2 4 Year Rate Guarantee \$130 / \$130 12/12/24 Brochured Plan		Plan 2: Focus® Tailored VSP Plan 1 Year Rate Guarantee \$180 / \$180 12/12/12 Plan	
	VSP Choice Network + Affiliates (Other than Costco) Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge. Covered in full for dependent children \$33 adults	Out of Network Up to Lined Bifocal allowance.	VSP Choice Network + Affiliates (Other than Costco) Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge. Covered in full for dependent children \$33 adults	Out of Network Up to Lined Bifocal allowance.
Progressive Lenses				
Std. Polycarbonate		No benefit		No benefit
Scratch Resistant Coating	\$17-\$33	No benefit	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

Additional Focus® Choice Network Features (In Network)

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Lens Options (Member Cost)*	\$15 - Solid Plastic Dye (Except Pink I & II) \$17 - Plastic Gradient Dye \$31-\$82 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCareSM	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Ameritas Focus® Eye Care

Focus eye care plans from Ameritas Group will help your employees receive and pay for the eye care they need. Our Focus plans emphasize eye health and preventive care, and features experienced, independent private-practice VSP eye doctors.

The Ameritas Group Partners with VSP® Vision Care

Since the mid-1980s, Ameritas Group and VSP have shared a strong business alliance based on similar philosophies: a commitment to excellent service. For Focus plans, Ameritas provides expertise in actuarial, underwriting, policy and certificate issue, and plan administration including eligibility and billing/collecting. VSP provides a network of exceptional eye care doctors, in addition to claims processing and customer service to Focus plan members.

VSP's Philosophy is One-Stop Care

Each doctor in VSP's network provides exam and eyewear services, so there's no need for Focus plan members to have a comprehensive exam in one location and then travel to another for their lenses and frames. VSP's statistics indicate most of the U.S. population lives within 4 miles of a VSP doctor.

Focus Plan Members Use The VSP Choice Network

Policyholders can select the VSP Choice Network, offering 29,000 doctors and 50,000 access points, plus reduced rates. Members will still save out-of-pocket for typical eye care services, including an average savings of 20-25% on lens options.

Member Choice

As with every Ameritas Group plan, members may visit any eye doctor. When Focus plan members see non-VSP providers, benefits are reimbursed according to the plan schedule.

No Claim Forms

Making an appointment and receiving claims payment through VSP will be easy for your employees. There is no paperwork or claim to file. Focus plan members simply make an appointment with a VSP doctor, state that they have coverage in a VSP network, and visit the doctor. VSP handles the rest.

Service And Satisfaction

A Recent Summary of Performance Results from VSP:

Member Satisfaction with Plan	99% (good/very good/excellent)
Ease of Doing Business with VSP	99% (good/very good/excellent)
Claims Financial Accuracy	100%
Claims Processing Accuracy	100%
Call Center Average Speed of Answer	14 Seconds
Call Center Telephone Inquiry Response	99.5% (same day response)
Call Abandonment Rate	1.4%

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Our Technology Solutions For Customers

We use technology to make life easier for the people we serve. From online or electronic plan enrollment to specific benefits information that's as close as the nearest keyboard, it's all part of our pledge to provide plans and services that truly work for you. You and your employees can take advantage of a wide selection of free online services that make managing and using employee benefits fast and easy.

Ameritas Dental Contracted Provider Network

Ameritas has a strong interest in making sure that our dental network is cost-effective for you and your plan members. Our success depends upon your satisfaction with your benefits plan.

Our Service To Plan Members

We help millions of people across the U.S. get the dental and eye care they need. In 2008, we processed more than 3.9 million claims for benefits. To us, these aren't just numbers. In every claim we see a person who needs our help, and that is the reason we're in business. Our commitment to plan members: provide responsive, informed customer service and fast, accurate claims payment. Our well-trained service representatives, extended call center hours, and convenient online services will help your employees get the most from their benefits.

Our Service To Employers

Thousands of employer groups across the country trust Ameritas Group to issue and administer their dental and eye care coverage. Our promise to you is simple: We will do everything in our power to make your benefits plan hassle-free. From our money-saving online enrollment and billing services to electronic data transfer, we can administer your plan in the way that works best for you. By uncomplicating the complicated world of benefits administration, we'll help you spend less time worrying about employee benefits and performing administrative tasks. The result: more time to devote to the strategic activities that are essential to the success of your business.

Our Financial Management Experience

In the right hands, offering competitive benefits to your employees doesn't have to cost a lot. We'll help you manage your dental and eye care benefit dollars as closely as we would our own. Here's where our long-time specialization in group dental and eye care really works to your advantage. We've concentrated every resource - for product and systems development, training, analysis of marketplace trends and demographics, financial analysis and management - on these benefits. Our experience at designing dental and eye care plans that live up to their promised financial performance is hard to match, particularly by companies for whom these are ancillary businesses.

Our Services For A Successful Implementation

We want your benefits to be a hit with your employees from the very start. Years of specializing in dental and eye care plans have allowed us to develop and perfect the best ways to implement a plan that is smooth, streamlined and a solid success with employees. Employers can take advantage of our experienced support with enrollment meetings, plan information materials, and ongoing service after the sale to fully inform plan members about how to get the most from their benefits.

Our Story

At Ameritas Life Insurance Corp.'s group division, we help people pay for the dental, vision and hearing care they need for good health and a fulfilling life. We have served our customers since 1959. Today Ameritas group division and subsidiaries of Ameritas Life provide dental, vision, and hearing care products and services to nearly 110,000 employer groups, insuring or administering benefits for more than 5.4 million people nationwide.

All Plans

- If you purchase group insurance through Ameritas, your producer will receive compensation from Ameritas Group. This compensation may include one or more of the following:
 - Commission or override commission based on customary or negotiated scales.
 - Additional compensation based on factors such as the volume of premium, cases or lives placed by your producer with Ameritas, or persistency.
 - Fees for administrative or consulting services.

If you have any questions about the amount or type of compensation, please contact your producer.

- Some states require that producers be appointed with Ameritas Life Insurance Corp. before any presentation or solicitation of this plan design.
- This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.
- The rates are based on Standard Industry Code 922011.
- This proposal is based on the assumption it will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all of the Section 125 requirements. Ameritas Life Insurance Corp. reserves the right to request a copy of the employer's Section 125 cafeteria plan. If you select Ameritas Life Insurance Corp.'s plan and implement it through a cafeteria approach regulated by Section 125, we will require that all eligible employees and dependents requesting benefits: (a) make annual selections, and (b) remain in the plan for a minimum of one year. Changes in these selections will not be allowed except for certain "life event" or family status changes such as marriage, birth, death or termination of employment.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If **City of Willow Park** wishes to apply for group insurance based upon this proposal, **City of Willow Park** may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of the Company. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.
- Dependent children are covered up to age 26 regardless of student status in the situs State of Texas.

Dental

- In Texas, our network and plans are referred to as the Ameritas Dental Network.
- If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on April 1.
- This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period. An employee who elects to participate at an election period other than the initial election period or annual open enrollment period will be a Late Entrant and subject to the Late Entrant provision.
- This proposal assumes a Section 125 plan year of June 1, 2018 to June 1, 2019.
- Our proposal assumes that the Ameritas Life Insurance Corp. dental plan is the only plan offered for acceptance or consideration. If any other dental coverage is involved, such as a self-insured, DHMO or Prepaid plan, we would gladly provide another quote, as this one is no longer valid.
- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Ameritas Life Insurance Corp. reserves the right to revise the rates retroactive to the effective date of the dental benefits to accommodate this change. Please note: if the retiree population is 20% or more, Ameritas Life Insurance Corp. reserves the right to remove the dental benefits from this proposal.

Eye Care

- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Ameritas Life Insurance Corp. reserves the right to revise the rates retroactive to the effective date of the vision benefits to accommodate this change. Please note: if the retiree population is 20% or more, Ameritas Life Insurance Corp. reserves the right to remove the vision benefits from this proposal. (Plan(s): 1, 2)
- No benefits are payable for a service which is not listed under the list of eye care services.
- This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.
- This proposal assumes a Section 125 plan year of June 1, 2018 to June 1, 2019. (Plan(s): 2)
- Employees electing coverage on the June 1, 2018, effective date must remain in the plan for the first 48 months. Employees will be allowed an election period on June 1, 2018. (Plan(s): 1)
- This proposal assumes a Section 125 plan year of June 1 to June 1. The first plan year will run June 1, 2018 through June 1, 2022. Subsequent plan years will be on a June 1 to June 1 basis to coincide with the Section 125 plan year. Please check with your tax advisor regarding the long plan year. (Plan(s): 1)

Covered Expenses will not include and no benefits will be payable for expenses incurred:

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- for a Program which was begun on or after the member's 19th birthday.
- in any quarter of a Program if the member was not covered under the orthodontic expense benefits for the entire quarter.
- after the member's insurance under the orthodontic expense benefits terminates.

This plan has the following limitation:

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

This plan does not cover:

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day fitting period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.



GROUP BENEFITS PROPOSAL

Prepared for
City of Willow Park

Proposal valid for two months following April 01, 2018

DEARBORN NATIONAL
SALES REPRESENTATIVE:

Jennifer Johnson
972.996.8125
jennifer_g_johnson@bcbstx.com

Visit us at: www.dearbornnational.com

Underwritten by Dearborn National® Life Insurance Company

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company; (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.

Prepared for:
City of Willow Park

We Are Dearborn National

Dearborn National[®] offers a broad selection of insurance and financial products that cover many markets - Voluntary and Employer Paid Group Benefits, along with a wide array of enhanced product services. We serve groups and individuals, including some of the largest companies and most recognized names in the United States.

A Strong Parent Company

Our parent company, Health Care Service Corporation, a Mutual Legal Reserve Company, (HCSC) is the largest non-investor owned health insurer in the United States and the fourth largest overall. HCSC offers a wide variety of health and life insurance products and related services, through its operating divisions and subsidiaries; including Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas. To learn more about the family of companies that make up HCSC, please visit www.hcsc.com.

Strong Ratings

The ratings of the Dearborn National companies speak to our commitment to managing our business well and remaining financially strong. Benefit programs in this proposal are underwritten by Dearborn National[®] Life Insurance Company.

Dearborn National[®] Life Insurance Company is rated **A (Excellent)**¹ by A.M. Best Company and **A (Positive)**² by Standard & Poor's for financial strength in it's most recent report.

A National Presence

Through the underwriting companies of Dearborn National[®] Life Insurance Company and Dearborn National[®] Life Insurance Company of New York, we are licensed in all 50 states as well as the District of Columbia.

¹ Affirmed July 29, 2016. A.M. Best Company rates the overall financial results of a company using a scale of A+ (Superior) to F (In Liquidation).

² Affirmed November 15, 2017. Standard & Poor's Insurer Financial Strength Rating uses a scale ranging from AAA (Extremely Strong) to R (Experienced Regulatory Action).

Products and services marketed under the Dearborn National[®] brand and the star logo are underwritten and/or provided by Dearborn National[®] Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands and Puerto Rico.

Prepared for:
City of Willow Park

Group Life and Accidental Death and Dismemberment Insurance

Group Life and Accidental Death and Dismemberment Insurance plans provide security to those families that have suffered the loss of a loved one.

Basic Life and Supplemental Life Rate and Cost Summary

Proposed Effective Date*: April 01, 2018

Basic Life

# of Lives	Estimated Volume	Rates Per \$1,000 Monthly	Estimated Monthly Premium
38	\$1,882,500	\$0.133	\$250.37

Basic AD&D

# of Lives	Estimated Volume	Rates Per \$1,000 Monthly	Estimated Monthly Premium
38	\$1,882,500	\$0.033	\$62.12

Supplemental Life

Age Band	Employee Rates Per \$1,000 Monthly
Below 20	\$0.042
20-24	\$0.042
25-29	\$0.051
30-34	\$0.067
35-39	\$0.076
40-44	\$0.084
45-49	\$0.127
50-54	\$0.194
55-59	\$0.363
60-64	\$0.557
65-69	\$1.071
70-74	\$1.737
75-79	\$1.737
80-84	\$1.737
85-89	\$1.737
90-94	\$1.737
95-99	\$1.737
100 and above	\$1.737

Supplemental AD&D

Age Band	Employee Rates Per \$1,000 Monthly
All Ages	\$0.033

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Supplemental Dependent Life & AD&D

Age Band	Spouse Rates Per \$1,000 Monthly
Below 20	\$0.042
20-24	\$0.042
25-29	\$0.051
30-34	\$0.067
35-39	\$0.076
40-44	\$0.084
45-49	\$0.127
50-54	\$0.194
55-59	\$0.363
60-64	\$0.557
65-69	\$1.071
70-74	\$1.737
75-79	\$1.737
80-84	\$1.737
85-89	\$1.737
90-94	\$1.737
95-99	\$1.737
100 and above	\$1.737
Spouse AD&D	\$0.033
Dependent Child(ren) Rates per \$1,000	
Life	\$0.182
AD&D	\$0.033

Rate Guarantee Period: 24 months

****Quote valid for two months following the proposed effective date***

Enhanced Product Services Offered with Group Term Life Insurance

- Travel Assistance Services (Available to groups with 50 or more lives; Not available in all states)

DearbornCares^(SM) provides an advance payment of the basic life benefit to help beneficiaries cover immediate expenses

- Pays up to \$10,000 of Employer-Paid Basic Life Insurance
- Available for covered employees and retirees
- Available on claims with 1 or 2 named beneficiaries
- No death certificate required and check mailed within 48 hours of confirmation

Important Notes:

The above rates and premium estimates are based on the employee data submitted by you. Final rates and premiums will be based on the plan and employee data provided by you at inception. This proposal is subject to exclusions and limitations in the policy issued by us. In addition, if coverage was in force prior to the effective date of coverage, the rates quoted are subject to revisions based on acceptance and review of the in force carrier's policy.

Changes in risk that may impact the rates quoted include, but are not limited to:

- The composition of the group, employees or dependents, changes by more than 10%
- The employer contribution changes
- Any of the plan designs are changed
- A change in applicable law requires a change in the insurance provided by the policy or the classes of persons eligible for insurance under the policy.

Prepared for:
City of Willow Park

Group Life Insurance Plan Design Summary

Basic Term Life - Employee

Eligibility	All Active Full-Time Employees
Number of Employees	38
Basic Life Benefit	\$50,000
Guarantee Issue	\$50,000
Waiver of Premium	Included
Elimination Period	9 Months
Waiver Duration	To Age 65
Conversion	Included
Accelerated Death Benefit*	75% of Benefit Amount
Maximum	\$250,000
Age Reduction Schedule**	35% at age 65 50% at age 70
Policyholder Contribution	100%
Participation Minimum	100%

**For groups with Basic and Supplemental or Voluntary Life coverage, the Accelerated Death Benefit maximum applies to all coverages*

***Benefits are reduced by the percentage indicated and are calculated from the original amount at the attainment of the age shown.*

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Basic AD&D - Employee

Eligibility

Basic AD&D Benefit

Seat Belt

Percentage

Maximum

Air Bag

Percentage

Maximum

Education Benefit

Percentage

Annual Maximum

Duration

Repatriation Benefit

All Active Full-Time Employees

Same as Basic Life

Included

10%

\$25,000

Included

5%

\$5,000

Included

3%

\$3,000

4 Years

Actual costs to \$5,000

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Supplemental Life - Employee

Eligibility	All Active Full-Time Employees
Number of Employees Supplemental Life Benefit	38
Guarantee Issue	Amounts from \$10,000 to \$500,000 in increments of \$10,000
Waiver of Premium	\$100,000
Portability	Same as Basic Life
Portability Maximum	To Age 65
Conversion	\$500,000
Accelerated Death Benefit*	Included
Age Reduction Schedule**	Same as Basic Life
Policyholder Contribution	Same as Basic Life
Participation Minimum	0%
	25%

**For groups with Basic and Supplemental or Voluntary Life coverage, the Accelerated Death Benefit maximum applies to all coverages*

***Benefits are reduced by the percentage indicated and are calculated from the original amount at the attainment of the age shown.*

Supplemental AD&D - Employee

Eligibility	All Active Full-Time Employees
Supplemental AD&D Benefit	Same as Supplemental Life

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Supplemental Dependent Life and AD&D

Eligibility

Spouse Benefit

Not to Exceed

Spouse AD&D

Spouse Guarantee Issue

Child Benefit

Birth - 14 days

15 Days - 6 months

6 Months - Maximum

Child Maximum Age

Student Maximum Age

Child AD&D

Child Guarantee Issue

Dependent Portability

Dependent Conversion

Age Reduction Schedule

Spouses and Dependent Children of All Active Full-Time Employees

Amounts from \$10,000 to \$250,000 in increments of \$50,000

Includes Domestic Partners
50% of Employee Amount

Included

\$20,000

\$1,000

\$1,000

Amounts from \$5,000 to \$10,000 in increments of \$5,000

26

26

Included

\$10,000

Not Included

Included

Same as Employee

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Underwriting Considerations for Group Life Coverage

Underwriting Conditions

- Employees must be legally working in the United States in order to be eligible for coverage.
- Insured Persons enrolling more than 31 days after their initial eligibility date must submit satisfactory Evidence of Insurability for all benefit amounts.
- Coverage for amounts in excess of the Guarantee Issue amount is not effective until the date we approve the application.
- This proposal illustrates the cost of the insurance program proposed and is based upon the information submitted. Any deviations in the program or information may require rate revisions. The actual cost will be determined after an application has been accepted and will depend upon data obtained when the program becomes effective.
- Product features and provisions may be slightly different due to state requirements. When sold, the actual policy for the state in which the policy is issued will reflect the state's requirements.
- This proposal provides only basic information on the features of our policy. In the event of conflict between this proposal and our policy, the terms of our policy will govern. The proposal is not intended to duplicate the terms and conditions of any existing contract. In the event of a conflict between this proposal and the incumbent contract, the terms of the proposal will govern.

One Time Initial Open Enrollment Parameters

If the Supplemental Life Participation Minimum shown in the plan design summary is less than 40%, a one time initial open enrollment is available for Supplemental life coverages. A Guarantee Issue amount is included, as stated in the Plan Design Summary, provided the enrollment is the greater of 6 lives or 25% of the eligible employees.

During the initial open enrollment, the Supplemental Life guarantee issue amounts shown in this proposal will be offered to all eligible employees enrolling within 31 days of their eligibility date. In addition all current amounts in force will be grandfathered, subject to the plan design maximums and the grandfathering limits stated in the Plan Design Summary.

Should the participation requirement for Guarantee Issue not be met and the group maintains their current enrollment as illustrated by the Participation Minimum on the Plan Design Summary, all current amounts in force will be grandfathered, subject to the plan design maximums and the grandfathering limits stated in the Plan Design Summary. The Guarantee Issue amount shown in this proposal will only be offered to employees whose initial eligibility date (new hires) is on or after the effective date of coverage. Employees not previously covered, or those who have selected to increase their coverage, will need to provide satisfactory Evidence of Insurability.

If any Supplemental Life Participation Minimum shown in the plan design summary is 40% or greater an initial open enrollment is not available. The guarantee issue amount shown in this proposal will only be offered to employees whose initial eligibility date (new hires) is on or after the effective date of coverage. In addition all current amounts in force will be grandfathered, subject to the plan design maximums and the grandfathering limits stated in the Plan Design Summary.

Should the Supplemental Life Participation Minimum not be met, grandfathering will not apply and satisfactory Evidence of Insurability will be required for all amounts by all applicants, including those participating in the prior carrier's plan.

Participation is measured based on the participation level achieved at initial enrollment with Dearborn National. A spouse application does not count toward the Participation Requirement.

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Actively at Work

- Actively at work requirements will be waived, provided premiums are paid when due, for employees who:
 - Are covered on the day immediately preceding our policy effective date; and
 - Were on lay-off, non-medical leave of absence or sabbatical leave; and who are being provided an extension of benefits with their prior carrier
- Coverage will continue for the balance of the time provided for under the prior carrier's policy, but not to exceed 12 months. We do not agree to waive the actively at work provision on other employees.

VOLUNTARY INSURANCE BENEFITS COMMUNICATION AND ENROLLMENT STRATEGY

Employers want to provide comprehensive benefit programs to attract and retain valuable employees. Dearborn National has developed a flexible program of Voluntary, employee-funded benefits. By offering a valuable Voluntary program, an employer can significantly enhance its benefit portfolio at no additional cost.

Offering Voluntary benefits to your employees empowers them to select the coverage that meets their needs and the needs of their families. It is important that employees are aware of these benefits and understand their value. This is accomplished with a well-planned Communication and Enrollment strategy. Proper communication of benefits is important to the success of any Group Insurance Plan. It is essential that all insureds have a thorough understanding of exactly what the coverage provides.

Offering of voluntary coverage, also includes the Communication and Enrollment Strategy as outlined here.

EMPLOYER ANNOUNCEMENT LETTER

The group agrees to distribute a letter on its letterhead (paper or electronic) informing employees that the Voluntary benefits will be offered. This correspondence should be distributed three to four weeks before the enrollment.

POSTERS TO RAISE AWARENESS

The group agrees to display awareness posters in gathering areas, cafeterias, break rooms or elevator banks. These posters will create awareness of the upcoming benefit(s) being offered and inform employees where and when they can get more information and attend an enrollment meeting. The posters should be on display two weeks before the enrollment meeting is held.

HOLD ENROLLMENT MEETINGS

Many employees need additional information to make a sound benefits selection. An enrollment meeting provides an opportunity for employees to ask questions and receive answers from a benefit specialist. The group agrees to allow the broker/enroller to conduct informational enrollment meetings.

DISTRIBUTE BENEFIT SUMMARIES

Group-specific Benefit Summaries provide detailed information on available plans, empowering employees to make the best decision for their individual needs. The broker/enroller and group agree to distribute Benefit Summaries to all employees during the enrollment meetings.

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Benefit Highlights

Basic and Supplemental Life

Eligibility

Eligibility is as indicated in the Plan Design Summary. To be eligible, employees must be legally working in the United States and meet the eligibility requirements indicated in the Plan Design Summary. Insured Persons may have to complete a Waiting Period. Seasonal, part-time and temporary employees are not eligible.

Effective Date

If an insured person is absent from work due to injury or sickness on the last day of work prior to their effective date, the effective date of coverage will be delayed until 12:01 a.m. on the day coinciding with or next following their return to active work for a period of one day.

Guarantee Issue

Life Insurance Amounts up to the Guarantee Issue amount stated in the Plan Design Summary are offered with no need for Evidence of Insurability. Amounts in excess of the Guarantee Issue amount are subject to underwriting approval before becoming effective.

Conversion

Insureds who terminate employment, or lose a portion of their life coverage, may be able to convert their Life coverage to individual policies. Upon coverage termination administrators have 31 days after coverage ends to inform the insureds of their right to convert to an individual policy without evidence of insurability. Conversion does not apply to AD&D or Waiver of Premium amounts.

Portability - Supplemental Life

If Life coverage ceases for reasons other than retirement, sickness, injury or termination of the policy, eligible insured persons can purchase portable term life insurance without Evidence of Insurability. As long as premiums are paid, portable coverage continues until the insured reaches the maximum age indicated in the plan design summary.

Accelerated Benefits

Insureds who are diagnosed as being terminally ill can access a portion of their life insurance benefits while they are alive. The insured can accelerate a percentage of their life insurance amount, up to the maximum amount, as indicated in the Plan Design Summary. If life insurance benefits are subject to age reductions within 12 months of receiving proof of terminal illness, the accelerated death benefit will reduce accordingly. The minimum amount that can be accelerated and the definition of Terminally Ill are shown in the Additional Plan Features.

Waiver of Premium

We will continue coverage for insureds who become totally disabled and complete the Elimination Period shown on the Plan Design Summary. Life Insurance will be extended to the age as indicated in the Plan Design Summary, with no premium charge. The onset of the disability must occur before the insured reaches the age indicated in the Additional Plan Features and they must meet the definition of disability for the entire elimination period. The amount of insurance extended will be the amount of Life Insurance in force immediately prior to the date of the Total Disability. This amount is subject to any reductions under the policy.

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Reduction of Benefits

The Insured's life insurance amount will reduce upon reaching the ages as indicated in the Plan Design Summary. All reduction percentages are calculated from the original amount.

Limitations and Exclusions

Supplemental Life benefits, including Waiver of Premium, are not payable for a loss which is caused by a suicide or attempted suicide within one year of the effective date of coverage.

Termination of Coverage

The insured's life insurance will terminate on the earliest of the following dates:

- The date the policy is terminated;
- The date the insured stops making any required contribution toward payment of premiums;
- The date the insured is no longer a member of an eligible class;
- The date the insured requests termination of coverage.
- The date the insured is no longer covered as a result of a disability, layoff, leave of absence, sabbatical or military leave.

Extension of Coverage

If an employee is no longer Actively at Work as a result of a disability, layoff, leave of absence, sabbatical or military duty, they may be able to continue to be eligible for group Life insurance coverage as follows:

Disability - Until the end of the month following the period indicated in the Additional Plan Features after which the disability began, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Layoff - Until the end of the month following the period indicated in the Additional Plan Features after which the layoff began, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Leave of Absence - Until the end of the month following the period indicated in the Additional Plan Features after which the leave of absence began or the period of time in accordance with FMLA, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Sabbatical - Until the end of the month following the period indicated in the Additional Plan Features after which the sabbatical began, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Military Leave - Until the end of the month following the period indicated in the Additional Plan Features after which the disability began, provided all premiums have been paid and the policy is still in force and has not been replaced with a new carrier.

Extension of Coverage for FMLA Leave

If an insured is eligible for and receives approval for leave under the Family and Medical Leave Act of 1993 (FMLA) or any applicable state, family and medical leave law, insurance will continue (provided premium continues to be paid) for a period up to the later of:

- The leave period permitted by FMLA and any amendments; or
- The leave period permitted by applicable state law.

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Basic and Supplemental Accidental Death and Dismemberment

Accidental Death and Dismemberment (AD&D) plan pays an additional benefit when a covered insured loses their life, or a limb due to an accident. Benefits are paid based on the following schedule.

AD&D SCHEDULE OF LOSSES	BENEFIT AMOUNT
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%
Uniplegia	25%

The following additional benefits are included with our Accidental Death & Dismemberment plan. For amount and availability of benefits, please refer to the Plan Design Summary.

Benefit maximums for Supplemental AD&D benefits include those maximums for Basic AD&D benefits.

Seat Belt Benefit

Pays an additional benefit, up to the percentage and maximum amounts indicated in the Plan Design Summary, if the covered insured dies in an automobile accident while wearing a properly worn seat belt.

Air Bag Benefit

Pays an additional benefit, up to the percentage and maximum amounts indicated in the Plan Design Summary, if the covered insured dies in an automobile accident while seated in a seat containing a factory installed air bag.

Education Benefit

Pays an additional benefit, up to the percentage and annual maximum indicated in the Plan Design Summary, if a covered insured dies in an accident and has qualified dependent children attending a school of higher learning. The benefit is payable for each insured child and up to four annual payments.

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Repatriation

If a covered insured dies as a result of an accident more than 75 miles from their principal place of residence, the benefit pays the actual costs, up to the maximum amount indicated in the Plan Design Summary, for the preparation and transportation of the insured employee's body back to their home.

Reduction Schedule

Benefits reduce according to the schedule indicated in the Plan Design Summary. All reduction percentages are from the original amount.

Exclusions

Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

- Disease of the mind or body, or any treatment thereof;
- Infections, except those from an accidental cut or wound;
- Suicide or attempted suicide;
- Intentionally self-inflicted injury;
- War or act of war;
- Travel or flight in any aircraft while a member of the crew;
- Commission of or participation in a felony;
- Under the influence certain drugs, narcotics or hallucinogens unless properly used as prescribed by a physician;
- Intoxication as defined in the jurisdiction where the accident occurred;
- Participation in a riot.

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Dependent Life

Dependent Effective Date of Coverage

If the insured meets the effective date requirements, then the dependents are eligible for coverage unless confined to a hospital. If hospitalized dependent coverage will become effective on the date the eligible dependent is no longer hospital confined.

Spouse Coverage

A covered spouse, which includes Domestic Partners where permitted, will be covered for the amount indicated in the Plan Design Summary.

In order for a spouse to be covered, the eligible insured person must also be covered. A spouse cannot be insured for more than 100% of the amount the insured person is eligible for.

Spouse Guarantee Issue

Spouse amounts up to the Guarantee Issue amount stated in the Plan Design Summary are offered with no need for Evidence of Insurability. Amounts in excess of the Guarantee Issue amount are subject to underwriting approval before becoming effective.

Dependent Child Coverage

Eligible Dependent Children will be covered for the amounts as indicated in the Plan Design Summary. Dependent children are covered until reaching the ages indicated in the Plan Design Summary.

Conversion

Dependents whose coverage terminates may be able to convert their Life coverage to individual policies. Upon coverage termination administrators have 31 days after coverage ends to inform the dependents of their right to convert to an individual policy without evidence of insurability. Conversion does not apply to AD&D or Waiver of Premium amounts.

Dependent Accidental Death and Dismemberment

Our Accidental Death and Dismemberment (AD&D) plan pays an additional benefit when a covered dependent loses their life, or a limb due to an accident.

Termination of Dependent Life Insurance

Dependent Life insurance will end on the earliest of the following:

- The date the insured person is no longer covered under the policy;
- The date the Policy is terminated;
- The date any required premiums cease to be paid; or
- The date the dependent is no longer an eligible dependent under the policy.

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Enhanced Product Services Included with Group Term Life

Travel Resource Services¹

In today's global economy, the need for world travel is now greater than ever. However, a trip, whether for business or pleasure, can be disrupted by the unexpected. A medical emergency, a lost prescription or even emergencies involving a spouse, child or traveling companion can jeopardize a trip.

To provide the support people need while traveling on business or pleasure, we provide Travel Resource Services², a program that assists travelers if the unexpected happens.

Services are available to insureds and their families traveling 100 or more miles from their primary residence, and include:

- Medical Search and Referral
- Medical Evacuation/Return Home
- Dependent Children Assistance
- Return of Mortal Remains
- Medical Monitoring
- Traveling Companion Assistance
- Visit by Family Member/Friend
- Replacement of Medication and Eyeglasses
- Emergency Message Relay
- Emergency Travel Arrangements
- Emergency Cash
- Locating Lost or Stolen Items
- Legal Assistance/Bail
- Interpretation/Translation
- Pre-Trip Information

¹ Travel Assistance Services are provided to groups with 50 or more employees; Not available in all states.

² We contract with Europ Assistance USA, Inc. to provide the Travel Resource Services. We do not provide any part of the Travel Resource Services.

Prepared for:
City of Willow Park

Additional Plan Features

Basic Life	All Active Full-Time Employees
Option	1
Waiver of Premium - Definition of Disability	Any Occupation
Waiver of Premium - Maximum Qualifying Age	60
Waiver of Premium - Specific Conditions Benefit	Not Applicable
Extended Insurance Benefit - Definition of Disability	Not Applicable
Extended Insurance Benefit - Maximum Qualifying Age	Not Applicable
Extended Insurance Benefit - Duration	Not Applicable
FMLA Extension	Included
Extension	
Disability	12th Month
Layoff	Next month
Leave	Next month
Sabbatical	6th Month
Military Leave	12th Month
Accelerated Death - Minimum	\$15,000
Accelerated Death Benefit - Definition of Terminal Illness	12 Months



CITY COUNCIL AGENDA ITEM BRIEFING SHEET

Council Date: May 15, 2018	Department: Development	Presented By: Betty Chew
--------------------------------------	-----------------------------------	------------------------------------

AGENDA ITEM: Adopt Ordinance 768-18, annexing a 44.99 acre tract in the Wesley Franklin Survey, Abstract No. 468, Parker County, Texas.

BACKGROUND:

Willow Park Baptist Church, Willow Park Services, LLC and Willow Park Professional Plaza, Ltd. are requesting voluntary annexation of this 44.99-acre tract of land adjacent to the City of Willow Park and located in the City's extraterritorial jurisdiction (ETJ).

Two public hearings have been conducted in accordance with Chapter 43, Texas Local Government Code, Municipal Annexation. This final step in the process is adoption of the ordinance annexing the property.

STAFF/BOARD/COMMISSION RECOMMENDATION:

Staff recommends the City Council adopt Ordinance 768-18 annexing this property.

EXHIBITS:

Ordinance 768-18

ADDITIONAL INFO:	FINANCIAL INFO:	
	Cost	\$
	Source of Funding	\$

CITY OF WILLOW PARK

ORDINANCE 768-18

AN ORDINANCE ANNEXING THE HEREINAFTER DESCRIBED TERRITORY TO THE CITY OF WILLOW PARK, PARKER COUNTY, TEXAS, AND EXTENDING THE BOUNDARY LIMITS OF SAID CITY SO AS TO INCLUDE SAID HEREINAFTER DESCRIBED PROPERTY WITHIN SAID CITY LIMITS, AND GRANTING TO ALL THE INHABITANTS OF SAID PROPERTY ALL THE RIGHTS AND PRIVILEGES OF OTHER CITIZENS AND BINDING SAID INHABITANTS BY ALL OF THE ACTS, ORDINANCES, RESOLUTIONS, AND REGULATIONS OF SAID CITY; AND ADOPTING A SERVICE PLAN.

WHEREAS, (§ Chapter 43 of the Texas Local Government Code) and the City of Willow Park, Texas, an incorporated city, authorizes the annexation of territory, subject to the laws of this state.

WHEREAS, the procedures prescribed by the (Texas Local Government Code) and of the City of Willow Park, Texas, and the laws of this state have been duly followed with respect to the following described territory, to wit:

EXHIBIT “A”

NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF WILLOW PARK, TEXAS:

- 1. That the heretofore described property is hereby annexed to the City of Willow Park, Parker County, Texas, and that the boundary limits of the City of Willow Park be and the same are hereby extended to include the above described territory within the city limits of the City of Willow Park, and the same shall hereafter be included within the territorial limits of said city, and the inhabitants thereof shall hereafter be entitled to all the rights and privileges of other citizens of the city of Willow Park and they shall be bound by the acts, ordinances, resolutions, and regulations of said city.**
- 2. A service plan for the area is hereby adopted and attached as Exhibit “B”.**

The City Secretary is hereby directed to file with the County Clerk of Parker, Texas, a certified copy of this ordinance.

PASSED by an affirmative vote of all members of the City Council, this the 15th day of April, 2018.

APPROVED:

Doyle Moss, Mayor

ATTEST:

Alicia Smith TRMC CMC, City Secretary

The Willow Park City Council in acting on Ordinance 768-18, did on the 15th day of April, 2018, vote as follows:

	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>
Doyle Moss, Mayor	_____	_____	_____
Norman Hogue, Place 1	_____	_____	_____
Amy Fennell, Place 2	_____	_____	_____
Greg Runnebaum, Place 3	_____	_____	_____
John Gholson, Place 4	_____	_____	_____
Gary McKaughan, Place 5	_____	_____	_____

EXHIBIT "A"

State of Texas)
)
County of Parker)

Petition for Annexation

**Presented to the City of Willow Park,
Parker County, Texas**

We, Clark Bosher, Senior Pastor of Willow Park Baptist Church of Texas; Jim Martin, Member of Willow Park Services, LLC; and Louie Lu, Manager of Willow Park Professional Plaza, Ltd. do state and certify that Willow Park Baptist Church, Willow Park Services, LLC, and Willow Park Professional Plaza, Ltd., are the sole owners of that certain 44.99 acre tract of land, further described herein by metes and bounds, and do hereby petition to the City of Willow Park, Parker County, Texas for annexation of said tract, which is less than one-half (1/2) mile in width, contiguous to the municipal boundary of the City of Willow Park, within its exclusive extraterritorial jurisdiction, and upon which fewer than three qualified voters reside, by filing said Petition with the City. The 44.99 acre tract of land is further described as follows:

Being a 44.99 acre tract of land situated in the Wesley Franklin Survey, Abstract No. 468, Parker County, Texas and being a portion of the Willow Park Baptist Church of Texas tract as recorded in Volume 2896, Page 403, Deed Records Parker County, Texas; a portion of the Willow Park Services tract as recorded in County Clerk Document #201610372, Deed Records Parker County, Texas; and all of the Willow Park professional Plaza, Ltd. tract as recorded in County Clerk Document #201603288, Deed Records Parker County, Texas, said 44.99 acres being more particularly described by metes and bounds as follows:

Beginning at a point in the approximate centerline of Clear Fork Trinity River for the northeast corner of Lot 1, Block A, The Village at Crown Park, an addition to the City of Willow Park as recorded in Cabinet D, Slide 195, Plat Records Parker County, Texas;

Thence South 56°58'06" West with the north line of said Lot 1, Block A, a distance of 599.53 feet to a point for the southeast corner of that certain 10.10 acre tract annexed into the City of Willow Park, Texas by ordinance 659-13, dated February 26, 2013;

Thence North 42°30'00" West a distance of 628.93 feet to a point;

Thence South 47°30'00" West a distance of 517.53 feet to a point;

Thence South 42°30'00" East a distance of 399.43 feet to a point;

Thence South 86°43'19" West a distance of 847.12 feet to a point;

Thence South 33°01'54" East a distance of 401.57 feet to a point for the southwest corner of said 10.10 acre annexation, said point being in the north line of Lot 1, Block A, Crown Pointe Addition, an addition to the City of Willow Park as recorded in Cabinet D, Slide 73, Plat Records Parker County Texas;

Thence South 58°26'06" West with the north line of said Lot 1, Block A, Crown Pointe Addition a distance of 261.68 feet to a point for the intersection of said north line and the existing City of Willow Park corporate boundary line;

Thence North 33°48'51" West with the existing corporate boundary line a distance of 586.28 feet to a point;

Thence North 04°48'59" West, continuing with the existing corporate boundary line a distance of 1416.06 feet to a point in the south line of Crown Road and the north line of said Willow Park Baptist Church tract;

Thence North 89°00'36" East with the south line of Crown Road a distance of 392.47 feet to a point for the northwest corner of the City of Willow Park tract acquired by condemnation June 20, 1996;

Thence South 00°24'40" West with said City of Willow Park tract a distance of 501.31 feet to a point;

Thence South 44°00'30" East, continuing with said City of Willow Park tract, a distance of 192.91 feet to a point;

Thence North 87°52'19" East, continuing with said City of Willow Park tract a distance of 269.19 feet to a point;

Thence North 88°07'29" East, continuing with said City of Willow Park tract a distance of 130.74 feet to a point;

Thence North 00°24'24" East, continuing with said City of Willow Park tract a distance of 635.03 feet to a point in the south line of Crown Road for the northeast corner of said City of Willow Park tract;

Thence North 89°00'37" East with the south line of Crown Road a distance of 170.53 feet to a point in the approximate centerline of the Clear Fork Trinity River for the northeast corner of said Willow Park Baptist Church tract;

Thence with the approximate centerline of the Clear Fork Trinity River and east line of said Willow Park Baptist Church tract the following calls;

South 11°03'45" East, 47.28 feet;

North 89°40'13" West, 32.53 feet;

South 14°41'36" West, 57.57 feet;

South 84°21'42" East, 338.86 feet;

South 35°37'04" East, 169.13 feet;

South 63°27'11" East, 213.66 feet;

South 10°42'27" West, 179.00 feet;

South 48°48'55" East, 181.64 feet;

North 71°14'08" East, 225.01 feet;

South 72°01'15" East, 133.71 feet;

South 40°27'12" East, 215.16 feet;

South 35°12'35" East a distance of 112.05 feet to the Point of Beginning and Containing 1,959,642 square feet, 44.99 acres of land, more or less.

Signed, acknowledged and executed this the 13 day of MARCH, 2018.

Willow Park Baptist Church of Texas

Willow Park Services, LLC

Willow Park Professional Plaza, Ltd.



By: Charles F. Stark, Authorized Representative

Before me this the 13th day of MARCH, ~~2015~~ ²⁰¹⁸ appeared Charles F. Stark, PE, Managing Principal of Barron-Stark Engineers, LP, who swears that he is in the capacity stated herein, and with the authority to sign, execute and bind Willow Park Baptist Church of Texas, Willow Park Services, LLC, and Willow Park Professional Plaza, Ltd. as set forth in said Petition; subscribed to and sworn before me, the undersigned authority, to certify which witness my hand and seal of office.

My Commission Expires:

SEPTEMBER 5, 2018

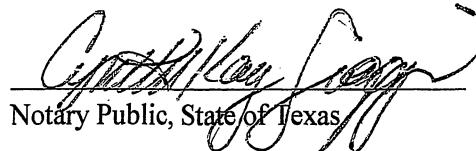

Notary Public, State of Texas



EXHIBIT "B"

ANNEXATION

44.99 ACRES WESLEY FRANKLIN SURVEY, ASTRACT NO. 468 PARKER COUNTY, TEXAS LOCATED SOUTH OF CROWN ROAD AND ADJACENT TO THE CITY OF WILLOW PARK WASTEWATER PLANT

MUNICIPAL SERVICE PLAN

FIRE

Existing Services: Parker County Emergency Services District 1

Services to be Provided: Fire suppression will be available to the area upon annexation. Primary fire response will be provided by City of Willow Park Fire Department Fire Station No. 1, located at 101 Stagecoach Trail. Adequate fire suppression activities can be afforded to the annexed area within current budget appropriation. Fire prevention activities will be provided by the Fire Marshall's office.

POLICE

Services to be Provided: Currently, the area is under the jurisdiction of the Parker County Sheriff's Office. However, upon annexation, the City of Willow Park Police Department will extend regular and routine patrols to the area. It is anticipated that the implementation of police patrol activities can be effectively accommodated within the current budget and staff appropriation.

BUILDING INSPECTION

Existing Services: None

Services to be Provided: The Building Inspection Department will provide Code Enforcement Services upon annexation. This includes issuing building, electrical and plumbing permits for any new construction and remodeling, and enforcing all other applicable codes which regulated building construction within the City of Willow Park.

PLANNING AND ZONING

Existing Services: None

Services to be Provided: The Planning and Zoning Department's responsibility for regulating development and land use through the administration of the City of Willow Park Zoning Ordinance will extend to this area on the effective date of the annexation. The property will also continue to be regulated under the requirements of the City of Willow Park Subdivision Ordinance. These services can be provided within the department's current budget.

HEALTH CODE ENFORCEMENT SERVICE

Services to be Provided: The City of Willow Park will implement the enforcement of the City's health ordinances and regulations on the effective date of the annexation. Such services can be provided with current personnel and within the current budget appropriation

STREET

Existing Services: County Street Maintenance

Services to be Provided: Maintenance to the streets will be provided by the City of Willow Park upon the effective date of the annexation. This service can be provided within the current budget appropriation.

STORM WATER MANAGEMENT

Services to be Provided: Developers will provide storm water drainage at their own expense and will be inspected by the City Engineers at time of completions. The City will then maintain the drainage improvements, upon approval, and acceptance.

STREET LIGHTING

Services to be Provided: The City of Willow Park will coordinate any request for improved street lighting with the local electric provider in accordance with standard policy.

TRAFFIC ENGINEERING

Services to be Provided: The City of Willow Park PUBLIC Works Department will be able to provide, after the effective date of annexation, any additional traffic control devices.

WATER SERVICE

Services to be Provided: Water service to the area will be provided in accordance with the applicable codes and departmental policy. When property develops in the area,

water service shall be provided in accordance with utility extension ordinances. Extension of service shall comply with City codes and ordinances.

SANITARY SEWER SERVICE

Services to be Provided: Sanitary sewer service to the area of proposed annexation will be provided in accordance with applicable codes and departmental policy. When property develops in the area, sanitary sewer service shall be provided in accordance with utility extension ordinances. Extension of service shall comply with City codes and ordinances.

SOLID WASTE SERVICES

Services to be Provided: Solid Waste Collection shall be provided to the area upon annexation in accordance with the present ordinance. Service shall comply with existing City policies, beginning with occupancy of structures.

MISCELLANEOUS

All other applicable municipal services will be provided to the area in accordance with the City of Willow Park's established policies governing extension of municipal services to newly annexed areas.



CITY COUNCIL AGENDA ITEM BRIEFING SHEET

Council Date: May 15, 2018	Department: Development	Presented By: Betty Chew
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AGENDA ITEM:

Consider conveyance of 4,889 square feet (01.112 acre) of land, John Cole Survey, Abstract No. 218, City of Willow Park, Parker County, Texas located off Willow Crossing Drive.

BACKGROUND:

The City has been accessing the El Chico Pump Station and well site across property on Willow Bend Drive, owned by the Morrison Group. Development of these commercial properties will require a new access drive. The City has been working with the Morrison Group and would recommend the City Convey the 0.112-acre tract "EXHIBIT A". The Morrison Group will pave their property and the conveyance for a parking lot as well as providing a permanent concrete access easement to the City pump station and well site.

STAFF/BOARD/COMMISSION RECOMMENDATION:

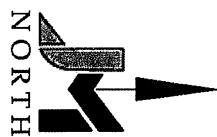
Staff recommends that Council authorize the Mayor to execute a warranty deed conveying the 0.112-acre tract to the Morrison Group. The Morrison Group will improve the parking lot with concrete pavement and grant the City a permeant 0.043-acre access easement.

EXHIBITS:

Map
Exhibits

ADDITIONAL INFO:	FINANCIAL INFO:	
	Cost	\$
	Source of Funding	\$

Bearing and distances shown hereon are relative to the Texas Coordinate System of 1983, North Central Zone, as derived by GPS observations. Distances shown hereon are grid distances and can be converted to surface distances by multiplying each distance by a project combined scale factor of 1.000151.



HORIZ. SCALE IN FEET
1"=40'



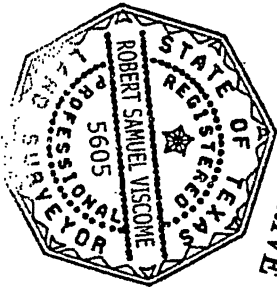
THIS SURVEY MAP WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT TITLE REPORT AND MAY BE SUBJECT TO BURDENS THAT A CURRENT TITLE REPORT MIGHT REVEAL.

Map showing
A tract of land in the
JOHN COLE SURVEY,
Abstract No. 218,
in the City of Willow Park, Parker
County, Texas.
(See accompanying description)

Complied from deeds, records, and surveys made on the ground. The corners are marked or referenced as shown.

JACOB & MARTIN, LLC
Consulting Engineers
TBPLS FIRM REGISTRATION NO. 10193992

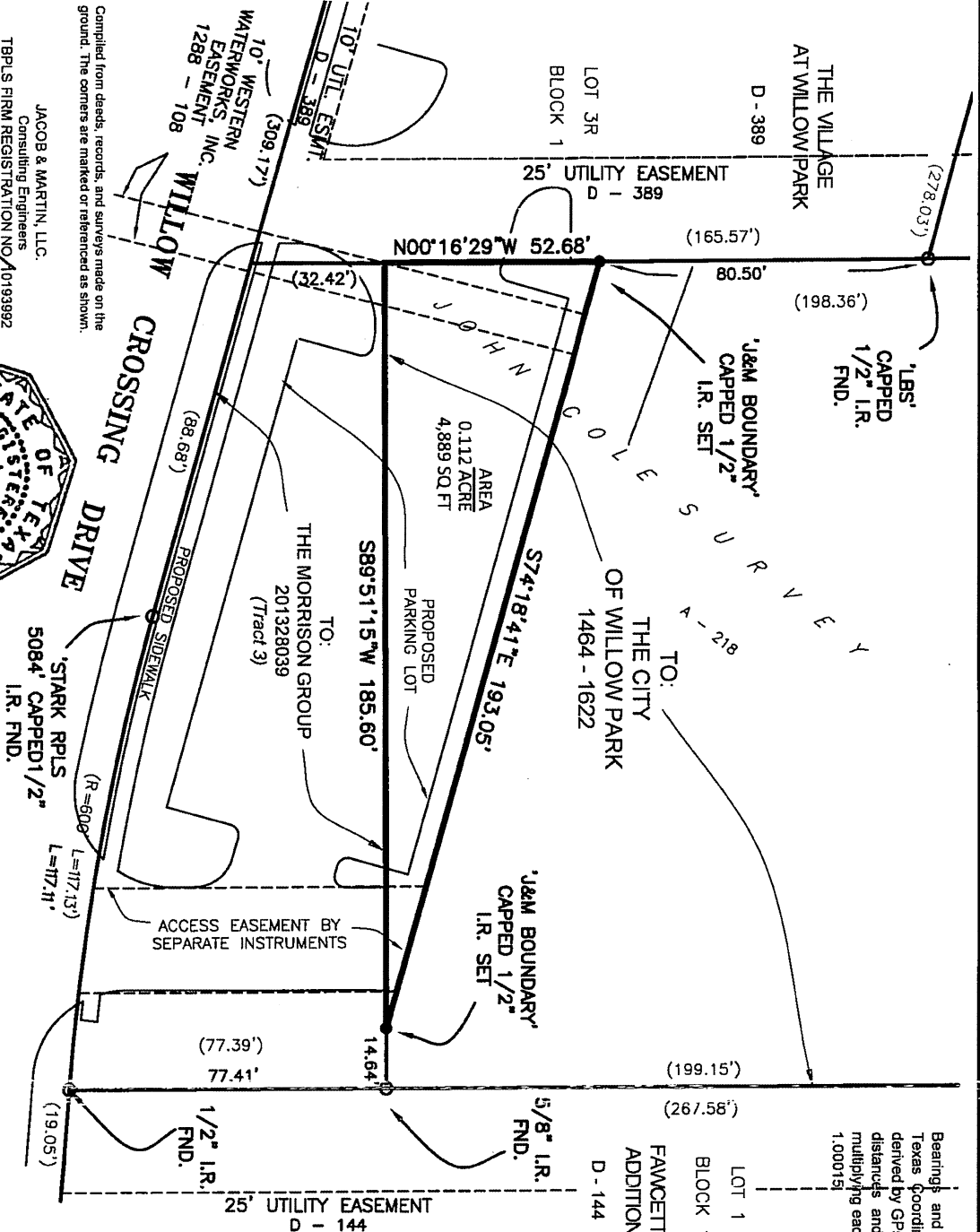
Surveyed April 9, 2018
Robert "Bob" Viscome, RPLS
Texas Registration No. 5605



JACOB & MARTIN

3405 CURRY LANE
ABILENE, TX 79608
325-885-1070
1508 SANTA FE DR, STE 203
WEATHERFORD, TX 76086
817-584-8880

TBPLS FIRM# 10193992 FIRM# F-2448



DESCRIPTION OF PROPERTY

SITUATED in the City of Willow Park, Parker County, Texas, and being a tract of land in the John Cole Survey, Abstract No. 218, and being a portion of that certain parcel conveyed to the City of Willow Park by deed recorded in Volume 1464, Page 1622, Parker County Deed Records, and said Tract being more fully described as follows:

BEGINNING at a "J&M BOUNDARY" capped 1/2" iron rod set in the west line of said City of Willow Park tract and the east line of Lot 3R, Block 1, The Village of Willow Park, as shown on Plat thereof recorded in Cabinet D, Slide 389, Parker County Plat Records, and from said point a "LBS" capped 1/2" iron rod found in place bears North 0 degrees, 16 minutes, 29 seconds West, 80.50 feet;

THENCE South 74 degrees, 18 minutes, 41 seconds East, across said City of Willow Park tract, 193.05 feet to a "J&M BOUNDARY" capped 1/2" iron rod set in the south line of said Willow Park tract and the north line of that certain tract conveyed to The Morrison Group as Tract 3, by deed filed under County Clerk's file No. 201328039;

THENCE South 89 degrees, 51 minutes, 15 seconds West with the common line of said City of Willow Park and The Morrison Group tracts, 185.60 feet to a point in the west line of said City of Willow Park tract and the east line of said Lot 3R, from said point a "STARK RPLS 5064" capped 1/2" iron rod found during previous surveys bears South 0 degrees, 16 minutes, 29 seconds East 32.39 feet;

THENCE North 0 degrees, 16 minutes, 29 seconds West with the common line of said City of Willow Park tract and said Lot 3R, 52.68 feet to the PLACE OF BEGINNING and containing 4889 square feet (0.112 acre).

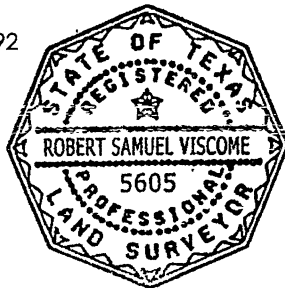
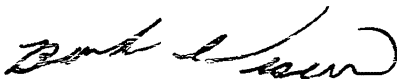
BEARINGS AND DISTANCES ARE BASED ON THE TEXAS COORDINATE SYSTEM OF 1983, NORTH CENTRAL ZONE, AS DERIVED BY GPS OBSERVATIONS. GRID DISTANCES CAN BE CONVERTED TO SURFACE DISTANCES BY MULTIPLYING EACH DISTANCE BY A COMBINED SCALE FACTOR OF 1.00015. AREA REPORTED IS SURFACE AREA.

THIS DESCRIPTION WAS PREPARED TO ACCOMPANY AN EXHIBIT OF THE DESCRIBED EASEMENT.

JACOB MARTIN, LLC.

CONSULTING ENGINEERS

TBPLS Firm Registration No. 10193992



April 9, 2018

Robert "Bob" Viscome,

Registered Professional Land Surveyor

Texas Registration No. 5605

X:\CM_MORRISON GROUP\18224_ FUZZYS TACO WILLOW PARK\SURVEYING\EXHIBIT\OTHER\WILLOW PARK TO MORRISON GROUP.DOC



City of Willow Park
516 Ranch House Rd.
Willow Park, Texas 76087
Phone: (817) 441-7108 · Fax: (817) 441-6900

May 7, 2018


2015 K & M international asphalt declaimer.

The City received an offer for the 2015 K & M international asphalt reclaimer that is listed on the TML website. City paid \$12,500.00 the machine has 48 hours on it. It has not been use for the past 2 years. It has been listed on the TML website for 11 months and this is the only call we have had on it. I recommend that we take this offer.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ramon Johnson'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Ramon Johnson
Public Works Director



City of Poteet

Strawberry Capital of Texas

491 Ave H • PO Box 378
Poteet, Texas • 78065
t. 830.742.3574 • f. 830.742.8747

Mayor
Albert Trevino

May 3, 2018

Councilman
Place 1
Nicholas Sanchez

Ramon Johnson
Public Works Director
516 Ranch House Road
Willow Park, TX 76087

Councilwoman
Place 2
Estella Rocha

Mr. Ramon Johnson,

Councilman
Place 3
Richard Tuttle

The City of Poteet is interested in purchasing the 2015 K & M International 2-ton skid mounted asphalt KM 4000S reclaimer that your city listed in the advertisement section of TML.org for \$8,000.00. The City of Poteet is interested in buying the asphalt reclaimer and trailer for \$6,000.00 as long as everything is functional and operational. When considering our offer; please consider that we will have to pay city employees to travel to Willow Park to pickup the equipment, provide meals and possible lodging and travel back to the City of Poteet. Also, repair anything that is found broken or faulty once we return. I asked that the Mayor and Council consider our offer and understand we are also a small community that has budget constraints.

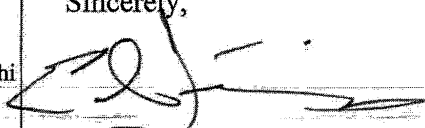
Councilwoman
Place 4
Susanna Perez

Councilman
Place 5
Reynaldo
Anzaldua

City Administrator
Eric A. Jiminez

Sincerely,

City Secretary
Abigayle Frautschi



Eric A. Jiminez
City Administrator

The City of Poteet is an Equal Opportunity Provider and Employer

To File a complaint of discrimination, write USDA, Assistant Secretary of Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, D.C. 20250-9410, or call (866) 632-9992 (English), or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay)



CITY COUNCIL AGENDA ITEM BRIEFING SHEET

Council Date: 5/15/18	Department: Finance	Presented By: Jake Weber
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AGENDA ITEM:

Financial update by Jake Weber, CPA.

BACKGROUND:

Review and provide an update on the 2nd fiscal quarter 2017-2018 financial activity of the city. This will be the second quarterly financial report for the 2017-2018 fiscal year.

STAFF/BOARD/COMMISSION RECOMMENDATION:

EXHIBITS:

Financial Reports as of March 31, 2018.

ADDITIONAL INFO:	FINANCIAL INFO:	
	Cost	\$-0-
	Source of Funding	\$-0-



City of Willow Park
Financial Update
Financial Reports as of March 31, 2018

Financial Highlights	<u>General</u>	<u>Water</u>	<u>Wastewater</u>	<u>Solid Waste</u>
-FYTD 2017-2018 Revenue Actual	\$ 2,415,183	\$ 1,062,942	\$ 320,187	\$ 147,382
-FYTD 2017-2018 Expense Actual	1,598,802	944,226	257,231	71,472
-FYTD 2017-2018 Net Change	\$ 816,381	\$ 118,716	\$ 62,955	\$ 75,910
-FY 2017-2018 Revenue Budget	\$ 4,031,030	\$ 1,988,948	\$ 588,944	
-FY 2017-2018 Expense Budget	\$ 4,028,143	\$ 1,923,724	\$ 487,721	
-FYTD 2017-2018 Revenue - Actual to Budget %	60%	53%	54%	
-FYTD 2017-2018 Expense - Actual to Budget %	40%	49%	53%	

Capital Project Tracker	<u>Public Works Building</u>	<u>Ranch House Road</u>	<u>Temporary Package Plant</u>	<u>TWDB Water Line</u>
Original Net Bond Proceeds	\$ 4,605,000	\$ 2,275,000	\$ 2,660,000	\$ 1,621,601
Interest Earned to Date	51,854	24,920	8,599	9,460
Costs Incurred to Date	(248,614)	(129,232)	(1,302,574)	(1,544,544)
Remaining to Spend	\$ 4,408,240	\$ 2,170,688	\$ 1,366,025	\$ 86,517

Monthly Performance	<u>Mar-18</u>	<u>Mar-17</u>	<u>Change</u>	<u>% Change</u>
<u>General Fund</u>				
Revenue				
Property Tax & Other Taxes	\$ 83,943	\$ 84,461	\$ (518)	-1%
Franchise Fees	164,282	168,452	(4,169)	-2%
Development & Permit Fees	26,755	19,702	7,052	36%
Fines & Forfeitures/Other Revenue	98,219	28,266	69,953	247%
Expenses				
Personnel Expense	161,182	148,320	12,861	9%
Supplies (Maintenance & Operations)	15,519	23,965	(8,445)	-35%
Utilities	9,927	11,707	(1,780)	-15%
Operational & Contractual Services	69,608	53,338	16,270	31%
Capital Outlay & Interfund Transfer	71,755	-	71,755	0%
Net Income (Loss)	\$ 45,209	\$ 63,551	\$ (18,342)	-29%
<u>Water & Wastewater Funds</u>				
Revenue	\$ 219,567	\$ 178,211	\$ 41,355	23%
Expense				
Personnel Expense	41,342	44,372	(3,030)	-7%
Supplies (Maintenance & Operations)	10,703	12,836	(2,132)	-17%
Utilities	11,291	19,673	(8,381)	-43%
Operational & Contractual Services	13,184	70,506	(57,323)	-81%
Capital Outlay/Debt Service	11,212	66,625	(55,414)	-83%
Net Income (Loss)	\$ 131,835	\$ (35,800)	\$ 167,635	-468%

General Fund
Profit & Loss Budget vs Actual
For the Fiscal Year to Date March 31, 2018

	Adopted Budget	PYTD Actual	YTD Actual	Amount Remaining	Pct Spent/ Collected
Revenue					
Property Tax & Other Taxes					
M & O TAX	\$ 1,511,672	\$ 1,168,070	\$ 1,368,784	\$ 142,888	91%
SALES TAX	896,426	415,521	428,845	467,581	48%
MIXED BEVERAGE TAX	20,440	10,529	10,973	9,467	54%
AUTO/TRAILER TAXES	-	210	243	(243)	0%
DELINQUENT TAXES	15,000	16,933	5,233	9,767	35%
Total Property Tax & Other Taxes	2,443,538	1,611,263	1,814,078	629,460	74%
Franchise Fees					
TXU ELECTRIC	168,500	168,200	164,030	4,470	97%
A T & T	71,016	38,779	33,018	37,998	46%
TEXAS GAS	3,700	3,715	4,345	(645)	117%
MISC. FRANCHISE	2,700	2,747	1,220	1,480	45%
MESH NET	3,024	1,260	1,260	1,764	42%
WATER FRANCHISE FEE	98,020	-	-	98,020	0%
WASTEWATER FRANCHISE FEES	28,553	-	-	28,553	0%
Total Franchise Fees	375,513	214,700	203,873	171,640	54%
Development & Permit Fees					
BUILDING PERMITS	120,000	44,781	121,470	(1,470)	101%
HEALTH PERMITS	9,000	7,725	10,815	(1,815)	120%
SUBCONTRACTORS PERMITS	12,000	3,380	10,734	1,266	89%
REGISTRATION FEES	7,500	4,760	4,460	3,040	59%
OSSF PERMITS	1,200	4,200	3,000	(1,800)	250%
PLAN REVIEW	25,000	15,799	34,372	(9,372)	137%
BACKFLOW INSPECTIONS	-	200	100	(100)	0%
REVIEWS/ REQUESTS	2,000	1,223	150	1,850	8%
METER RELEASE	-	-	3,750	(3,750)	0%
RENTAL INSPECTIONS	400	200	-	400	0%
IRRIGATION	-	100	-	-	0%
LATE HOURS ALOCHOL PERMIT FEE	-	200	770	(770)	0%
NSF FEES	-	35	-	-	0%
Total Development & Permit Fees	177,100	82,603	189,620	(12,520)	107%
Fines & Forfeitures					
NON-PARKING	195,000	96,252	81,075	113,925	42%
PARKING	1,000	780	470	530	47%
WARRANTS/CAPIAS	1,200	839	800	400	67%
STATE LAW - CLASS C	13,500	9,450	7,104	6,396	53%
COURT ADMINISTRATION	100	8	4,705	(4,605)	4705%
COURT SECURITY	3,500	1,456	2,758	742	79%
TIME PAYMENT	600	345	188	413	31%
MC TECH FEE	5,500	2,181	3,963	1,537	72%
SEAT BELT	1,000	691	495	505	50%
Total Fines & Forfeitures	221,400	112,002	101,557	119,843	46%

	Adopted Budget	PYTD Actual	YTD Actual	Amount Remaining	Pct Spent/ Collected
Other Revenue					
INTEREST - OPERATING FUND	-	3,487	8,838	(8,838)	0%
USPS CONTRACT UNIT	5,004	3,828	4,105	899	82%
REFUNDS/BANK CREDITS	-	3,613	658	(658)	0%
MISCELLANEOUS	-	11,030	307	(307)	0%
OTHER REIMBURSEABLES	-	638	-	-	0%
CERTIFICATE OF OCCUPANCY	1,000	750	750	250	75%
FIRE ALARMS	1,000	1,000	6,000	(5,000)	600%
FIRE SPRINKLER	1,000	1,000	7,000	(6,000)	700%
OPEN RECORDS FEES	-	-	138	(138)	0%
VFD CONTRIBUTIONS	-	603	1,270	(1,270)	0%
REVENUE RECOVERY	-	-	3,923	(3,923)	0%
POLICE CONTRIBUTIONS	-	345	779	(779)	0%
ACCIDENT REPORTS	600	359	195	405	33%
GRANT FUNDS	19,875	-	-	19,875	0%
FOUND PROPERTY	-	-	192	(192)	0%
ROAD CONTRIBUTIONS	-	137	94	(94)	0%
PARK CONTRIBUTIONS	-	5,051	52	(52)	0%
BOND PROCEEDS	-	-	71,755	(71,755)	0%
FROM GENERAL FUND RESERVES	785,000	-	-	785,000	0%
Other Revenue	813,479	31,841	106,054	707,425	13%
Total Revenue	4,031,030	2,052,410	2,415,183	1,615,847	60%
Expenditures					
Personnel					
SALARIES	1,587,659	821,218	770,293	817,366	49%
PAYROLL EXPENSE	24,256	11,419	10,888	13,368	45%
WORKERS COMPENSATION	37,296	43,202	29,679	7,617	80%
HEALTH INSURANCE	224,273	61,932	90,775	133,498	40%
RETIREMENT	120,779	56,870	57,603	63,176	48%
UNEMPLOYMENT INSURANCE	5,985	916	4,448	1,537	74%
CELL PHONE STIPEND	6,480	-	2,945	3,535	45%
CERTIFICATE PAY	14,399	-	5,759	8,640	40%
OVERTIME	68,898	8,172	26,188	42,710	38%
FLOATER SHIFTS	16,000	242	215	15,785	1%
DENTAL INSURANCE	15,809	4,628	6,411	9,398	41%
LIFE INSURANCE	5,250	1,875	2,258	2,992	43%
PHYSICALS & GYM MEMBERSHIPS	4,640	59	920	3,720	20%
ACCRUED COMP & VACATION	-	-	4,623	(4,623)	0%
BAILIFF DUTIES	1,400	-	450	950	32%
Total Personnel	2,133,124	1,010,535	1,013,454	1,119,670	48%
Supplies (Maintenance & Operations)					
POSTAGE & SHIPPING	10,216	440	1,979	8,237	19%
OFFICE SUPPLIES	12,360	5,361	6,897	5,463	56%
FLOWERS/GIFTS/PLAQUES	1,700	896	1,497	203	88%
BASIC OPERATING SUPPLIES	13,729	5,742	2,436	11,293	18%
PRINTING & BINDING	1,800	1,041	229	1,571	13%
MINOR EQUIPMENT: OFFICE	5,168	9	2,594	2,574	50%
MV OILS, LUBRICANTS & FLUIDS	500	-	134	366	27%
MV REPAIR & MAINTENANCE	33,399	20,684	16,116	17,283	48%

	Adopted Budget	PYTD Actual	YTD Actual	Amount Remaining	Pct Spent/ Collected
UNIFORMS & SUPPLIES	21,481	5,854	10,010	11,471	47%
PAVING MATERIALS	-	9,273	-	-	0%
TRAFFIC & STREET SIGNS	3,500	-	462	3,038	13%
FINANCE CHARGES	200	79	228	(28)	114%
USPS CONTRACT UNIT	1,500	443	796	704	53%
PPE AND SUPPLIES	23,942	-	5,055	18,887	21%
MEDICAL SUPPLIES	5,840	1,573	1,326	4,514	23%
FOAM SUPPLIES	1,750	-	1,716	34	98%
ROAD ABSORBENT SUPPLIES	1,606	-	-	1,606	0%
MINOR TOOLS	2,000	-	-	2,000	0%
EQUIPMENT	500	-	-	500	0%
MISC. TOOLS/SUPPLIES	2,000	-	55	1,945	3%
ASPHALT MATERIALS	31,200	-	2,584	28,616	8%
ROAD BASE MATERIALS - PAVING	20,000	-	888	19,112	4%
ICE & INCLEMENT WEATHER	4,500	-	-	4,500	0%
CONCRETE REPLACEMENT	15,000	-	975	14,025	7%
DRAINAGE	20,500	-	-	20,500	0%
BARRICADES/MARKERS	2,500	-	-	2,500	0%
SAFETY EQUIPMENT & SUPPLIES	10,709	666	6,128	4,581	57%
BUILDING & FACILITIES REPAIRS	9,543	2,871	(1,117)	10,660	-12%
PUBLIC WORKS BUILDING	1,000	-	-	1,000	0%
FACILITIES MAINT SUPPLIES	3,000	6,328	1,700	1,300	57%
MINOR EQUIPMENT: FIELD	4,832	5,839	3,660	1,172	76%
OPERATING SUPPLIES NON CONSUMA	1,000	-	673	327	67%
SUBSCRIPTIONS & PUBLICATIONS	3,278	-	-	3,278	0%
PROMOTIONS	3,000	3,000	-	3,000	0%
MV FUEL	34,000	13,604	16,670	17,330	49%
MV TIRES, TUBES & BATTERIES	4,000	-	1,199	2,801	30%
SPECIAL EVENTS	500	-	-	500	0%
AMMUNITION & WEAPONS RELATED	800	-	-	800	0%
EMERGENCY RESPONSE SUPPLIES	7,120	4,765	1,426	5,694	20%
Total Supplies (Maintenance & Operations)	319,673	88,467	86,319	233,354	27%
Utilities					
ELECTRICITY	32,400	15,648	16,643	15,757	51%
GAS	3,660	2,130	1,874	1,786	51%
TELEPHONE	14,400	32	-	14,400	0%
MOBILE TELEPHONE	1,700	-	-	1,700	0%
COMMUNICATION SERVICES	55,638	27,054	22,511	33,127	40%
Total Utilities	107,798	44,864	41,028	66,770	38%
Operational & Contractual Services					
TRAVEL & TRAINING	46,665	8,240	16,660	30,005	36%
CONSULTANTS & PROFESSIONALS	116,500	80,736	92,284	24,216	79%
ADVERTISING & LEGAL NOTICES	5,000	2,083	1,187	3,813	24%
PRINTING & BINDING	800	-	515	285	64%
PROPERTY & LIABILITY	46,000	41,556	38,191	7,809	83%
REPAIR & MAINTENANCE	-	7,691	170	(170)	0%
PROFESSIONAL LICENSE	500	158	158	343	32%
DUES & MEMBERSHIPS	5,546	11,382	10,465	(4,919)	189%
SPECIAL EVENTS	-	280	-	-	0%
PERMITS & APPLICATIONS	-	-	30	(30)	0%

	Adopted Budget	PYTD Actual	YTD Actual	Amount Remaining	Pct Spent/ Collected
LAB TESTING	-	3,411	98	(98)	0%
OTHER RENTAL	-	198	-	-	0%
FINANCE CHARGES	-	223	5	(5)	0%
FINES & PENALTIES	-	2	-	-	0%
LEGAL/CITY ATTORNEY	42,000	23,234	35,508	6,493	85%
ACCOUNTING & AUDITOR	56,700	31,728	38,860	17,840	69%
CONTRACTUAL SERVICES	136,448	44,598	88,131	48,317	65%
ELECTIONS ADMINISTRATION	5,000	-	4,195	805	84%
INMATE HOUSING	1,000	705	1,058	(58)	106%
MUNICIPAL JUDGE	12,000	2,000	5,500	6,500	46%
MAGISTRATE	2,000	600	1,400	600	70%
FOOD SERVICE INSPECTOR	5,700	900	3,400	2,300	60%
ENGINEERING/CITY ENGINEER	5,000	7,402	-	5,000	0%
SOLID WASTE COLLECTION	-	47,652	-	-	0%
SOFTWARE TECH SUPPORT	6,400	15,219	7,214	(814)	113%
EQUIPMENT TECH SUPPORT	18,025	-	7,363	10,663	41%
POOL INSPECTOR	1,650	-	-	1,650	0%
BLACKBOARD CONNECT	4,160	-	3,824	336	92%
IT CONTRACT	26,964	14,061	13,751	13,213	51%
JURY SERVICE	200	-	-	200	0%
GOVERNMENT & MISC OPERATING	46,000	338	687	45,313	1%
EQUIPMENT RENTAL	9,560	3,620	3,585	5,975	37%
STREET MAINTENANCE	-	-	-	-	0%
ANIMAL CONTROL	49,500	22,500	-	49,500	0%
REIMBURSABLES & REFUNDS	-	-	80	(80)	0%
Total Operational & Contractual Services	649,318	370,517	374,315	275,003	58%
Capital Outlay					
TECHNOLOGY PROJECTS	-	10,250	-	-	0%
CAPITAL PROJECT CONTRACTS	-	5,125	-	-	0%
EQUIPMENT PURCHASE	25,000	-	71,755	(46,755)	287%
PREDETERMINED PROJECT EXPENDIT	120,000	-	-	120,000	0%
CAPITAL PROJECTS-RESERVE FUNDS	650,000	-	-	650,000	0%
COURT TECHNOLOGY	11,300	-	-	11,300	0%
Total Capital Outlay	806,300	15,375	71,755	734,545	0%
Transfers & Restricted Funds					
TRANSFER TO LEOSE FUND	11,930	-	11,930	-	100%
Total Expenditures	4,028,143	1,529,757	1,598,802	2,429,341	40%
Net Income	\$ 2,887	\$ 522,652	\$ 816,381	\$ (813,494)	

Water Fund
Profit & Loss Budget vs Actual
For the Fiscal Year to Date March 31, 2018

	Adopted Budget	PYTD Actual	YTD Actual	Amount Remaining	Pct Spent/ Collected
Revenue					
USER CHARGES	\$ 1,873,882	\$ 823,912	\$ 913,840	\$ 960,042	49%
PENALTIES	15,000	15,701	14,654	346	98%
NEW ACCOUNT FEES	15,700	5,520	6,191	9,509	39%
TAP FEES	10,000	4,000	2,350	7,650	24%
IMPACT FEES	50,180	52,595	82,825	(32,645)	165%
INTEREST REVENUE	9,936	5,011	18,514	(8,578)	186%
METER FEE	5,000	3,000	15,673	(10,673)	313%
METER BOX FEE	5,000	2,000	2,500	2,500	50%
RECONNECT FEES	2,500	1,925	5,250	(2,750)	210%
RETURNED CHECK FEES	250	41	310	(60)	124%
REFUNDS/ BANK CREDITS	1,500	2,176	-	1,500	0%
MISCELLANEOUS REVENUE	-	(2,465)	835	(835)	0%
ADJUSTMENT TO REVENUE	-	(3)	-	-	0%
Total Revenue	1,988,948	913,413	1,062,942	926,006	53%
Expenditures					
Personnel					
SALARIES	257,131	160,285	152,829	104,302	59%
PAYROLL EXPENSE	3,972	15,312	2,266	1,706	57%
WORKERS COMPENSATION	6,216	7,354	7,914	(1,698)	127%
HEALTH INSURANCE	38,447	12,946	23,091	15,356	60%
RETIREMENT	19,779	10,180	11,652	8,127	59%
UNEMPLOYMENT INSURANCE	1,026	197	1,115	(89)	109%
CELL PHONE STIPEND	1,080	-	1,433	(353)	133%
EXTRA HELP	-	7,758	-	-	0%
CERTIFICATE PAY	2,280	-	240	2,040	11%
OVERTIME	16,817	6,145	7,233	9,584	43%
DENTAL INSURANCE	2,710	1,008	1,616	1,094	60%
LIFE INSURANCE	900	382	612	288	68%
Total Personnel	350,358	221,568	210,000	140,358	60%
Supplies (Maintenance & Operations)					
POSTAGE & SHIPPING	11,520	5,979	7,614	3,906	66%
OFFICE SUPPLIES	3,500	3,700	2,297	1,203	66%
FLOWERS/GIFTS/PLAQUES	300	-	30	270	10%
BASIC OPERATING SUPPLIES	2,000	339	293	1,707	15%
MINOR EQUIPMENT: OFFICE	3,000	251	311	2,689	10%
MV REPAIR & MAINTENANCE	16,000	5,785	3,408	12,592	21%
UNIFORMS & SUPPLIES	6,500	2,980	1,509	4,991	23%
FINANCE CHARGES	1,800	500	1,666	134	93%
MISC. TOOLS/SUPPLIES	4,000	-	291	3,709	7%
ICE & INCLEMENT WEATHER	2,000	-	-	2,000	0%
CHEMICALS	10,000	-	2,392	7,608	24%
FIRE HYDRANTS	10,500	-	-	10,500	0%
ROAD BASE MATERIAL - MAIN BREA	6,000	-	-	6,000	0%
SAND	4,000	-	-	4,000	0%

	Adopted Budget	PYTD Actual	YTD Actual	Amount Remaining	Pct Spent/ Collected
TOP SOIL	3,000	-	611	2,389	20%
SAFETY EQUIPMENT & SUPPLIES	2,500	-	-	2,500	0%
BUILDING & FACILITIES REPAIRS	5,800	3,170	(3,929)	9,729	-68%
FACILITIES MAINT SUPPLIES	3,000	4,209	150	2,850	5%
MINOR EQUIPMENT: FIELD	3,000	1,211	-	3,000	0%
SUBSCRIPTIONS & PUBLICATIONS	2,000	-	315	1,685	16%
MV FUEL	30,000	9,333	7,127	22,873	24%
WATER DISTRIBUTION SUPPLIES	90,000	39,211	19,967	70,033	22%
WATER PRODUCTION SUPPLIES	40,000	6,795	133	39,867	0%
Total Supplies (Maintenance & Operations)	260,420	83,462	44,184	216,236	17%
Utilities					
ELECTRICITY	100,000	49,863	40,118	59,882	40%
TELEPHONE	-	354	-	-	0%
MOBILE TELEPHONE	5,700	2,336	3,495	2,205	61%
COMMUNICATION SERVICES	6,132	3,044	2,790	3,342	45%
Total Utilities	111,832	55,596	46,402	65,430	41%
Operational & Contractual Services					
TRAVEL & TRAINING	3,000	636	1,112	1,888	37%
CONSULTANTS & PROFESSIONALS	25,000	13,462	-	25,000	0%
ADVERTISING & LEGAL NOTICES	1,000	69	-	1,000	0%
PROPERTY & LIABILITY	5,000	4,408	5,462	(462)	109%
REPAIR & MAINTENANCE	-	2,111	80	(80)	0%
DUES & MEMBERSHIPS	1,000	111	-	1,000	0%
PERMITS & APPLICATIONS	5,000	4,799	4,550	450	91%
PROPERTY DAMAGE	2,500	(2,176)	-	2,500	0%
FINANCE CHARGES	-	480	12	(12)	0%
FINES & PENALTIES	-	39	-	-	0%
ACCOUNTING & AUDITOR	8,200	10,714	8,645	(445)	105%
CONTRACTUAL SERVICES	-	1,278	-	-	0%
ENGINEERING/CITY ENGINEER	36,000	(6,746)	13,462	22,538	37%
SOLID WASTE COLLECTION	-	-	1,882	(1,882)	0%
SOFTWARE TECH SUPPORT	4,000	3,709	-	4,000	0%
BLACKBOARD CONNECT	1,040	-	956	84	92%
IT CONTRACT	3,850	2,108	1,925	1,925	50%
WELL SITE MAINTENANCE	20,000	26,602	13,892	6,108	69%
EQUIPMENT MAINTENANCE	2,000	1,361	-	2,000	0%
WATER TANK MAINTENANCE	6,000	-	-	6,000	0%
BUILDING MAINT - WELL SITES	3,000	-	-	3,000	0%
GOVERNMENT & MISC. OPERATING	-	1,173	-	-	0%
EQUIPMENT RENTAL	5,000	1,033	2,160	2,840	43%
WATER DISTRIBUTION CONTRACTUAL	45,000	30,876	5,431	39,569	12%
WATER PRODUCTION CONTRACTUAL	50,000	20,470	32,313	17,687	65%
Total Operational & Contractual Services	226,590	116,516	91,881	134,709	41%

	Adopted Budget	PYTD Actual	YTD Actual	Amount Remaining	Pct Spent/ Collected
Capital Outlay					
CAPITAL PROJECT CONTRACTS	10,000	-	-	10,000	0%
CAPITAL IMPROVEMENTS	-	1,625	19,764	(19,764)	0%
UTILITIES: WATER DISTRIBUTION	65,000	9,689	11,971	53,029	18%
UTILITIES: WATER PRODUCTION	264,500	-	7,062	257,438	3%
PAYING AGENT FEES	-	625	1,375	(1,375)	0%
DEBT SERVICE PAYMENTS	635,024	457,755	511,585	123,439	81%
Total Capital Outlay	974,524	469,694	551,758	422,766	57%
Total Expenditures	1,923,724	946,837	944,226	979,498	49%
Net Income	\$ 65,224	\$ (33,424)	\$ 118,716	\$ (53,492)	

Wastewater Fund
Profit & Loss Budget vs Actual
For the Fiscal Year to Date March 31, 2018

	Adopted Budget	PYTD Actual	YTD Actual	Amount Remaining	Pct Spent/ Collected
Revenue					
USER CHARGES	\$ 549,979	\$ 223,893	\$ 252,155	\$ 297,824	46%
TAP FEES	-	4,250	-	-	0%
IMPACT FEES	38,965	24,758	56,500	(17,534)	145%
INTEREST REVENUE	-	61	11,532	(11,532)	0%
REFUNDS/BANK CREDITS	-	220	-	-	0%
Total Revenue	588,944	253,182	320,187	268,758	54%
Expenditures					
Personnel					
SALARIES	75,802	40,833	39,151	36,651	52%
PAYROLL EXPENSE	1,130	589	607	523	54%
WORKERS COMPENSATION	2,072	2,426	1,979	93	95%
HEALTH INSURANCE	12,816	4,565	6,408	6,408	50%
RETIREMENT	5,628	2,797	3,025	2,603	54%
UNEMPLOYMENT INSURANCE	1,800	19	324	1,476	18%
CELL PHONE STIPEND	1,080	-	540	540	50%
CERTIFICATE PAY	1,080	-	540	540	50%
OVERTIME	2,142	-	1,779	363	83%
DENTAL INSURANCE	903	359	452	451	50%
LIFE INSURANCE	300	136	171	129	57%
Total Personnel	104,753	51,723	54,976	49,777	52%
Supplies (Maintenance & Operations)					
POSTAGE & SHIPPING	-	23	-	-	0%
OFFICE SUPPLIES	1,200	1,933	487	713	41%
MINOR EQUIPMENT: OFFICE	1,000	-	-	1,000	0%
MV OILS, LUBRICANTS & FLUIDS	1,800	-	-	1,800	0%
MV REPAIR & MAINTENANCE	4,000	622	255	3,745	6%
UNIFORMS & SUPPLIES	2,000	-	178	1,822	9%
WASTEWATER SUPPLIES	2,500	1,982	-	2,500	0%
MINOR TOOLS	1,000	-	138	862	14%
EQUIPMENT	4,000	-	288	3,712	7%
MISC. TOOLS/SUPPLIES	1,000	-	127	873	13%
CHEMICALS	10,000	-	3,288	6,712	33%
BELT PRESS SUPPLIES	5,000	-	1,915	3,085	38%
SAFETY EQUIPMENT & SUPPLIES	2,000	-	461	1,539	23%
BUILDING & FACILITIES REPAIRS	1,000	70	755	245	76%
FACILITIES MAINT SUPPLIES	-	16,868	824	(824)	0%
MINOR EQUIPMENT: FIELD	-	207	87	(87)	0%
MV FUEL	4,100	-	145	3,955	4%
WASTEWATER COLLECTION	5,000	1,867	-	5,000	0%
WASTEWATER TREATMENT	5,000	7,014	746	4,254	15%
Total Supplies (Maintenance & Operations)	50,600	30,585	9,695	40,905	19%

	Adopted Budget	PYTD Actual	YTD Actual	Amount Remaining	Pct Spent/ Collected
Utilities					
ELECTRICITY	40,500	16,052	23,131	17,369	57%
Total Utilities	40,500	16,052	23,131	17,369	57%
Operational & Contractual Services					
TRAVEL & TRAINING	3,000	2,183	85	2,915	3%
CONSULTANTS & PROFESSIONALS	-	4,377	6,767	(6,767)	0%
ADVERTISING & LEGAL NOTICES	-	-	952	(952)	0%
PROPERTY & LIABILITY	5,000	4,408	5,462	(462)	109%
REPAIR & MAINTENANCE	12,000	-	1,201	10,799	10%
DUES & MEMBERSHIPS	1,000	-	-	1,000	0%
PERMITS & APPLICATIONS	-	3,396	-	-	0%
LAB TESTING	12,500	520	4,795	7,705	38%
FINES & PENALTIES	-	2,446	-	-	0%
ACCOUNTING & AUDITOR	8,200	4,900	5,000	3,200	61%
CONTRACTUAL SERVICES	12,000	4,467	28,691	(16,691)	239%
ENGINEERING/CITY ENGINEER	12,000	2,708	1,143	10,858	10%
SLUDGE HAULING	32,500	38,938	24,561	7,939	76%
IT CONTRACT	4,000	2,108	1,925	2,075	48%
LIFT STATION EQUIPMENT MAINT	15,000	2,604	19,976	(4,976)	133%
EQUIPMENT RENTAL	1,000	-	428	572	43%
Total Operational & Contractual Services	118,200	73,054	100,987	17,213	85%
Capital Outlay					
CAPITAL PROJECT CONTRACTS	10,000	8,563	-	10,000	0%
DEBT ISSUANCE COSTS	-	65,000	-	-	0%
FRANCHISE FEES	28,553	-	-	28,553	0%
DEBT SERVICE PAYMENTS	135,115	-	68,443	66,672	51%
Total Capital Outlay	173,668	73,563	68,443	105,225	0%
Total Expenditures	487,721	244,977	257,231	230,490	53%
Net Income	\$ 101,223	\$ 8,205	\$ 62,955	\$ 38,268	

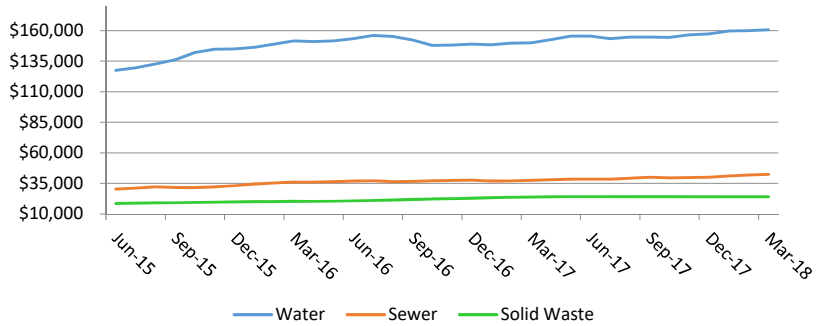
**City of Willow Park
Bank Account Balances**

	<u>At 03/31/2018</u>	<u>At 12/31/2017</u>
<u>General Fund</u>		
Operating Cash - General	\$ 1,341,473	\$ 809,424
General Fund Cash Reserve	229,161	228,452
Operating Cash - General (Police Training)	13,098	583
TexStar General Fund Capital Improvements	1,023	1,019
TexStar Fund Investment	115,143	114,751
General Fund CD - 431549	125,957	125,957
General Fund CD - 65686	123,254	122,763
	<u>1,949,109</u>	<u>1,402,950</u>
<u>Water Fund</u>		
Operating Cash - Water	686,544	928,134
Water Cash Reserve	126,436	126,045
Water Capital Improvements	285,171	284,288
TexStar Water Capital Improvements	1,523,364	1,518,187
TexStar Water Investment	127,021	126,590
Water Fund CD - 65712	63,202	62,972
Water Fund CD - 90271	50,227	50,227
	<u>2,861,964</u>	<u>3,096,442</u>
<u>Wastewater Fund</u>		
Operating Cash - Wastewater	479,882	482,418
Wastewater Package Plant	1,366,026	1,416,982
Wastewater Capital Improvements	1,633	1,628
TexStar Wastewater	23,306	23,227
Wastewater Fund CD - 431557	27,695	27,695
	<u>1,898,542</u>	<u>1,951,950</u>
<u>Other Funds</u>		
Capital Equipment/Replacement Fund	157,649	157,161
Construction Fund - Building	4,408,240	4,417,623
Construction Fund - Roads	2,170,689	2,164,049
Debt Service (I&S)	601,819	768,756
Operating Cash - Solid Waste	337,379	312,454
Police Seizure (Federal)	932	1,602
Police Seizure (State)	17,101	17,335
Tourism	47,128	43,540
TexStar Capital Equipment/Replacement	43,005	42,859
TexStar Economic Development	52,857	52,678
Water Deposits - 56788	105,058	105,005
	<u>7,941,856</u>	<u>8,083,061</u>
Total Cash	\$ 14,651,471	\$ 14,534,403

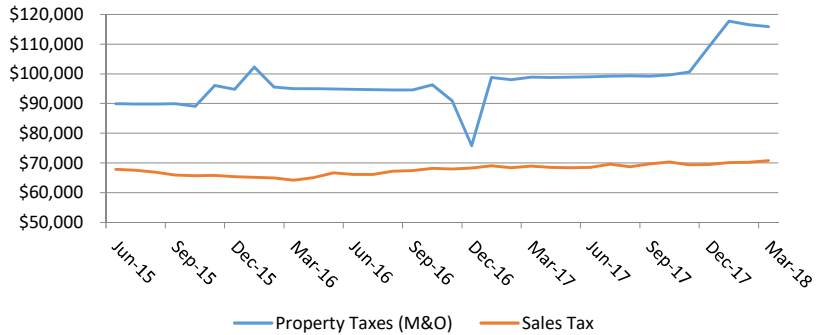


**City of Willow Park
Key Metrics & Trends
As of March 31, 2018**

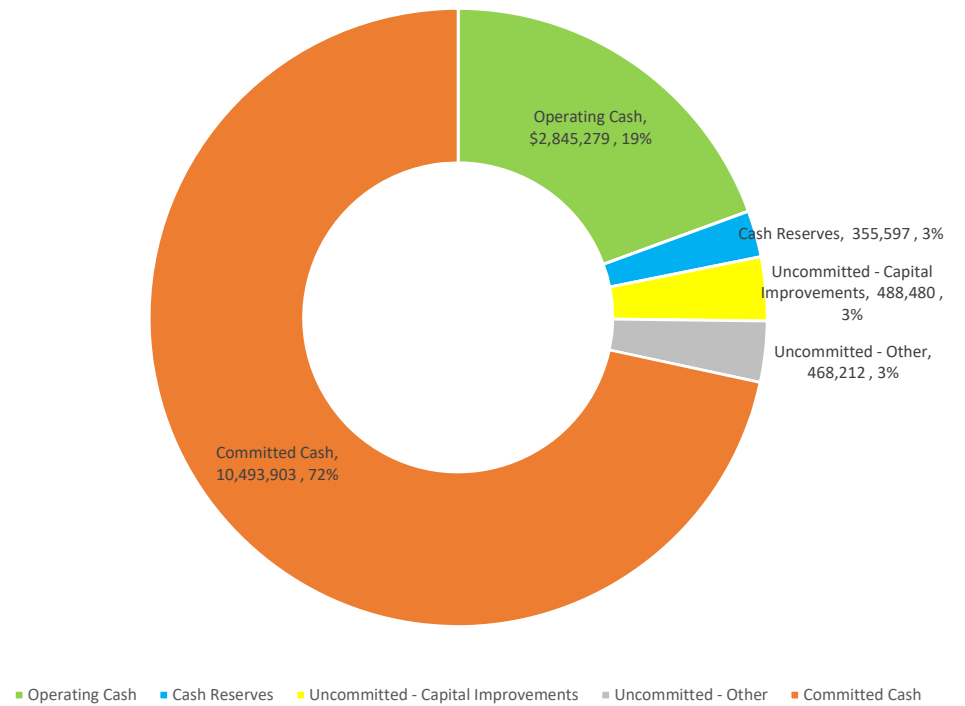
User Charge Billings (12 M Moving Avg)



General Fund Tax Revenues (12 M Moving Avg)



Cash Balances as of March 31, 2018





CITY COUNCIL AGENDA ITEM BRIEFING SHEET

Council Date: May 15, 2018	Department: Admin	Presented By: Bryan Grimes
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AGENDA ITEM:

Discuss / Take Action: Bank Depository Request for Proposals

BACKGROUND:

State statute requires that the City of Willow Park send out Requests for Proposal for Banking Services. Our current agreement with First Financial Bank is set to expire in September 2018. Thus, staff has prepared the attached RFP to send out to local bank depositories for our banking services.

Upon approval, staff will send the RFP to no later than May 18, 2018 and will provide 30 days for the financial institutions to respond by June 19, 2018. Upon receipt of the bank proposals, staff will then review and present our recommendations to Council at the July or August Council Meetings for action.

The timetable mentioned above will ensure there is no lapse in our current banking service agreement.

STAFF/BOARD/COMMISSION RECOMMENDATION:

Passage of the RFP as submitted

EXHIBITS:

Bank Services RFP

ADDITIONAL INFO:	FINANCIAL INFO:	
	Cost	\$
	Source of Funding	\$

CITY OF WILLOW PARK
REQUEST FOR PROPOSAL FOR BANKING SERVICES

I. INTRODUCTION

The City of Willow Park is requesting proposals for a banking services contract to be awarded July 10, 2018 with service to begin October 1, 2018 and extend through October 1, 2023. Through this contract the City intends to minimize banking costs, improve operational efficiency, and maximize investment capabilities. This Request for Proposal (RFP) represents the cash management goals, specifies all banks' required qualifications, the banking services required, the estimated activity volumes on all accounts, the method and terms of compensation, submission instructions and the contract award provisions.

II. PROPOSAL INSTRUCTIONS AND QUALIFICATIONS

A. MINIMUM QUALIFICATIONS

To assure a close working relationship, to facilitate available services, and to support local business, the entity may give priority to those banks with full service capabilities within the City limits. Any required statement regarding equal opportunity and affirmative action should be included if required/desired. The proposal submitted will become part of the final contract.

B. PROPOSAL SUBMISSION INSTRUCTIONS

1. Proposal Format

In order to fully and equitably evaluate each bank's ability to meet the banking services needs of the City, a standard reply format is required. Each proposal must include a response to each item in the RFP in the order given. Only proposals submitted in the prescribed format and using the exhibit forms provided will be evaluated for contract award.

2. Submission Requirements

1. Email all Proposals to bgrimes@willowpark.org or cscott@willowpark.org
2. In lieu of email, the City of Willow Park will accept 10 bound copies to the address below:

City of Willow Park
516 Ranch House Road
Willow Park, Texas 76087
Attn: Alicia Smith

3. RFP Questions

Questions regarding this RFP or the service requested will be accepted in written form at the address below on or before 5:00 pm June 19, 2018. Responses to all material questions submitted will be communicated to each prospective bidder.

Bryan Grimes
City Administrator
bgrimes@willowpark.org

Candy Scott
Chief Financial Officer
cscott@willowpark.org

4. Request for Proposal Amendments

Modifications or additions may be made as a result of questions submitted. Written notification of any such change will be made in writing to all known bidders.

5. Selection Criteria

Evaluation of proposals will be made on the basis of the following objectives:

Time deposit interest rates	25%
Cost of Service	25%
Service availability	25%
Safety and creditworthiness of bank	25%

6. Award of Bid and Service Initiation

The contract is to be awarded by City Council at its meeting July 2018.

III. REQUIRED FINANCIAL INSTITUTION INFORMATION

All banks must provide, as part of the proposal:

- audited financial statements for the most recent fiscal year,
- a copy of the current call report, and
- a statement regarding any recent or foreseen merger or acquisition.

IV. REQUIRED BANKING SERVICES

This section lists all the services to be provided by the bank under this agreement. Attachment A lists each of these services. The bank should use this Attachment to provide the specific price for each service.

A. Consolidated Account Structure

The bank is to provide a master consolidation account and zero balance accounts from which daily balance and detail reporting is available. The City's current account structure contains the following accounts:

Account Title	
General Operating	Project / Construction Fund—Building
Debt Service	Project / Construction Fund—Roads
Tourism	Police Seizure (State)
GF Cash Reserve	Police Seizure (Federal)
Water Cash Reserve	Policy Holding Fund
WasteWater Capital Improvements	TIRZ Reimbursement Fund
Capital Equipment / Replacement	

B. Wire Transfer Services

The City currently generates approximately 13 outgoing wires each year. A standard wire transfer agreement will be executed with the bank. This proposal should include a copy of your standard transfer procedures and wire transfer agreement. The City requires adequate security provisions and procedures. If the wire transfer requests are available on line, full information should be submitted detailing the use.

C. Automated Daily Balance Reporting

The City requires an automated PC-based reporting system for access to the closing ledger and available balances. Stipulate the time at which the access is available and describe the system to be used. Reporting should include balance and detail reporting. Samples of the reports are to be included in the proposal.

D. Sweep Account Provisions

If the City chooses, the bank will be responsible for automatically sweeping the balances in all accounts daily to an investment option (money market fund, repo, etc.). Describe the sweep options and, if a money market fund is used, provide a prospectus. The accounts will be swept to the compensating balance.

E. *THIS SECTION IS NOT APPLICABLE*

F. Investment of Idle Funds and Safekeeping of City Securities

All certificates of deposit bought by the City will be bought on a competitive basis. The City has no obligation to invest its funds with or through the bank. If the bank is proposing overnight repurchase agreements, an executed Master Repurchase Agreement is required. In order to fulfill GASB III requirements for reporting, if a repurchase agreement is executed with the bank itself, the collateral must be held in the trust department of the bank in a separate account.

All securities will be handled on a delivery versus payment (DVP) basis as they are cleared into and out of the account. There will be approximately ten securities in safekeeping at any time. All clearing and safekeeping will be in the bank or its correspondent. All correspondent and safekeeping arrangement will be stipulated in the proposal.

G. Standard Disbursing Services

Standard disbursing services for all accounts are required to include the payment of all checks upon presentation.

H. Standard Deposit Services

The bank must guarantee immediate credit on all incoming wire transfers and U.S. Treasury checks upon receipt and all other checks based on the bank's published availability schedule. The Bank should specify in their proposal their deposit requirements and commercial and retail deposit locations, including night deposit services and procedures.

I. Reporting and Account Analysis

Monthly account analysis reports must be provided by the bank on a timely basis for each account and on a total account basis. A sample account analysis format must be provided as part of the proposal. Samples of monthly statements should also be provided. The monthly statements are to be received within ten business days of the next month.

J. Account Executive

An account executive must be assigned to the account to coordinate the account services and expedite the solution of any problem. A trained and competent backup for the account executive, familiar with the account, should be assigned in the proposal. Stipulate the name and a brief biography of the account executive to be assigned to the City's account.

K. Direct Deposit

Describe the requirements and deadlines for computer tap for ACH transactions. The proposal should indicate when funds will be available in participating banks.

L. Daylight Overdraft Provisions

Every effort will be made to eliminate daylight overdraft situations on the account. However, in case this situation does arise, the proposal should include any and all bank policies regarding daylight overdrafts charges or handling procedures.

M. Stop Payments

The proposal must include a statement on the proposed stop payment process on an automated or manual basis.

N. Collateralization of Deposits

The bank must agree to obtain and maintain acceptable collateral sufficient to cover all anticipated time and demand deposits, above the FDIC insured limit of \$250,000. Securities used to pledge against time and demand deposits must be held in an independent third-party safekeeping institution outside the bank's holding company. The bank will execute a tri-party safekeeping agreement with the City and the Safekeeping bank for safekeeping of these securities. Collateral will be maintained at a minimum of 102% and marked to market at least once a month. Control will be shared jointly between the bank and the entity. Substitution will be approved by the City and not unduly withheld. Substitutions of collateral will be requested in writing and new collateral will be received before the existing collateral is released. The proposal will name the safekeeping bank for collateral.

O. Additional Services

If new services become available and are provided during the period of this contract, they will be charged at the bank's then published rate.

V. OTHER SERVICES

The City is interested in obtaining service and cost information on additional services for possible use during the contract period. These services are not required but will be evaluated in terms of availability, feasibility, service levels, service providers and cost. The City will make its determination after receipt of proposals as to whether a service will be used. If the service is accepted later in the contract period the services and charges stipulated in the proposal will be applied.

A. Lockbox Services

The City may chose to utilize lockbox services for certain revenue collections. Describe the service including the lockbox location and a full description of the service.

VI. Bank Compensation

Any net settlement on compensating balances will be made annually. If fees are chosen as the payment methodology, fees will be paid monthly after receipt of the account analysis.

ATTACHMENT A - BANKING SERVICES CHARGES

Any and all anticipated service charges must be shown on this form to be applicable under the agreement. Add additional lines as required.

Service Unit	Unit Charge	Cost of Service
Account Maintenance	Per month	
Daily Balance Reporting	Per month	
Zero Balanced Accounts		
Master Account	Per month	
Subsidiary Accounts	Per month	
Credits Posted	Per transaction	
Debits Posted	Per transaction	
Encoding charge	Per transaction	
ACH Processing	Per transaction	
Origination of file	Per tape	
ACH deletions	Per transaction	
ACH entries	Per transaction	
Returned checks	Per transaction	
Controlled Disbursement	Per account/per month	
Reconciliation	Per month	
Sort list tape	Per transaction	
Sort and list	Per transaction	
Items Deposited		
Deposits	Per transaction	
Commercial deposits	Per transaction	
Group I items	Per transaction	
Group II items	Per transaction	
Group III items	Per transaction	
Group IV items	Per transaction	
Stop payments	Per transaction	
Wire Transfers		
Incoming	Per transaction	
Outgoing	Per transaction	
Investment Safekeeping		
S/keeping interest/credit	Per transaction	
S/keeping receipt deposit	Per transaction	
S/keeping outgoing	Per transaction	
Securities DVP FRB	Per transaction	
Securities DVP NY	Per transaction	
Check Printing	Per transaction	
Extra Statements	Per transaction	
Disposable Bank Bags	Per Item	
Lockbox	Per month	
Cutbacks	Per transaction	
Special handling		



CITY COUNCIL AGENDA ITEM BRIEFING SHEET

Council Date: May 15, 2018	Department: Admin	Presented By: Bryan Grimes
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AGENDA ITEM:

Discuss / Take Action: Issuance of Tax Notes

BACKGROUND:

In 2016, the City of Willow Park issued GO Bonds for improvements to Ranch House Road. The proceeds of these funds were insufficient to complete the project in a manner sufficient for the long term vitality of the project. Subsequently, the City was compelled to either value engineer the project, or issue additional funds to complete the project in best manner.

The deficit between bond proceeds and the most responsible bid was approximately \$275,000. Council directed staff to also investigate the possibility of completing approximately 1100 linear feet of Ranch House so that a single road surface would be continual from Fox Trail thru the intersection of Ranch House and Crown Road. The additional 1100 feet will cost approximately \$500,000.

Council had been briefed previously on a financial instrument known as a Tax Note. Such an instrument funds projects similar to GO or CO bonds. As Council has been advised, Tax Notes do not have any recall provisions, nor advertisement requirements. However, the maximum maturity of a Tax Note cannot exceed seven years.

City Financial Advisor Erick Macha with Hilltop Securities has prepared various Repayment Schedules for an issuance of \$875,000 that would result in approximately \$820,000 of construction. As indicated in Schedule 2, there will be no tax rate increase for this issuance for a 7 year term. This assumes a 1% growth in Assessed Valuation for the duration of the 7 year term. On April 27, 2018, the Parker County Tax Appraisal office provided staff with an estimated 5% growth in taxable values. Of the approximate \$28 Million in new value, roughly \$14 Million is from new construction. This information further enhances the notion that Willow Park is a vibrant and growing community. Total taxable values for the City of Willow Park was \$348 Million in 2013. This new estimate, which will be certified by July 25, will be around \$519 Million. Given these factors, staff is comfortable with the extremely conservative 1% grown assumption provided by Erick Macha and Hilltop Securities.

Upon passage by Council, the Tax Notes could be issued by June 5 and will be incorporated into the ongoing Ranch House Project.

STAFF/BOARD/COMMISSION RECOMMENDATION:

Passage of the Tax Notes for an amount of \$875,000

EXHIBITS:

Tax Note Brief from Erick Macha

Repayment Schedules

Email from Erick Macha regarding Tax Note Issuance

Preliminary Total Taxable Value Estimate from Parker County Appraisal Office

ADDITIONAL INFO:	FINANCIAL INFO:	
	Cost	\$
	Source of Funding	\$

Types of Bonds

Tax Notes

- Require authorization by ordinance and have a maximum maturity of seven years
- Secured by the following sources:
 - Pledge of anticipated ad valorem taxes or revenues
 - Proceeds from bonds previously authorized but not yet issued
 - Current revenue sources
- Issued to finance the following:
 - May be used for any public purpose, just like GO bonds
 - Pay contractual obligations incurred for professional services
 - Fund cash flow short fall (must be repaid following year)
- Sell at interest rates similar to GOs
- I&S tax rate to pay debt service is not subject to rollback

Schedule 1 - 4 year Repayment
Willow Park, Texas
\$820,000 Construction Proceeds
Preliminary/Subject to Change

A	B	C	D	E	F	G	H	I	J
FYE	Assessed Valuation	Growth	Existing Net Tax Supported Debt Service	\$875,000 6/5/2018 - 2.40%			Aggregate Net Tax Supported Debt Service	Calculated I&S Tax Rate ⁽¹⁾	FYE
				Principal	Interest	Total			
2018	\$ 491,508,420		\$ 872,431	\$ -	\$ -	\$ -	\$ 872,431	0.2283	2018
2019	496,423,504	1.00%	898,045	195,000	22,743	217,743	1,115,788	0.2294	2019
2020	501,387,739	1.00%	910,752	205,000	13,860	218,860	1,129,612	0.2299	2020
2021	506,401,617	1.00%	932,359	200,000	9,000	209,000	1,141,359	0.2300	2021
2022	511,465,633	1.00%	874,313	275,000	3,300	278,300	1,152,613	0.2300	2022
2023	516,580,289	1.00%	901,584				901,584	0.1781	2023
2024	521,746,092	1.00%	625,198				625,198	0.1223	2024
2025	526,963,553	1.00%	625,507				625,507	0.1211	2025
2026	532,233,188	1.00%	625,216				625,216	0.1199	2026
2027	537,555,520	1.00%	624,232				624,232	0.1185	2027
2028	542,931,076	1.00%	627,501				627,501	0.1179	2028
2029	548,360,386	1.00%	625,117				625,117	0.1163	2029
2030	553,843,990	1.00%	627,033				627,033	0.1155	2030
2031	559,382,430	1.00%	628,196				628,196	0.1146	2031
2032	564,976,254	1.00%	270,300				270,300	0.0488	2032
2033	570,626,017	1.00%	273,500				273,500	0.0489	2033
2034	576,332,277	1.00%	271,400				271,400	0.0481	2034
2035	582,095,600	1.00%	274,000				274,000	0.0480	2035
2036	587,916,556	1.00%	271,300				271,300	0.0471	2036
2037	593,795,721	1.00%	273,300				273,300	0.0470	2037
2038	599,733,679	1.00%	271,050				271,050	0.0461	2038
2039	605,731,015	1.00%	269,675				269,675	0.0454	2039
2040	611,788,326	1.00%	273,075				273,075	0.0455	2040
2041	617,906,209	1.00%	271,250				271,250	0.0448	2041
2042	624,085,271	1.00%	269,275				269,275	0.0440	2042
2043	630,326,124	1.00%	272,075				272,075	0.0440	2043
2044	636,629,385	1.00%	269,650				269,650	0.0432	2044
2045	642,995,679	1.00%	272,000				272,000	0.0432	2045
2046	649,425,636	1.00%	274,050				274,050	0.0431	2046
			\$ 14,473,381	\$ 875,000	\$ 48,903	\$ 923,903	\$ 15,397,284		

- Maximum Tax Rate 2019 and after - \$ 0.2300
- Increase (decrease) above FY 2018 - \$ 0.0017

Notes:

(1) Tax collection percentage of 99%. Actual tax rate for FY 2018.

Schedule 2 - 7 year Repayment
Willow Park, Texas
\$820,000 Construction Proceeds
Preliminary/Subject to Change

A	B	C	D	E	F	G	H	I	J
FYE	Assessed Valuation	Growth	Existing Net Tax Supported Debt Service	<div>\$875,000</div> <div>6/5/2018 - 2.85%</div> <div>Principal Interest Total</div>			Aggregate Net Tax Supported Debt Service	Calculated I&S Tax Rate ⁽¹⁾	FYE
2018	\$ 491,508,420		\$ 872,431	\$ -	\$ -	\$ -	\$ 872,431	0.2283	2018
2019	496,423,504	1.00%	898,045	105,000	28,290	133,290	1,031,335	0.2120	2019
2020	501,387,739	1.00%	910,752	115,000	20,306	135,306	1,046,058	0.2129	2020
2021	506,401,617	1.00%	932,359	105,000	17,171	122,171	1,054,530	0.2125	2021
2022	511,465,633	1.00%	874,313	145,000	13,609	158,609	1,032,921	0.2061	2022
2023	516,580,289	1.00%	901,584	120,000	9,833	129,833	1,031,417	0.2037	2023
2024	521,746,092	1.00%	625,198	140,000	6,128	146,128	771,325	0.1509	2024
2025	526,963,553	1.00%	625,507	145,000	2,066	147,066	772,573	0.1496	2025
2026	532,233,188	1.00%	625,216				625,216	0.1199	2026
2027	537,555,520	1.00%	624,232				624,232	0.1185	2027
2028	542,931,076	1.00%	627,501				627,501	0.1179	2028
2029	548,360,386	1.00%	625,117				625,117	0.1163	2029
2030	553,843,990	1.00%	627,033				627,033	0.1155	2030
2031	559,382,430	1.00%	628,196				628,196	0.1146	2031
2032	564,976,254	1.00%	270,300				270,300	0.0488	2032
2033	570,626,017	1.00%	273,500				273,500	0.0489	2033
2034	576,332,277	1.00%	271,400				271,400	0.0481	2034
2035	582,095,600	1.00%	274,000				274,000	0.0480	2035
2036	587,916,556	1.00%	271,300				271,300	0.0471	2036
2037	593,795,721	1.00%	273,300				273,300	0.0470	2037
2038	599,733,679	1.00%	271,050				271,050	0.0461	2038
2039	605,731,015	1.00%	269,675				269,675	0.0454	2039
2040	611,788,326	1.00%	273,075				273,075	0.0455	2040
2041	617,906,209	1.00%	271,250				271,250	0.0448	2041
2042	624,085,271	1.00%	269,275				269,275	0.0440	2042
2043	630,326,124	1.00%	272,075				272,075	0.0440	2043
2044	636,629,385	1.00%	269,650				269,650	0.0432	2044
2045	642,995,679	1.00%	272,000				272,000	0.0432	2045
2046	649,425,636	1.00%	274,050				274,050	0.0431	2046
			<u>\$ 14,473,381</u>	<u>\$ 875,000</u>	<u>\$ 97,403</u>	<u>\$ 972,403</u>	<u>\$ 15,445,784</u>		

- Maximum Tax Rate 2019 and after - \$ 0.2129
- Increase (decrease) above FY 2018 - \$ (0.0154)

Notes:

(1) Tax collection percentage of 98%. Actual tax rate for FY 2018.

Bryan Grimes

From: Erick Macha (HTS) <erick.macha@hilltopsecurities.com>
Sent: Monday, April 09, 2018 5:53 PM
To: Bryan Grimes
Cc: George Williford (HTS); Karla Gonzales (HTS)
Subject: Willow Park tax impact analysis
Attachments: City of Willow Park - Tax Impact Schedules 4.9.2018.pdf

Bryan,

Attached please find two schedules illustrating issuance sized at \$875,000 to produce approximately \$820,000 in project proceeds. Included are schedules illustrating the tax impact assuming four year repayment and seven year repayment. For illustration, similar to prior analysis, values are assumed to grow 1% per year. With four year repayment, the estimated I&S tax rate increase is less than 1 cent compared to the City's current I&S tax rate of \$.2283. Given assumed value growth and the structure of the City's existing tax supported debt service, seven year repayment would not require a tax rate increase. Based on the assumptions, the City would possibly be able to lower the I&S rate if determined to do so.

A call date could be set shorter than the repayment term. To the extent there are excess I&S funds available, the City would have the option to retire principal early on the pre-determined call date. Additionally, if values exceed projections, rather than lowering the I&S rate, the City could maintain the tax rate unchanged and use surplus I&S revenue towards retirement of principal early on the call date.

With a repayment term of seven years or less, the City could issue Tax Notes. Issuance of Tax Notes does not require publication or notice and would not be subject to petition as would be the case if Certificates of Obligation were issued. Council could approve issuance of Tax Notes at a regular or special meeting. Below is a sample timeline for issuance of Tax Notes, which can certainly be adjusted as needed:

- April 17: Determine to proceed (amount and term)
- April 19: Placement agent distributes term sheets to prospective banks
- May 3: Receive bids from banks
- May 8: Council meeting to approve sale
- Jun 5: Closing; receipt of funds

After review, please let us know of questions or if we can assist with additional information or analysis.

Thanks,
Erick

Erick Macha
Director
Hilltop Securities Inc.
1201 Elm Street, Suite 3500, Dallas, TX 75270
Direct: 214.953.4033 | Fax: 214.840.5081
erick.macha@hilltopsecurities.com

PARKER COUNTY APPRAISAL DISTRICT

**1108 Santa Fe Drive
Weatherford, Texas 76086**

TELEPHONE: 817-596-0077

FAX: 817-613-8096

parkercad@parkercad.org

April 27, 2018

Mr. Brian Grimes
City of Willow Park
516 Ranch House Rd.
Willow Park, TX 76087

Re: 2018 Preliminary Values

Dear Mr. Grimes:

The following information represents tax year 2018 preliminary taxable values for City of Willow Park. The information is based on data available at this time. Keep in mind that these values will change after the Appraisal Review Board hears all taxpayer appeals.

Certified values will be available on or before July 25, 2018.

2018 ESTIMATED TOTAL TAXABLE VALUE	\$ 519,552,699
2017 CERTIFIED TAXABLE VALUE	<u>491,466,275</u>
TAXABLE VALUE INCREASE FROM 2017	28,086,424
% INCREASE	5.71

2018 NEW CONSTRUCTION \$14,244,106 (Included in 2018 total taxable value above)

Sincerely,



Larry Hammonds
Chief Appraiser



CITY COUNCIL AGENDA ITEM BRIEFING SHEET

Council Date: May 15, 2018	Department: Development	Presented By: Bernie Parker
--------------------------------------	-----------------------------------	---------------------------------------

AGENDA ITEM:

To consider and take action on the Public Safety Building Bids

BACKGROUND:

The City received 9 complete bids and 1 partial bid for construction of the Public Safety Building.

STAFF/BOARD/COMMISSION RECOMMENDATION:

EXHIBITS:

ADDITIONAL INFO:	FINANCIAL INFO:	
	Cost	\$
	Source of Funding	\$

City of Willow Park, TX
Willow Park Public Safety Building

BID SUMMARY

DAI Project No. 50089183

Willow Park Public safety Building

Dewberry Project #: 50089183

	Wilkes	Teinert	JOE JONES	FENCE FT. WORTH		
5% Bid Bond / Surety	✓	✓				
Bid Proposal Part A	✓	✓	✓			
Alternates Form	✓	✓	✓			
Total Base Bid	4,568,142.00	5,100,000.00	5,078,000.00	45,860		
Days to Complete	300	300	330			
ALTERNATES:						
Alt. 1: Canopy at Secure Parking (Add)	135,151.00	X	X			
Alt. 2: Sidewalk along Stagecoach Trail (Add)	10,151.00	7,900.00	12,800			
Alt. 3: Sectional Doors in lieu of Bi-Fold doors at Apparatus Bays (Add)	96,000	100,037.00	60,500			

City of Willow Park, TX
Willow Park Public Safety Building

BID SUMMARY

DAI Project No. 50089183

2:19 5/8

Willow Park Public safety Building

Dewberry Project #: 50089183

	MYLON	RJM	AVI	Schmolt	HAGEN	Imperial
5% Bid Bond / Surety		✓	✓	✓	✓	
Bid Proposal Part A	✓	✓	✓	✓	✓	✓
Alternates Form	✓	✓	✓	✓	✓	✓
Total Base Bid	5,300,000.00	4,054,013.81	4,665,000	4,870,000	4,589,000.00	4,698,999.00
Days to Complete	275	345	365	330	300	300
ALTERNATES:						
Alt. 1: Canopy at Secure Parking (Add)	321,400.00	X	X	108,700.00	105,000	108,000
Alt. 2: Sidewalk along Stagecoach Trail (Add)	13,000.00	2,750	2,964	15,000	12,500	13,000
Alt. 3: Sectional Doors in lieu of Bi-Fold doors at Apparatus Bays (Add) deduct	-126,000	96,000	96,000	90,000	95,000	90,000

INVITATION TO BID
CITY OF WILLOW PARK, TEXAS
Lowest Responsible Bidder

Sealed Bids will be accepted for the following project to:

City of Willow Park Public Safety Building
Attn: Alicia Smith
516 Ranch House Road
Willow Park, Texas 76087
asmith@willowpark.org

For more information, see INSTRUCTIONS TO BIDDERS, Section 00200, included in the project bid documents available for download. All bids submitted will remain confidential until the opening date and time when they will be opened, read, and submitted into the public record.

The project will entail the construction of a 15,000 square foot Public Safety Building in Willow Park, Texas. As a part of the scope of work, we will build two Pre-engineered metal buildings with a connection of conventional framing. Fire Department will have three apparatus bays, individual sleep rooms, showers and living space. Police Department will have evidence storage, individual offices, interview rooms, and large locker/shower rooms. The departments will share a common training room, lobby, and rear patio with railing and stairs to grade.

Bids, shall be submitted on the form provided and submitted electronically to asmith@willowpark.org, by mail or in person (one copy) to the above mentioned address. Bids will be accepted until 2:00 p.m., Tuesday, May 8th, 2018. All Bids shall reference the following project information in the appropriate locations in provided electronic format. All properly submitted bids will then be opened by the City at 2:01 P.M. on May 8th at the Willow Park Police and Fire station, 101 Stagecoach Trail, Willow Park, Texas, and read aloud at the bid opening of the City of Willow Park Public Safety Building. Questions regarding bidding and documents should be directed to the Architect, Jenna McGregor, jmcgregor@dewberry.com. All questions must be submitted by April 30, 2018. Responses to questions will be sent to all known bidders no later than May 1, 2018.

Upon award of a contract, the successful Bidder will be required to provide plan for administration of the construction project, including but not limited to, all transmittals and material submittals, RFI's, Change Orders, Applications for Payment and all projection communications with the City, its Construction Manager and Architect.

Electronic Bid Documents: including Contract Documents, Plans and Technical Specifications are available for download by emailing a request to Jenna McGregor, jmcgregor@dewberry.com.

No plan fees or deposits are required for plans and bid documents obtained through this website.

Bidders accept sole responsibility for downloading all of the required documents, plans, specifications, bid forms and addenda required for bidding.

No bid may be withdrawn or terminated for a period of ninety (90) days subsequent to the bid opening date without the consent of the City of Willow Park. Unless otherwise expressly provided herein, all references to "day(s)" shall mean calendar day(s).

Bid Security and Bonds: Bid Security in the form of Cashier's Check, Certified Check, or Bid Bond payable to the City of Willow Park in the amount of 5% of the total base bid price must accompany each proposal. Bidders submitting bids electronically shall scan and up-load a copy of the sealed Bid Bond as an attachment to their bid. **Original documents for Bid Security shall be requested by the City from the lowest two bidders and delivered to the City's Purchasing Officer within 48 business hours of the Bid Opening.** Bid Security shall be delivered to City Secretary Alicia Smith, asmith@willowpark.org.

The successful Bidder must furnish Performance and Payment Bonds as required by Chapter 2253 of the Texas Government Code or other applicable law, as amended, upon the form included in the Contract Documents in the amount of one hundred percent (100%) of the contract price, such bonds to be executed by a corporate surety duly authorized to do business in the State of Texas, and named in the current list of "Treasury Department Circular No 570", naming the City of Willow Park, Texas as Obligee. Additionally the successful bidder shall be required to provide a one year Maintenance Bond for the improvements installed as part of this work as provided in the Special Conditions of Agreement.

Equal Opportunity: All responsible bidders will receive consideration for award of contract without regard to race, color, religion, sex, or national origin.

Nondiscrimination: The City, in accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. 2000d to 2000d-4 and Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-Assisted programs of the Department of Transportation issued pursuant to such Act, hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to this advertisement, minority business enterprises will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.

Selection Criteria: The Contract is to be awarded on the basis of Lowest Responsible Bidder. In identifying this criteria the City will consider: The lowest total bid price for all work listed and specifically requested, including but not limited to: Base Bid, extra work items and selected Alternates. The City of Willow Park reserves the right to award a contract based on any combination of the above considered to be in its best interests or to reject any or all bids.

A bid that has been "opened" may not be changed for the purposes of correcting an error in the bid price.

Alicia Smith
City Secretary
City of Willow Park

Section 00200

INSTRUCTIONS TO BIDDERS

1. Defined Terms

1.1 The term "Owner" hereinafter is defined as the City of Willow Park and is used interchangeably with the term "the City". Both terms are synonymous and refer to the City.

1.2 The term "Bidder" means one who submits a Bid Proposal directly to Owner, as distinct from a sub-bidder, who submits a bid to a Bidder. The term "Successful Bidder" means the lowest responsible Bidder to whom the Owner (on the basis of Owner's evaluation as hereinafter provided) makes an award. The term "Bid Documents" includes the Invitation to Bidders, Instructions to Bidders, the Bid Proposal, and the proposed Contract Documents (including all Addenda issued prior to receipts of bids).

1.3 All other definitions set out in the Contract Documents are applicable to terms used in the Bidding Documents.

1.4 Unless otherwise expressly provided herein, all references to "day(s)" shall mean consecutive calendar day(s).

1.5 The electronic Bid Proposal can be submitted through email provided in the Invitation to Bid Section.

2. Copies of Bidding Documents

2.1 Complete sets of "electronic" Bidding Documents are available for download to registered Bidders at No Cost by email request to the architect at jmcgregor@dewberry.com. All Bid Documents are available to download and print.

2.2 The Bidder accepts sole responsibility for ensuring that he obtains a full set of these documents by completing the registration and executing a full and complete download of the project documents. Downloading of Bid Documents automatically ensures receipt of any and all subsequent communications from the City or its Engineer.

3.2 Complete sets of Bidding Documents must be used in preparing Bid Proposals; neither Owner nor Engineer assumes any responsibility for errors or misinterpretations resulting from the use of incomplete sets of Bidding Documents including, but not limited to all Addenda issued prior to bid.

3.3 Owner and Engineer, in making copies of Bidding Documents available on the above terms, do so only for the purpose of obtaining Bid Proposals on the Work, and do not confer a license or grant for any other use.

3. Qualifications of Bidders

3.1 In determining to whom to award a contract, the City of Willow Park may consider, in addition to the other selection criteria identified in section 16 of these Instructions to Bidders, the following Qualifications of Bidder, and each Bidder must be prepared to submit within two (2) days of Owner's request any or all of such Qualifications requested:

- 1) A brief narrative of previous experience of the Bidder with projects of a similar nature and scope;
- 2) A list, including owner name and project location, of on-going projects and contracts for construction of projects of the Bidder which are not yet substantially complete;
- 3) A list of proposed subcontractors and suppliers for the project being bid;
- 4) A list of name, address and telephone number of references for projects completed by Bidder; and
- 5) A Financial Statement of Bidder, consisting of the balance sheet and annual income statement of Bidder for the Bidder's last fiscal year end preceding the submission of the Bid Proposal, which has been audited or examined by an independent certified public accountant. The Financial Statement of Bidder shall be used to determine a Bidder's net working capital, which is defined as current assets less current liabilities. A Bidder's net working capital shall be considered evidence of the Bidder's ability to provide sufficient financial management of the project being bid. The Bidder's Financial Statement shall be clearly and conspicuously marked as "confidential", and shall be deemed and treated as confidential and excepted from the Public Information disclosure requirements of Texas Government Code Section 552.001 et seq., as such information, if released, would give advantage to a competitor or bidder, and/or would cause substantial competitive harm to Bidder.

4. Examination of Contract Documents and Site

4.1 It is the responsibility of each Bidder before submitting a Bid Proposal, to (a) examine the Bidding Documents thoroughly, (b) visit the site to become familiar with local conditions that may affect cost, progress, performance or furnishing of the Work, (c) consider federal, state and local laws and regulations that may affect cost, progress, performance or furnishing of the Work, (d) study and carefully correlate Bidder's observations with the Contract Documents, and (e) notify Engineer of all conflicts, errors, omissions or discrepancies in the Contract Documents.

4.2 Any reports of explorations and tests of conditions at the site which have been utilized by the Engineer in preparation of the Contract Documents will be made available to Bidders for review, but such reports are not part of the Contract Documents. Bidder may not and should not rely upon the accuracy of the data contained in such reports, interpretations or opinions contained therein, or the completeness thereof, for the purposes of bidding or construction.

4.3 Information and data reflected in the Contract Documents with respect to underground utilities, equipment or other underground facilities at or contiguous to the site is based upon information and data furnished to Owner and Engineer by owners of such underground facilities or others, and Owner does not assume responsibility for the accuracy or completeness thereof.

4.4 Before submitting a Bid Proposal, each Bidder will, at Bidder's own expense, make or obtain any additional examinations, investigations, explorations, tests and studies and obtain any additional information and data which pertain to the physical conditions (surface, subsurface and underground facilities) at or contiguous to the site or otherwise which may affect cost,

progress, performance or furnishing of the Work and which Bidder deems necessary to determine its Bid Proposal prices for performing and furnishing the Work in accordance with the Contract Time, Contract Price and other terms and conditions of the Contract Documents.

4.5 On request in advance, Owner will provide each prospective Bidder access to the site to conduct such explorations and tests as each prospective Bidder deems necessary for submission of a Bid Proposal. Prospective Bidders shall fill all holes, clean up and restore the site to its former condition upon completion of such explorations.

4.6 The lands upon which the Work is to be performed, rights-of-way and easements for access thereto and other lands designated for use by Contractor in performing the Work are identified in the Contract Documents. All additional lands, access thereto or contractual arrangements for use by the Contractor required for temporary construction facilities or storage of materials and equipment are to be provided by Contractor. Easements for permanent structures or permanent changes in existing structures are to be obtained and paid for by Owner unless otherwise provided in the Contract Documents.

4.7 The submission of a Bid Proposal will constitute an incontrovertible representation by Bidder that Bidder has complied with every requirement of this Article 4, that without exception the Bid Proposal is premised upon performing and furnishing all of the Work required by the Contract Documents and such means, methods, techniques, sequences or procedures of construction as may be indicated in, required by or reasonably inferred from the Contract Documents, and that the Contract Documents are sufficient in scope and detail to indicate and convey understanding of all terms and conditions for performance and furnishing of the Work.

5. Interpretations and Addenda

5.1 All questions about the meaning or intent of the Contract Documents are to be directed to Architect. Interpretations or clarifications considered necessary by Architect in response to such questions will be issued by Addenda delivered or transmitted by electronic means to all registered Bidders. Questions received less than five (5) days prior to the date for opening of Bid Proposals may not be answered. Only questions answered by formal written Addenda will be binding. Oral and other interpretations or clarifications will be without legal effect. All questions to be directed to Jenna McGregor, jmcgregor@dewberry.com.

5.2 Addenda may also be issued to modify the Bidding Documents as deemed advisable by Owner or Engineer. Addenda will automatically be made available to all **Bidders that have downloaded Bid Documents from the City's Website.**

6. Bid Security

6.1 **Each Bid Proposal must be accompanied by bid security** made payable to Owner in an amount of five percent (5%) of the Bidder's maximum Bid Proposal price, in the form of a certified check, cashier's check or a Bid Bond ("Bid Security").

6.2 Bidders submitting bids through E-mail **shall scan and up-load a copy of their Bid Security (sealed Bid Bond, Certified Check or Cashier's Check) as an attachment to their electronic bid. Original documents for Bid Security shall be requested by the City from the lowest two bidders and delivered to the City's Purchasing Officer within 48 business hours of**

the Bid Opening. Bid Security shall be delivered to: Alicia Smith, 516 Ranch House Road, Willow Park, Texas 76087.

6.3 The Bid Security of the Successful Bidder will be retained until such time as Bidder has executed the Standard Form of Agreement, and furnished the required Performance and Payment Bonds, whereupon the Bid Security of both bidders will be returned. If the Successful Bidder fails to execute and deliver the Standard Form of Agreement and furnish the required performance and payment bonds within ten (10) days after the Notice of Award, Owner may annul the Notice of Award and shall be entitled to make a claim against the Bid Security. The Bid Security of other Bidders will be retained until the Contract is awarded and the Standard Form of Agreement becomes effective, or all bids are rejected, whereupon Bid Security furnished by all such Bidders will be returned.

7. Contract Time

7.1 The number of days in which the Work is to be Substantially Completed, as set forth in the Bid Proposal form and the Standard Form of Agreement, subject to such extension of time as may be due under the terms and conditions of the Contract Documents ("Contract Time"). All references to "time" or "days" shall be interpreted as consecutive calendar days.

8. Liquidated Damages and Early Completion Bonus

8.1 Provisions for liquidated damages and early completion bonus, if any, are set forth in the Standard Form of Agreement.

10 Substitute or "Or-Equal" Items

10.1 The Contract, if awarded, will be on the basis of the selected materials and equipment described in the Plans or specified in the Specifications without consideration of possible substitute or "or-equal" items. Whenever it is indicated in the Plans or specified in the Specifications that a substitute or "or-equal" item of material or equipment may be furnished or used by the Contractor if acceptable to Engineer, application for such acceptance will not be considered by Engineer until after the Agreement becomes effective. All "or-equal" references shall be interpreted to mean "or approved equal". The procedure for submission of any such application by Contractor and consideration by Engineer is set forth in the Contract Documents.

11. Bid Form

11.1 The Bid Proposal form (Section 00300 – Bid Proposal) is included with the Bidding Documents when downloaded. This Document must be printed and signed, as required below, and then uploaded as an Attachment to the Bid.

All E-bids must be submitted to the City's Secretary, asmith@willowpark.org. All blanks on the Bid Proposal form must be completed or filled in. The Bidder shall bid all Alternates, if any. Incomplete Bid Proposals may be cause for rejection.

11.2 Bid Proposals by corporations must be executed in the corporate name by the president or a vice-president (or other corporate officer accompanied by evidence of authority to sign) and the corporate seal must be affixed and attested by the secretary or an assistant secretary. The

corporate address and state of incorporation must be shown below the signature. **Once executed the document is to be uploaded as an attachment to the Bid.**

11.3 Bid Proposals by partnerships must be executed in the partnership name and signed by a general partner, whose title must appear under the signature, and if a corporate general partner, executed as required above for corporations and the official address of the partnership must be shown below the signature. All names must be typed or printed below the signature. **Once executed the document is to be uploaded as an attachment to the Bid.**

11.4 The Bidder shall acknowledge receipt of all Addenda (the number of which must be filled in on the Bid Proposal form).

11.6 The address and telephone number for communications regarding the Bid Proposal must be shown on the Bid Proposal form.

12. Submission of Bid Proposals

12.1 The place, date and/or time designated for opening Bid Proposals may be changed in accordance with applicable laws, codes and ordinances. Any such changes to the Bid Schedule shall be made by Addenda.

Bid Proposals submitted after the bid date and time will be rejected.

13. Modification and Withdrawal of Bid Proposals

13.1 Prior to submission, Bid Proposals may be modified or withdrawn without prejudice.

13.2 Once submitted, Bid Proposals may only be modified by an appropriate document duly executed (in the manner that a Bid Proposal must be executed) and delivered to and submitted any time prior to the opening of Bid Proposals.

13.3 A Bidder may not modify or withdraw its Bid Proposal by facsimile or verbal means. A withdrawn Bid Proposal may be resubmitted prior to the designated time for opening Bid Proposals. No bid may be withdrawn or terminated for a period of sixty (60) days subsequent to the bid opening date without the consent of the City of Willow Park.

13.4 If, within twenty-four (24) hours after Bid Proposals are opened, any Bidder files a duly signed, written notice with Owner and promptly thereafter demonstrates to the reasonable satisfaction of Owner that there was a material mistake in the preparation of its Bid Proposal, that Bidder may request to withdraw its Bid Proposal and the bid security may be returned or, at the discretion of the Owner, Owner may make a claim against the bid security. Thereafter, that Bidder will be disqualified from further bidding on the Project to be provided under the Contract Documents.

14. Opening of Bid Proposals

14.1 Bid Proposals will be opened and (unless obviously non-responsive) submitted to public record. An abstract of the amounts of the base Bid Proposals and major alternates (if any) will be made available to Bidders after the opening of Bid Proposals. Bid Proposals, in their entirety, shall be open for public inspection after the contract is awarded, with the exception of any trade secrets or confidential information contained therein, provided Bidder has expressly identified any specific information contained therein as being trade secrets or confidential information.

15. Bid Proposals to Remain Subject to Acceptance

15.1 All Bid Proposals will remain subject to acceptance for sixty (60) days after the day of the Bid Proposal opening, but Owner may, in its sole discretion, release any Bid Proposal and return the bid security prior to that date.

16. Award of Contract

16.1 Owner reserves the right to reject any and all Bid Proposals, to waive any and all informalities not involving price, time or changes in the Work and to negotiate contract terms with the Successful Bidder. Owner may reject a bid as non-responsive if: 1) Bidder fails to provide required Bid Security; 2) Bidder improperly or illegibly completes or fails to complete all information required by the Bidding Documents; 3) Bidder fails to sign the Bid Proposal or improperly signs the Bid Proposal; 4) Bidder qualifies its Bid Proposal; 5) Bidder tardily or otherwise improperly submits its Bid Proposal; 6) Bidder fails to submit the Qualifications of Bidder as required under section 3 of these Instructions to Bidders; or 7) Bid Proposal is otherwise non-responsive. Contracts are awarded on the basis of one of the following criteria:

A) provision of the "Best Value" or

B) Lowest Responsible Bidder

16.2 Best Value. In determining the best value for the Owner, and in determining to whom to award a contract, Owner may consider: 1) purchase price; 2) reputation of the Bidder and Bidder's goods or services; 3) quality of Bidder's goods or services; 4) extent to which the goods or services meet the Owner's needs; 5) Bidder's past relationship with the Owner; 6) impact on the ability of Owner to comply with laws and rules relating to contracting with historically underutilized businesses and nonprofit organizations employing persons with disabilities; 7) total long-term cost to Owner to acquire Bidder's goods or services; 8) the Qualifications of Bidder; and 9) any other relevant criteria specifically listed in the Bidding Documents. A contract to be awarded to the Bidder offering the Best Value may be let on either a lump sum basis or a unit cost basis dependent on the Bid Proposal format.

16.3 Lowest Responsible Bidder. In determining Lowest Responsible Bidder, Owner will consider: Lowest Total Bid price for all work including Base Bid, Extra Work and Alternates, if any, and any other cost criteria. Additional evaluation criteria may include: the Qualifications of the Bidders, whether or not the Bid Proposals comply with the prescribed requirements, and such alternates, unit prices and other data, as may be requested in the Bid Proposal form or prior to the Notice of Award. Discrepancies in the multiplication of units of Work and unit prices will be resolved in favor of the unit prices. Discrepancies between the indicated sum of any column of figures and the correct sum thereof will be resolved in favor of the correct sum.

A contract to be awarded to the Lowest Responsible Bidder may be let on either a lump sum basis or a unit cost basis dependent on the Bid Proposal format.

Acceptance of any and all bids may be conditioned on compliance with the requirement for attendance of the mandatory pre-bid meeting.

16.4 In either case, Owner may conduct such investigations as Owner deems necessary to assist in the evaluation of any Bid Proposal and to establish the responsibility, qualifications and financial ability of Bidders, proposed Subcontractors, suppliers and other persons and organizations to perform and furnish the Work in accordance with the Contract Documents, to

Owner's satisfaction, within the Contract Time.

17. Contract Security

17.1 When the Successful Bidder delivers the executed Standard Form of Agreement to Owner, it must be accompanied by the Performance, Payment, Maintenance and Surface Correction Bonds required by the Contract Documents. Bonds may be on the forms provided herein or an equal form containing no substantive changes, as determined by Owner.

18. Signing of Agreement

18.1 When Owner gives a Notice of Award to the Successful Bidder, it will be accompanied by the required number of unsigned counterparts of the Standard Form of Agreement, and the required Performance and Payment Bond forms. Within ten (10) days thereafter Contractor shall sign and deliver the required number of counterparts of the Standard Form of Agreement to Owner with the required Bonds. Within ten (10) days thereafter, Owner shall deliver one fully signed counterpart to Contractor. There shall be no contract or agreement between Owner and the Successful Bidder until proper execution and attestation of the Standard Form of Agreement by authorized representatives of the Owner.

19. Retainage

19.1 Provisions concerning retainage are set forth in the Contract Documents.

END OF SECTION

Section 00300

BID PROPOSAL

Part A

Date: _____

Bid of _____, an individual proprietorship / a corporation organized and existing under the laws of the State of Texas / a partnership consisting of _____, for the construction of:

City of Willow Park Public Safety Building
City of Willow Park

To: The Honorable Mayor and City Council of Willow Park
City of Willow Park
516 Ranch House Rd
Willow Park, Texas 76087

Pursuant to the published Invitation to Bidders, and Instructions to Bidders, the undersigned Bidder hereby proposes to perform all the work and furnish all necessary superintendence, labor, machinery, equipment, tools and materials, and whatever else may be necessary to complete all the work described in or reasonably inferable from the Contract Documents for the construction of the **City of Willow Park Public Safety Building** with all related appurtenances, complete, tested, and operational, in accordance with the Plans and Specifications prepared by the Architect, Dewberry Architects, 7557 Rambler Road, Dallas, Texas 75231; Jenna McGregor contact, for the unit prices or applicable prices set forth in Exhibit "A", the electronic bid form, which, once fully executed and submitted shall constitute a legal and executable proposal from the Bidder. It is understood that, in the event any changes are ordered on any part of the Work, the applicable unit prices bid shall apply as additions to or deductions from the total prices for the parts of the Work so changed.

The Bid Security required under the Instructions to Bidders is included and has been attached and, that a fully executed, signed and sealed hard copy has been delivered to Alicia Smith at 516 Ranch House Road, Willow Park, Texas 77581.

The Bidder agrees to submit to the Owner the Qualifications of Bidder, including the Financial Statement of Bidder, as required by the Instructions to Bidders if requested to do so as a condition of the Bid review.

The Bidder binds himself, upon acceptance of his proposal, to execute the Standard Form of Agreement and furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred percent (100%) of the total Contract Price, according to the forms included in the Contract Documents, for performing and completing the said work within the time stated and for the prices stated in this proposal along with all required insurance in the required amounts.

The undersigned Bidder agrees to commence work within 10 days of the date of a written Notice to Proceed. It is understood that the Work is to be Substantially Complete within [] days after the date of the Notice to Proceed. Time for Substantial Completion shall begin on the date established by the Notice to Proceed. The Contractor will pay liquidated damages in the amount(s) specified in Document 00500 – Standard Form of Agreement, in the event the Work is not Substantially Complete within the Contract Time.

The undersigned agrees that the amounts bid in this Bid Proposal will not be withdrawn or modified for ninety (90) days following date of Bid Proposal opening, or such longer period as may be agreed to in writing by the City of Willow Park and Bidder.

It is understood that in the event the Successful Bidder fails to enter into the Standard Form of Agreement and/or to furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred (100) percent of the Contract Price, along with all required insurance in the stated amounts within ten (10) days of the Notice of Award, the Successful Bidder will forfeit the Bid Security as provided in the Instructions to Bidders. Unless otherwise expressly provided herein, all references to “day(s)” shall mean calendar day(s).

The Bidder acknowledges that the following Addenda have been received. The modifications to the Bidding Documents noted therein have been considered and all costs thereto are included in the Bid Proposal prices.

Addendum No.: _____ Date: _____ Addendum No.: _____ Date: _____
 Addendum No.: _____ Date: _____ Addendum No.: _____ Date: _____

Bidder hereby represents that the only person or parties interested in this offer as principals are those named. Bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding.

Firm Name: _____

By: _____

Title: _____

Address: _____

Phone No: _____

ATTEST:

 (Typed or Printed Name)

(Seal, if Bidder is a Corporation)

 Signature

Date: _____

END OF SECTION

DOCUMENT 00400 - ALTERNATES FORM

1.1 BID INFORMATION

- A. Project Name: Willow Park Public Safety Building
- B. Project Location: 101 Stagecoach Trail, Willow Park, Texas 76087 .
- C. Owner: City of Willow Park.
- D. Architect: Dewberry.
- E. Architect Project Number: 50089183

1.2 BID FORM SUPPLEMENT

1.3 DESCRIPTION

- A. Owner reserves the right to accept or reject any alternate.
- B. Acceptance or non-acceptance of any alternates shall have no affect on the Contract Time unless otherwise indicated.

1.4 SCHEDULE OF ALTERNATES

- A. Add Alternate No. 1: Canopy at Secure Parking.

- 1. ADD ___ DEDUCT ___ NO CHANGE ___ NOT APPLICABLE ____.
- 2. _____ Dollars
(\$ _____).
- 3. ADD ___ DEDUCT ___ calendar days to adjust the Contract Time for this alternate.

- B. Add Alternate No. 2: Sidewalk along Stagecoach Trail.

- 1. ADD ___ DEDUCT ___ NO CHANGE ___ NOT APPLICABLE ____.
- 2. _____ Dollars
(\$ _____).
- 3. ADD ___ DEDUCT ___ calendar days to adjust the Contract Time for this alternate.

- C. Add Alternate No. 3: Sectional Doors in lieu of Bi-fold doors at Apparatus Bays.

- 1. ADD ___ DEDUCT ___ NO CHANGE ___ NOT APPLICABLE ____.
- 2. _____ Dollars
(\$ _____).
- 3. ADD ___ DEDUCT ___ calendar days to adjust the Contract Time for this alternate.

END OF DOCUMENT 00400

Section 00300

BID PROPOSAL

Part A

Date: May 8, 2018Bid of Teinert Construction, Inc., an individual proprietorship / a
[corporation] organized and existing under the laws of the State of Texas / a partnership consisting
of _____, for the construction of:**City of Willow Park Public Safety Building**
City of Willow Park

To: The Honorable Mayor and City Council of Willow Park
City of Willow Park
516 Ranch House Rd
Willow Park, Texas 76087

Pursuant to the published Invitation to Bidders, and Instructions to Bidders, the undersigned Bidder hereby proposes to perform all the work and furnish all necessary superintendence, labor, machinery, equipment, tools and materials, and whatever else may be necessary to complete all the work described in or reasonably inferable from the Contract Documents for the construction of the **City of Willow Park Public Safety Building** with all related appurtenances, complete, tested, and operational, in accordance with the Plans and Specifications prepared by the Architect, Dewberry Architects, 7557 Rambler Road, Dallas, Texas 75231; Jenna McGregor contact, for the unit prices or applicable prices set forth in Exhibit "A", the electronic bid form, which, once fully executed and submitted shall constitute a legal and executable proposal from the Bidder. It is understood that, in the event any changes are ordered on any part of the Work, the applicable unit prices bid shall apply as additions to or deductions from the total prices for the parts of the Work so changed.

The Bid Security required under the Instructions to Bidders is included and has been attached and, that a fully executed, signed and sealed hard copy has been delivered to Alicia Smith at 516 Ranch House Road, Willow Park, Texas 77581.

The Bidder agrees to submit to the Owner the Qualifications of Bidder, including the Financial Statement of Bidder, as required by the Instructions to Bidders if requested to do so as a condition of the Bid review.

The Bidder binds himself, upon acceptance of his proposal, to execute the Standard Form of Agreement and furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred percent (100%) of the total Contract Price, according to the forms included in the Contract Documents, for performing and completing the said work within the time stated and for the prices stated in this proposal along with all required insurance in the required amounts.

Base Bid \$5,100,000 ⁰⁰
Five Million One Hundred Thousand Dollars ⁰⁰₀₀

Bidder's Initial's: JK

The undersigned Bidder agrees to commence work within 10 days of the date of a written Notice to Proceed. It is understood that the Work is to be Substantially Complete within [300] days after the date of the Notice to Proceed. Time for Substantial Completion shall begin on the date established by the Notice to Proceed. The Contractor will pay liquidated damages in the amount(s) specified in Document 00500 – Standard Form of Agreement, in the event the Work is not Substantially Complete within the Contract Time.

The undersigned agrees that the amounts bid in this Bid Proposal will not be withdrawn or modified for ninety (90) days following date of Bid Proposal opening, or such longer period as may be agreed to in writing by the City of Willow Park and Bidder.

It is understood that in the event the Successful Bidder fails to enter into the Standard Form of Agreement and/or to furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred (100) percent of the Contract Price, along with all required insurance in the stated amounts within ten (10) days of the Notice of Award, the Successful Bidder will forfeit the Bid Security as provided in the Instructions to Bidders. Unless otherwise expressly provided herein, all references to “day(s)” shall mean calendar day(s).

The Bidder acknowledges that the following Addenda have been received. The modifications to the Bidding Documents noted therein have been considered and all costs thereto are included in the Bid Proposal prices.

Addendum No.: 1 Date: 4/20/18 Addendum No.: _____ Date: _____
Addendum No.: _____ Date: _____ Addendum No.: _____ Date: _____

Bidder hereby represents that the only person or parties interested in this offer as principals are those named. Bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding.

Firm Name: Teinert Construction, Inc.

By: Jerrod Kerr

Title: Regional Executive Officer

Address: 401 Pitchfork Trail, Suite 707, Willow Park, TX 76087

Phone No: 817.378.4055

ATTEST:

Stacy Lambert, Corporate Treasurer

(Seal, if Bidder is a Corporation)

(Typed or Printed Name)

Stacy Lambert

Signature

Date: May 8, 2018

END OF SECTION

DOCUMENT 00400 - ALTERNATES FORM

1.1 BID INFORMATION

- A. Project Name: Willow Park Public Safety Building
- B. Project Location: 101 Stagecoach Trail, Willow Park, Texas 76087 .
- C. Owner: City of Willow Park.
- D. Architect: Dewberry.
- E. Architect Project Number: 50089183

1.2 BID FORM SUPPLEMENT

1.3 DESCRIPTION

- A. Owner reserves the right to accept or reject any alternate.
- B. Acceptance or non-acceptance of any alternates shall have no affect on the Contract Time unless otherwise indicated.

1.4 SCHEDULE OF ALTERNATES

- A. Add Alternate No. 1: Canopy at Secure Parking.

- 1. ADD ~~\$\$\$~~ DEDUCT ____ NO CHANGE ____ NOT APPLICABLE ____.
- 2. NO Bid Dollars
- 3. (\$ ____).
- 3. ADD N/A DEDUCT N/A calendar days to adjust the Contract Time for this alternate.

- B. Add Alternate No. 2: Sidewalk along Stagecoach Trail.

- 1. ADD X DEDUCT ____ NO CHANGE ____ NOT APPLICABLE ____.
- 2. Seven Thousand Nine Hundred dollars Dollars
- 3. (\$ 7,900.00).
- 3. ADD N/A DEDUCT N/A calendar days to adjust the Contract Time for this alternate.

- C. Add Alternate No. 3: Sectional Doors in lieu of Bi-fold doors at Apparatus Bays.

- 1. ADD ____ DEDUCT X NO CHANGE ____ NOT APPLICABLE ____.
- 2. One Hundred Thirty Seven Thousand dollars Dollars
- 3. (\$ 137,000).
- 3. ADD N/A DEDUCT N/A calendar days to adjust the Contract Time for this alternate.

END OF DOCUMENT 00400

**Important Notice
STATE OF TEXAS
COMPLAINT PROCEDURES**

To obtain information or make a complaint

You may call Westfield Insurance Company, Ohio Farmers Insurance Company, and/or Westfield National Insurance Company's toll-free telephone number for information or to make a complaint at:

1(330)887-0101

You may also write to Westfield Insurance Company, Ohio Farmers Insurance Company, and/or Westfield National Insurance Company at:

**Attn: Bond Claims
One Park Circle
P O Box 5001
Westfield Center, Ohio 44251-5001**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

Or you may write to the Texas Department of Insurance at:

**Texas Department of Insurance
P O Box 149104
Austin, TX 78714-9104
Fax # 1-512-475-1771**

Attach this notice to your Bond. This notice is for information only and does not become a part or a condition of the attached document. It is given to comply with Government Code Section 2253.048 and Property Code Section 53.202, effective September 1, 2001

**Bid Bond
SURETY DEPARTMENT**

**Conforms with the American Institute of
Architects, A.I.A Documents No. A-310**

KNOW ALL MEN BY THESE PRESENTS,

That we, Allen Teinert Construction Co., Inc. dba Teinert Commercial Building Services, Inc.
as Principal
hereinafter called the Principal, and Westfield Insurance Company a corporation created and existing under the laws of the
State of Ohio whose principal office is in Westfield Center, OH as Surety, hereinafter called the Surety,
are held and firmly bound unto City of Willow Park as Obligee, hereinafter called the Obligee,

in the sum of Five Percent of the Greatest Amount Bid

Dollars **(\$5% GAB)**

for the payment of which sum, well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents

Whereas, the Principal has submitted a bid for City of Willow Park Public Safety Building

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a contract with the
Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or contract
documents with good and sufficient surety for the faithful performance of such contract and for the prompt payment of labor and
material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such contract and give such
bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount
specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the
work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect

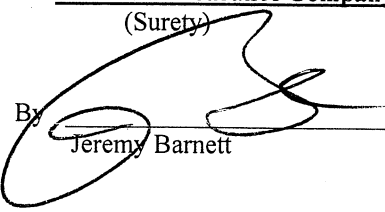
Signed and sealed this 8th day of May, 2018

Allen Teinert Construction Co., Inc. dba Teinert Commercial Building Services, Inc.
(Principal)

By  (SEAL)

Westfield Insurance Company

(Surety)

By  (SEAL)

Jeremy Barnett

Attorney-in-fact

General
Power
of Attorney

Westfield Insurance Co.
Westfield National Insurance Co.
Ohio Farmers Insurance Co.
Westfield Center, Ohio

CERTIFIED COPY

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint

TONY FIERRO, JOHNNY MOSS, JAY JORDAN, MISTIE BECK, JEREMY BARNETT, JADE PORTER, ROBERT G. KANUTH, JARRETT WILLSON, JACK R. NOTTINGHAM, JOINTLY OR SEVERALLY

of ROCKWALL and State of TX its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of suretyship-

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact. may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto affixed this 28th day of FEBRUARY A.D., 2018 .

Corporate
Seals
Affixed



WESTFIELD INSURANCE COMPANY
WESTFIELD NATIONAL INSURANCE COMPANY
OHIO FARMERS INSURANCE COMPANY

By: *Dennis P. Baus*

Dennis P. Baus, National Surety Leader and Senior Executive

State of Ohio
County of Medina ss.:

On this 28th day of FEBRUARY A.D., 2018 , before me personally came Dennis P. Baus to me known, who, being by me duly sworn, did depose and say, that he resides in Wooster, Ohio; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial
Seal
Affixed



David A. Kotnik

David A. Kotnik, Attorney at Law, Notary Public
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio
County of Medina ss.:

I, Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 8th day of May A.D., 2018 .



Frank A. Carrino Secretary
Frank A. Carrino, Secretary

Section 00300

BID PROPOSAL

Part A

Date: 5/8/2018

Bid of JOE R. JONES CONSTRUCTION, INC., ~~an individual proprietorship / a~~
corporation organized and existing under the laws of the State of Texas / ~~a partnership consisting~~
of 5,078,000.00, for the construction of:

City of Willow Park Public Safety Building
City of Willow Park

To: The Honorable Mayor and City Council of Willow Park
City of Willow Park
516 Ranch House Rd
Willow Park, Texas 76087

Pursuant to the published Invitation to Bidders, and Instructions to Bidders, the undersigned Bidder hereby proposes to perform all the work and furnish all necessary superintendence, labor, machinery, equipment, tools and materials, and whatever else may be necessary to complete all the work described in or reasonably inferable from the Contract Documents for the construction of the **City of Willow Park Public Safety Building** with all related appurtenances, complete, tested, and operational, in accordance with the Plans and Specifications prepared by the Architect, Dewberry Architects, 7557 Rambler Road, Dallas, Texas 75231; Jenna McGregor contact, for the unit prices or applicable prices set forth in Exhibit "A", the electronic bid form, which, once fully executed and submitted shall constitute a legal and executable proposal from the Bidder. It is understood that, in the event any changes are ordered on any part of the Work, the applicable unit prices bid shall apply as additions to or deductions from the total prices for the parts of the Work so changed.

The Bid Security required under the Instructions to Bidders is included and has been attached and, that a fully executed, signed and sealed hard copy has been delivered to Alicia Smith at 516 Ranch House Road, Willow Park, Texas 77581.

The Bidder agrees to submit to the Owner the Qualifications of Bidder, including the Financial Statement of Bidder, as required by the Instructions to Bidders if requested to do so as a condition of the Bid review.

The Bidder binds himself, upon acceptance of his proposal, to execute the Standard Form of Agreement and furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred percent (100%) of the total Contract Price, according to the forms included in the Contract Documents, for performing and completing the said work within the time stated and for the prices stated in this proposal along with all required insurance in the required amounts.

The undersigned Bidder agrees to commence work within 10 days of the date of a written Notice to Proceed. It is understood that the Work is to be Substantially Complete within [330] days after the date of the Notice to Proceed. Time for Substantial Completion shall begin on the date established by the Notice to Proceed. The Contractor will pay liquidated damages in the amount(s) specified in Document 00500 – Standard Form of Agreement, in the event the Work is not Substantially Complete within the Contract Time.

The undersigned agrees that the amounts bid in this Bid Proposal will not be withdrawn or modified for ninety (90) days following date of Bid Proposal opening, or such longer period as may be agreed to in writing by the City of Willow Park and Bidder.

It is understood that in the event the Successful Bidder fails to enter into the Standard Form of Agreement and/or to furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred (100) percent of the Contract Price, along with all required insurance in the stated amounts within ten (10) days of the Notice of Award, the Successful Bidder will forfeit the Bid Security as provided in the Instructions to Bidders. Unless otherwise expressly provided herein, all references to “day(s)” shall mean calendar day(s).

The Bidder acknowledges that the following Addenda have been received. The modifications to the Bidding Documents noted therein have been considered and all costs thereto are included in the Bid Proposal prices.

Addendum No.: 1 Date: 4/20/2018 Addendum No.: _____ Date: _____
Addendum No.: _____ Date: _____ Addendum No.: _____ Date: _____

Bidder hereby represents that the only person or parties interested in this offer as principals are those named. Bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding.

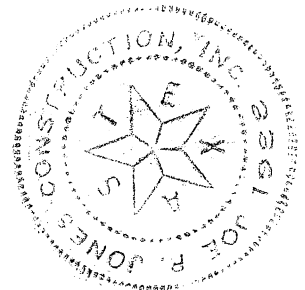
Firm Name: JOE R. JONES CONSTRUCTION, INC.

By: RANDALL SUMMARELL

Title: PRESIDENT

Address: PO BOX 873, WEATHERFORD, TX 76086

Phone No: (817) 596-9600



ATTEST:

RANDALL SUMMARELL

(Typed or Printed Name)

Signature

Date: 5-8-2018

(Seal, if Bidder is a Corporation)

END OF SECTION

Bidder's Initial's: RS

DOCUMENT 00400 - ALTERNATES FORM

1.1 BID INFORMATION

- A. Project Name: Willow Park Public Safety Building
- B. Project Location: 101 Stagecoach Trail, Willow Park, Texas 76087 .
- C. Owner: City of Willow Park.
- D. Architect: Dewberry.
- E. Architect Project Number: 50089183

1.2 BID FORM SUPPLEMENT

1.3 DESCRIPTION

- A. Owner reserves the right to accept or reject any alternate.
- B. Acceptance or non-acceptance of any alternates shall have no affect on the Contract Time unless otherwise indicated.

1.4 SCHEDULE OF ALTERNATES

- A. Add Alternate No. 1: Canopy at Secure Parking. **WILL NEED FORTHCOMING ADDENDUM PER QUESTION LOG MAY 4, 2108**
 - 1. ADD ___ DEDUCT ___ NO CHANGE ___ NOT APPLICABLE **X**.
 - 2. **N/A** Dollars
(**\$ N/A**).
 - 3. ADD ___ DEDUCT ___ calendar days to adjust the Contract Time for this alternate.
- B. Add Alternate No. 2: Sidewalk along Stagecoach Trail.
 - 1. ADD **X** DEDUCT ___ NO CHANGE ___ NOT APPLICABLE ___.
 - 2. **TWELVE THOUSAND, EIGHT HUNDRED** Dollars
(**\$ 12,800.00**).
 - 3. ADD ___ DEDUCT ___ calendar days to adjust the Contract Time for this alternate.
- C. Add Alternate No. 3: Sectional Doors in lieu of Bi-fold doors at Apparatus Bays.
 - 1. ADD ___ DEDUCT **X** NO CHANGE ___ NOT APPLICABLE ___.
 - 2. **SIXTY THOUSAND, FIVE HUNDRED** Dollars
(**\$ 60,500.00**).
 - 3. ADD ___ DEDUCT ___ calendar days to adjust the Contract Time for this alternate.

END OF DOCUMENT 00400

BID BOND
The American Institute of Architects,
AIA Document No. A310 (February, 1970 Edition)

KNOW ALL MEN BY THESE PRESENTS, that we Joe R. Jones Construction, Inc.

as Principal hereinafter called the Principal, and Westfield Insurance Company
as Surety, hereinafter called the Surety, are held and firmly bound unto City of Willow Park, Texas

as Obligee, hereinafter called the Obligee, in the sum of Five Percent of Bid (5%)-----

Dollars (\$-----), for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for City of Willow Park Public Safety Building

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 8th day of May, 2018

JOE R. JONES CONSTRUCTION, INC.

Principal

(Seal)

By: Dustin Brown

Chief Construction Officer
Name/Title

WESTFIELD INSURANCE COMPANY

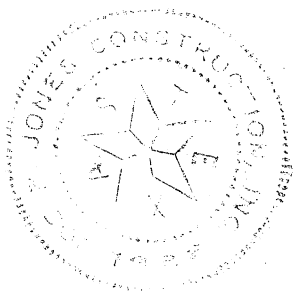
Surety

(Seal)

By: Kyle W. Sweeney,

Kyle W. Sweeney,

Attorney-in-Fact



General
Power
of Attorney

**Westfield Insurance Co.
Westfield National Insurance Co.
Ohio Farmers Insurance Co.**
Westfield Center, Ohio

CERTIFIED COPY

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint
CHARLES D. SWEENEY, MICHAEL A. SWEENEY, KYLE W. SWEENEY, ELIZABETH GRAY, JOINTLY OR SEVERALLY

of FORT WORTH and State of TX its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of suretyship.

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their Senior Executive and their corporate seals to be hereto affixed this 20th day of APRIL A.D., 2011.

Corporate
Seals
Affixed



WESTFIELD INSURANCE COMPANY
WESTFIELD NATIONAL INSURANCE COMPANY
OHIO FARMERS INSURANCE COMPANY

Richard L. Kinnaird, Jr.
By: Richard L. Kinnaird, Jr., National Surety Leader and Senior Executive

State of Ohio
County of Medina ss.:

On this 20th day of APRIL A.D., 2011, before me personally came Richard L. Kinnaird, Jr. to me known, who, being by me duly sworn, did depose and say, that he resides in Medina, Ohio; that he is Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial
Seal
Affixed



William J. Kahelin
William J. Kahelin, Attorney at Law, Notary Public
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio
County of Medina ss.:

I, Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 8th day of May A.D. 2011



Frank A. Carrino
Frank A. Carrino, Secretary

Section 00300

BID PROPOSAL

Part A

Date: 05/08/2018

Bid of MYCON General Contractors, an individual proprietorship / a corporation organized and existing under the laws of the State of Texas / a partnership consisting of _____, for the construction of:

City of Willow Park Public Safety Building

City of Willow Park

Five Million Three Hundred Thousand Dollars (\$5,300,000.00)

To: The Honorable Mayor and City Council of Willow Park
City of Willow Park
516 Ranch House Rd
Willow Park, Texas 76087

Pursuant to the published Invitation to Bidders, and Instructions to Bidders, the undersigned Bidder hereby proposes to perform all the work and furnish all necessary superintendence, labor, machinery, equipment, tools and materials, and whatever else may be necessary to complete all the work described in or reasonably inferable from the Contract Documents for the construction of the **City of Willow Park Public Safety Building** with all related appurtenances, complete, tested, and operational, in accordance with the Plans and Specifications prepared by the Architect, Dewberry Architects, 7557 Rambler Road, Dallas, Texas 75231; Jenna McGregor contact, for the unit prices or applicable prices set forth in Exhibit "A", the electronic bid form, which, once fully executed and submitted shall constitute a legal and executable proposal from the Bidder. It is understood that, in the event any changes are ordered on any part of the Work, the applicable unit prices bid shall apply as additions to or deductions from the total prices for the parts of the Work so changed.

The Bid Security required under the Instructions to Bidders is included and has been attached and, that a fully executed, signed and sealed hard copy has been delivered to Alicia Smith at 516 Ranch House Road, Willow Park, Texas 77581.

The Bidder agrees to submit to the Owner the Qualifications of Bidder, including the Financial Statement of Bidder, as required by the Instructions to Bidders if requested to do so as a condition of the Bid review.

The Bidder binds himself, upon acceptance of his proposal, to execute the Standard Form of Agreement and furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred percent (100%) of the total Contract Price, according to the forms included in the Contract Documents, for performing and completing the said work within the time stated and for the prices stated in this proposal along with all required insurance in the required amounts.

The undersigned Bidder agrees to commence work within 10 days of the date of a written Notice to Proceed. It is understood that the Work is to be Substantially Complete within [275] days after the date of the Notice to Proceed. Time for Substantial Completion shall begin on the date established by the Notice to Proceed. The Contractor will pay liquidated damages in the amount(s) specified in Document 00500 – Standard Form of Agreement, in the event the Work is not Substantially Complete within the Contract Time.

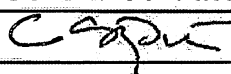
The undersigned agrees that the amounts bid in this Bid Proposal will not be withdrawn or modified for ninety (90) days following date of Bid Proposal opening, or such longer period as may be agreed to in writing by the City of Willow Park and Bidder.

It is understood that in the event the Successful Bidder fails to enter into the Standard Form of Agreement and/or to furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred (100) percent of the Contract Price, along with all required insurance in the stated amounts within ten (10) days of the Notice of Award, the Successful Bidder will forfeit the Bid Security as provided in the Instructions to Bidders. Unless otherwise expressly provided herein, all references to "day(s)" shall mean calendar day(s).

The Bidder acknowledges that the following Addenda have been received. The modifications to the Bidding Documents noted therein have been considered and all costs thereto are included in the Bid Proposal prices.

Addendum No.: 1 Date: 4/20/18 Addendum No.: _____ Date: _____
Addendum No.: _____ Date: _____ Addendum No.: _____ Date: _____

Bidder hereby represents that the only person or parties interested in this offer as principals are those named. Bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding.

Firm Name: MYCON General Contractors
By: Scott Pitt 
Title: Vice-President
Address: 17311 Dallas Pkwy Dallas, TX 75248
Phone No: 972-529-2444

ATTEST:

Ryan Kemp

(Seal, if Bidder is a Corporation)

(Typed or Printed Name)


Signature

Date: 05/08/2018

END OF SECTION

DOCUMENT 00400 - ALTERNATES FORM

1.1 BID INFORMATION

- A. Project Name: Willow Park Public Safety Building
- B. Project Location: 101 Stagecoach Trail, Willow Park, Texas 76087 .
- C. Owner: City of Willow Park.
- D. Architect: Dewberry.
- E. Architect Project Number: 50089183



1.2 BID FORM SUPPLEMENT

1.3 DESCRIPTION

- A. Owner reserves the right to accept or reject any alternate.
- B. Acceptance or non-acceptance of any alternates shall have no affect on the Contract Time unless otherwise indicated.

1.4 SCHEDULE OF ALTERNATES

- A. Add Alternate No. 1: Canopy at Secure Parking.
 - 1. ADD X DEDUCT ___ NO CHANGE ___ NOT APPLICABLE ____ Allowance
 - 2. Three Hundred Twenty One Thousand Four Hundred Dollars
(\$321,400.00).
 - 3. ADD ___ DEDUCT ___ calendar days to adjust the Contract Time for this alternate.
- B. Add Alternate No. 2: Sidewalk along Stagecoach Trail.
 - 1. ADD X DEDUCT ___ NO CHANGE ___ NOT APPLICABLE ____
 - 2. Thirteen Thousand Dollars
(\$13,000.00).
 - 3. ADD ___ DEDUCT ___ calendar days to adjust the Contract Time for this alternate.
- C. Add Alternate No. 3: Sectional Doors in lieu of Bi-fold doors at Apparatus Bays.
 - 1. ADD ___ DEDUCT X NO CHANGE ___ NOT APPLICABLE ____
 - 2. One Hundred Twenty Six Thousand Dollars
(\$126,000).
 - 3. ADD ___ DEDUCT ___ calendar days to adjust the Contract Time for this alternate.

END OF DOCUMENT 00400

Section 00 3080
Minority / Women Business Enterprise

MINORITY / WOMEN BUSINESS ENTERPRISE

The Contractor agrees to provide information about its minority status with the Bid Proposal. The City of Arlington is gathering data on MWBE businesses. In order to be identified as a certified Minority/Woman Business Enterprise (MWBE) in the City of Arlington, please complete and include this form and copy of your Certification with your Proposal. Please note that this data is for information only. **NO PREFERENCE SHALL BE GIVEN NOR WILL THIS INFORMATION AFFECT THE RESULTS OF THE CONTRACT AWARD.**

The Contractor is encouraged to use, if applicable, qualified subcontractors, suppliers, and firms where at least fifty-one percent (51%) of the ownership of such subcontractor, supplier or firm is vested in racial or ethnic minorities or women. In the selection of subcontractors, suppliers or other persons in organizations proposed for work on this contract, the Contractor agrees to consider this policy and to use reasonable and best effort to select and employ such company and persons for work on this contract. Contractor will be required to submit cost information towards Minority / Woman Business Enterprise. The information submitted shall include the Contractor and any other subcontractors performing work as part of this contract. See following Prime And Subs Report form for information required. The successful contractor will be required to submit this form with anticipated dollar amounts (if applicable) at time contract is awarded and to resubmit the same form with actual cost spent prior to final payment for this project.

See next pages for Data Gathering form and Prime and Subs report sample.

Section 00 3080
Minority / Women Business Enterprise

MINORITY/WOMEN BUSINESS ENTERPRISE (MWBE)

DATA GATHERING FORM

The City of Arlington is gathering data on MWBE businesses. In order to be identified as a certified Minority/Woman Business Enterprise (MWBE) in the City of Arlington, please complete and include this form and copy of your Certification with your Proposal. Please note that this data is for information only. **NO PREFERENCE SHALL BE GIVEN NOR WILL THIS INFORMATION AFFECT THE RESULTS OF THE CONTRACT AWARD.**

Name of Contractor: MYCON® General Contractors, Inc. _____

Is Contractor MWBE? ☐ YES ☒ NO

If yes, please check all that applies:

- ☐ Native American (AI)
- ☐ Native American, Women-Owned (NW)
- ☐ Asian (AS)
- ☐ Asian, Women-Owned (AW)
- ☐ Black (BL)
- ☐ Black, Women-Owned (BW)
- ☐ Hispanic (HI)
- ☐ Hispanic, Women-Owned (HW)
- ☐ Women-Owned (WO)

MWBE Certifications accepted by the City of Arlington. The City will review other MWBE Certification.

- ☐ North Central Texas Regional Certification Agency (NCTRCA)
- ☐ State of Texas, historically Underutilized Business (HUB)
- ☐ Dallas/Fort Worth Minority Supplier Development Council (DFW MSDC)
- ☐ Women's Business Council – Southwest (WBC-SW)
- ☐ Texas Department of Transportation (TxDOT)
- ☐ South Central Texas Regional Certification Agency (SCTRCA)
- ☐ Others (please specify) - _____

AIA[®] Document A310[™] – 2010

Bid Bond

CONTRACTOR:

(Name, legal status and address)

MYCON General Contractors Inc
17311 Dallas Parkway, #300
Dallas, TX 75248

SURETY:

(Name, legal status and principal place
of business) Westfield Insurance Company

555 Republic Dr. #450
Plano, TX 75074

This document has important legal
consequences. Consultation with
an attorney is encouraged with
respect to its completion or
modification.

Any singular reference to
Contractor, Surety, Owner or
other party shall be considered
plural where applicable.

OWNER:

(Name, legal status and address)

City of Willow Park
516 Ranch House Road
Willow Park, TX 76067

BOND AMOUNT:

Five Percent Of Greatest Amount Bid

(5% of GAB)

PROJECT:

(Name, location or address, and Project number, if any)

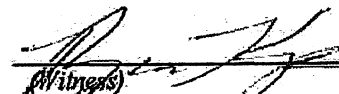
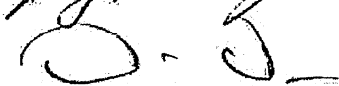
Willow Park Public Safety Complex

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.


If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

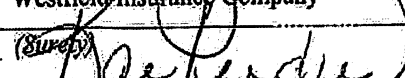
Signed and sealed this 30th day of April 2018 .


(Witness)

(Witness)

MYCON General Contractors Inc

(Principal)  (Seal)

(Title) Westfield Insurance Company

(Surety)  (Seal)

(Title) , Attorney-In-Fact

CAUTION: You should sign an original AIA Contract Document, on which this text appears in REC. An original assures that changes will not be obscured.

AIA Document A310[™] – 2010. Copyright © 1983, 1970 and 2010 by The American Institute of Architects. All rights reserved. **WARNING:** This AIA[®] Document is protected by U.S. Copyright Law and International Treaties. Unauthorized reproduction or distribution of this AIA[®] Document, or any portion of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law. Purchasers are permitted to reproduce ten (10) copies of this document when completed. To report copyright violations of AIA Contract Documents, e-mail The American Institute of Architects' legal counsel, copyright@aia.org. 061110

**IMPORTANT NOTICE
STATE OF TEXAS
COMPLAINT PROCEDURES**

1. IMPORTANT NOTICE

To obtain information or make a complaint:

2. You may contact your agent.

3. You may call Westfield Insurance Company, Westfield National Insurance Company, and/or Ohio Farmers Insurance Company's toll-free telephone number for information or to make a complaint at:

1-800-243-0210

4. You may also write to Westfield Insurance Company, Westfield National Insurance Company, and/or Ohio Farmers Insurance Company at:

**Attn: Bond Claims
One Park Circle
P O Box 5001
Westfield Center, OH 44251-5001
Fax #330-887-0840**

5. You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

6. You may write to the Texas Department of Insurance:

**P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us**

7. PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the agent, Westfield Insurance Company, Westfield National Insurance Company, or Ohio Farmers Insurance Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

8. ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Puede comunicarse con su (title) al (telephone number).

Usted puede llamar al numero de telefono gratis de Westfield Insurance Company, Westfield National Insurance Company, and/or Ohio Farmers Insurance Company's para informacion o para someter una queja al:

1-800-243-0210

Usted tambien puede escribir a Westfield Insurance Company, Westfield National Insurance Company, and/or Ohio Farmers Insurance Company:

**Attn: Bond Claims
One Park Circle
P O Box 5001
Westfield Center, OH 44251-5001
Fax #330-887-0840**

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companies, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

**P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us**

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente, Westfield Insurance Company, Westfield National Insurance Company, o Ohio Farmers Insurance Company primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

THIS POWER OF ATTORNEY SUPERCEDES ANY PREVIOUS POWER BEARING THIS SAME POWER # AND ISSUED PRIOR TO 06/27/14, FOR ANY PERSON OR PERSONS NAMED BELOW.

POWER NO. 4220072 02

General
Power
of Attorney

**Westfield Insurance Co.
Westfield National Insurance Co.
Ohio Farmers Insurance Co.**
Westfield Center, Ohio

CERTIFIED COPY

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint
JOHN D. FULKERSON, TOM P. ELLIS, III, DONNIE D. DOAN, KAE PERDUE, DEBBIE SMITH, KRISTI MEEK, DAWN DAVIS, WALTER J. DELAROSA, JOINTLY OR SEVERALLY

of DALLAS and State of TX its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of suretyship.

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be It Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto affixed this 27th day of JUNE A.D., 2014.

Corporate
Seals
Affixed



WESTFIELD INSURANCE COMPANY
WESTFIELD NATIONAL INSURANCE COMPANY
OHIO FARMERS INSURANCE COMPANY

By: *Dennis P. Baus*
Dennis P. Baus, National Surety Leader and
Senior Executive

State of Ohio
County of Medina ss.:

On this 27th day of JUNE A.D., 2014, before me personally came Dennis P. Baus to me known, who, being by me duly sworn, did depose and say, that he resides in Wooster, Ohio; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial
Seal
Affixed



State of Ohio
County of Medina ss.:

David A. Kotnik

David A. Kotnik, Attorney at Law, Notary Public
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

I, Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 30th day of April A.D., 2018.



Frank A. Carrino Secretary
Frank A. Carrino, Secretary

BPOAC2 (combined) (06-02)

Section 00300

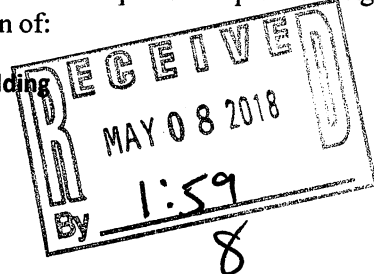
BID PROPOSAL

Part A

Date: May 8, 2018

Bid of RJM Contractors Inc., an individual proprietorship / a
 corporation organized and existing under the laws of the State of Texas / a partnership consisting
 of N/A, for the construction of:

City of Willow Park Public Safety Building
 City of Willow Park



To: The Honorable Mayor and City Council of Willow Park
 City of Willow Park
 516 Ranch House Rd
 Willow Park, Texas 76087

Pursuant to the published Invitation to Bidders, and Instructions to Bidders, the undersigned Bidder hereby proposes to perform all the work and furnish all necessary superintendence, labor, machinery, equipment, tools and materials, and whatever else may be necessary to complete all the work described in or reasonably inferable from the Contract Documents for the construction of the **City of Willow Park Public Safety Building** with all related appurtenances, complete, tested, and operational, in accordance with the Plans and Specifications prepared by the Architect, Dewberry Architects, 7557 Rambler Road, Dallas, Texas 75231; Jenna McGregor contact, for the unit prices or applicable prices set forth in Exhibit "A", the electronic bid form, which, once fully executed and submitted shall constitute a legal and executable proposal from the Bidder. It is understood that, in the event any changes are ordered on any part of the Work, the applicable unit prices bid shall apply as additions to or deductions from the total prices for the parts of the Work so changed.

The Bid Security required under the Instructions to Bidders is included and has been attached and, that a fully executed, signed and sealed hard copy has been delivered to Alicia Smith at 516 Ranch House Road, Willow Park, Texas 77581.

The Bidder agrees to submit to the Owner the Qualifications of Bidder, including the Financial Statement of Bidder, as required by the Instructions to Bidders if requested to do so as a condition of the Bid review.

The Bidder binds himself, upon acceptance of his proposal, to execute the Standard Form of Agreement and furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred percent (100%) of the total Contract Price, according to the forms included in the Contract Documents, for performing and completing the said work within the time stated and for the prices stated in this proposal along with all required insurance in the required amounts.

Six Million Fifty Four Thousand Seventy Three ⁰¹/₁₀₀ (6,054,073 ⁰¹/₁₀₀)

Bidder's Initial's: JS
 00300 - 1 of 2

The undersigned Bidder agrees to commence work within 10 days of the date of a written Notice to Proceed. It is understood that the Work is to be Substantially Complete within [345] days after the date of the Notice to Proceed. Time for Substantial Completion shall begin on the date established by the Notice to Proceed. The Contractor will pay liquidated damages in the amount(s) specified in Document 00500 – Standard Form of Agreement, in the event the Work is not Substantially Complete within the Contract Time.

The undersigned agrees that the amounts bid in this Bid Proposal will not be withdrawn or modified for ninety (90) days following date of Bid Proposal opening, or such longer period as may be agreed to in writing by the City of Willow Park and Bidder.

It is understood that in the event the Successful Bidder fails to enter into the Standard Form of Agreement and/or to furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred (100) percent of the Contract Price, along with all required insurance in the stated amounts within ten (10) days of the Notice of Award, the Successful Bidder will forfeit the Bid Security as provided in the Instructions to Bidders. Unless otherwise expressly provided herein, all references to "day(s)" shall mean calendar day(s).

The Bidder acknowledges that the following Addenda have been received. The modifications to the Bidding Documents noted therein have been considered and all costs thereto are included in the Bid Proposal prices.

Addendum No.: 1 Date: 4/20/18 Addendum No.: _____ Date: _____
Addendum No.: _____ Date: _____ Addendum No.: _____ Date: _____

Bidder hereby represents that the only person or parties interested in this offer as principals are those named. Bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding.

Firm Name: RJM Contractors Inc.
By: Trevor Brown
Title: President
Address: 7616 Benbrook Parkway Benbrook, TX 76126
Phone No: 817-377-0971 ext. 103

ATTEST:

Trevor Brown
(Typed or Printed Name)

(Seal, if Bidder is a Corporation)

Signature

Date: May 8, 2018

END OF SECTION



Bidder's Initial's: [Signature]

00300 - 2 of 2

DOCUMENT 00400 - ALTERNATES FORM

1.1 BID INFORMATION

- A. Project Name: Willow Park Public Safety Building
- B. Project Location: 101 Stagecoach Trail, Willow Park, Texas 76087 .
- C. Owner: City of Willow Park.
- D. Architect: Dewberry.
- E. Architect Project Number: 50089183

1.2 BID FORM SUPPLEMENT

1.3 DESCRIPTION

- A. Owner reserves the right to accept or reject any alternate.
- B. Acceptance or non-acceptance of any alternates shall have no affect on the Contract Time unless otherwise indicated.

1.4 SCHEDULE OF ALTERNATES

- A. Add Alternate No. 1: Canopy at Secure Parking.

- 1. ADD ☐ DEDUCT ☐ NO CHANGE ☒ NOT APPLICABLE ☒ Dollars
- 2. _____ (\$ _____).
- 3. ADD ☐ DEDUCT ☐ calendar days to adjust the Contract Time for this alternate.

- B. Add Alternate No. 2: Sidewalk along Stagecoach Trail.

- 1. ADD ☒ DEDUCT ☐ NO CHANGE ☐ NOT APPLICABLE ☐ Dollars
- 2. Two Thousand Seven Hundred Fifty 00/100 (\$ 2,750.00).
- 3. ADD ☐ DEDUCT ☒ N/A calendar days to adjust the Contract Time for this alternate.

- C. Add Alternate No. 3: Sectional Doors in lieu of Bi-fold doors at Apparatus Bays.

- 1. ADD ☐ DEDUCT ☒ NO CHANGE ☐ NOT APPLICABLE ☐ Dollars
- 2. Ninety Six Thousand 00/100 (\$ 96,000.00).
- 3. ADD ☐ DEDUCT ☐ calendar days to adjust the Contract Time for this alternate.

END OF DOCUMENT 00400

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

Bid Bond

Bond No. PH3009

KNOW ALL MEN BY THESE PRESENTS, that we

RJM CONTRACTORS, INC. , 7616 Benbrook Parkway , Fort Worth, TX 76126

as Principal, hereinafter called the Principal, and

Philadelphia Indemnity Insurance Company , One Bala Plaza, Suite 100 , Bala Cynwyd, PA 19004

a corporation duly organized under the laws of the Commonwealth of Pennsylvania as Surety, hereinafter called the Surety, are held and firmly bound unto

City of Willow Park , 516 Ranch House Road , Willow Park, TX 76087

as Obligee, hereinafter called Obligee, in the sum of

Five Percent of the Greatest Amount Bid Dollars (5.00%).

For the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.


WHEREAS, the Principal has submitted a bid for:

Willow Park Public Safety Building # 50089183

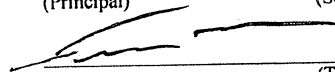
NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this **8th** day of **May** , 2018 .

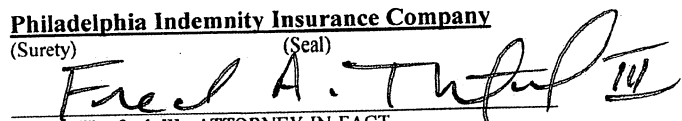

(Witness)


(Witness)

RJM CONTRACTORS, INC.
(Principal) (Seal)


(Title) **President**

Philadelphia Indemnity Insurance Company
(Surety) (Seal)


Fred A. Thetford, III , ATTORNEY-IN-FACT

PHILADELPHIA INDEMNITY INSURANCE COMPANYOne Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950**Power of Attorney**

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Jared Young, Fred A. Thetford, Jr., Tobin Tucker, Tom Young and/or Fred A. Thetford, III of Contract Bond Agency, LLC.**, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$25,000,000

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PHILADELPHIA INDEMNITY INSURANCE COMPANY** on the 14th of November, 2016.

RESOLVED:

That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

**FURTHER
RESOLVED:**

That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

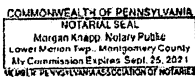
IN TESTIMONY WHEREOF, **PHILADELPHIA INDEMNITY INSURANCE COMPANY** HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27th DAY OF OCTOBER, 2017.



(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



(Notary Seal)

Notary Public:

residing at:

Bala Cynwyd, PA

My commission expires:

September 25, 2021

I, Edward Sayago, Corporate Secretary of **PHILADELPHIA INDEMNITY INSURANCE COMPANY**, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of **PHILADELPHIA INDEMNITY INSURANCE COMPANY**.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 8th day of May, 20 18.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

Section 00300

BID PROPOSAL

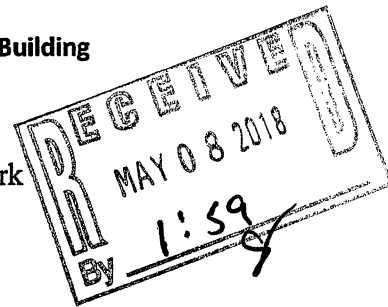
Part A

Date: 5.8.18

Bid of All Partners, LLC, an individual proprietorship / a corporation organized and existing under the laws of the State of Texas / a partnership consisting of \$ 4,665,000.00, for the construction of:

City of Willow Park Public Safety Building
City of Willow Park

To: The Honorable Mayor and City Council of Willow Park
City of Willow Park
516 Ranch House Rd
Willow Park, Texas 76087



Pursuant to the published Invitation to Bidders, and Instructions to Bidders, the undersigned Bidder hereby proposes to perform all the work and furnish all necessary superintendence, labor, machinery, equipment, tools and materials, and whatever else may be necessary to complete all the work described in or reasonably inferable from the Contract Documents for the construction of the **City of Willow Park Public Safety Building** with all related appurtenances, complete, tested, and operational, in accordance with the Plans and Specifications prepared by the Architect, Dewberry Architects, 7557 Rambler Road, Dallas, Texas 75231; Jenna McGregor contact, for the unit prices or applicable prices set forth in Exhibit "A", the electronic bid form, which, once fully executed and submitted shall constitute a legal and executable proposal from the Bidder. It is understood that, in the event any changes are ordered on any part of the Work, the applicable unit prices bid shall apply as additions to or deductions from the total prices for the parts of the Work so changed.

The Bid Security required under the Instructions to Bidders is included and has been attached and, that a fully executed, signed and sealed hard copy has been delivered to Alicia Smith at 516 Ranch House Road, Willow Park, Texas 77581.

The Bidder agrees to submit to the Owner the Qualifications of Bidder, including the Financial Statement of Bidder, as required by the Instructions to Bidders if requested to do so as a condition of the Bid review.

The Bidder binds himself, upon acceptance of his proposal, to execute the Standard Form of Agreement and furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred percent (100%) of the total Contract Price, according to the forms included in the Contract Documents, for performing and completing the said work within the time stated and for the prices stated in this proposal along with all required insurance in the required amounts.

Bidder's Initial's: JS

The undersigned Bidder agrees to commence work within 10 days of the date of a written Notice to Proceed. It is understood that the Work is to be Substantially Complete within [365] days after the date of the Notice to Proceed. Time for Substantial Completion shall begin on the date established by the Notice to Proceed. The Contractor will pay liquidated damages in the amount(s) specified in Document 00500 – Standard Form of Agreement, in the event the Work is not Substantially Complete within the Contract Time.

The undersigned agrees that the amounts bid in this Bid Proposal will not be withdrawn or modified for ninety (90) days following date of Bid Proposal opening, or such longer period as may be agreed to in writing by the City of Willow Park and Bidder.

It is understood that in the event the Successful Bidder fails to enter into the Standard Form of Agreement and/or to furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred (100) percent of the Contract Price, along with all required insurance in the stated amounts within ten (10) days of the Notice of Award, the Successful Bidder will forfeit the Bid Security as provided in the Instructions to Bidders. Unless otherwise expressly provided herein, all references to "day(s)" shall mean calendar day(s).

The Bidder acknowledges that the following Addenda have been received. The modifications to the Bidding Documents noted therein have been considered and all costs thereto are included in the Bid Proposal prices.

Addendum No.: 1 Date: 4.20.18 Addendum No.: _____ Date: _____
Addendum No.: _____ Date: _____ Addendum No.: _____ Date: _____

Bidder hereby represents that the only person or parties interested in this offer as principals are those named. Bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding.

Firm Name: AUL Partners, LLC

By: [Signature]

Title: President

Address: 13600 Heritage Pkwy, Suite 150, FW, TX 76177

Phone No: 817.926.4377

ATTEST:

[Signature]
(Typed or Printed Name)

Shelie Gaffron

Signature

Date: _____

5.8.18

(Seal, if Bidder is a Corporation)

END OF SECTION

DOCUMENT 00400 - ALTERNATES FORM

1.1 BID INFORMATION

- A. Project Name: Willow Park Public Safety Building
- B. Project Location: 101 Stagecoach Trail, Willow Park, Texas 76087 .
- C. Owner: City of Willow Park.
- D. Architect: Dewberry.
- E. Architect Project Number: 50089183

1.2 BID FORM SUPPLEMENT

1.3 DESCRIPTION

- A. Owner reserves the right to accept or reject any alternate.
- B. Acceptance or non-acceptance of any alternates shall have no affect on the Contract Time unless otherwise indicated.

1.4 SCHEDULE OF ALTERNATES

- A. Add Alternate No. 1: Canopy at Secure Parking.

- 1. ADD DEDUCT NO CHANGE NOT APPLICABLE .
- 2. NO BID Dollars
- 3. ADD DEDUCT calendar days to adjust the Contract Time for this alternate.

- B. Add Alternate No. 2: Sidewalk along Stagecoach Trail.

- 1. ADD X DEDUCT NO CHANGE NOT APPLICABLE .
- 2. Two Thousand Nine Hundred Sixty Four 0/100 Dollars
- 3. ADD DEDUCT calendar days to adjust the Contract Time for this alternate.

- C. Add Alternate No. 3: Sectional Doors in lieu of Bi-fold doors at Apparatus Bays.

- 1. ADD DEDUCT X NO CHANGE NOT APPLICABLE .
- 2. Ninety Six Thousand \$ 0/100 Dollars
- 3. ADD DEDUCT calendar days to adjust the Contract Time for this alternate.

END OF DOCUMENT 00400



On Your Side®

Nationwide Mutual Insurance Company

Home Office: Columbus, Ohio
Surety Administrative Office:
7 World Trade Center, 37th Floor
250 Greenwich Street
New York, NY 10007-0033

BID BOND

Nationwide Mutual Insurance Company vouches that this document conforms to
American Institute of Architects Document A310, 2010 Edition.

CONTRACTOR: (Name, legal status and address)

AUI Partners, LLC
13600 Heritage Parkway, Suite 150
Fort Worth, TX 76177

SURETY: (Name, legal status and principal place of business)

Nationwide Mutual Insurance Company
7 World Trade Center, 37th Floor
250 Greenwich Street
New York, NY 10007-0033

OWNER: (Name, legal status and address)

City of Willow Park
516 Ranch House Road
Willow Park, TX 76087

BOND AMOUNT: 5% of Total Bid Amount

PROJECT: (Name, location or address, and Project number, if any) Willow Park Public Safety Facility,
602 W. Morrow, Rd., TX - 15,000 SF Public Safety Building - Two Pre-engineered Bldgs.

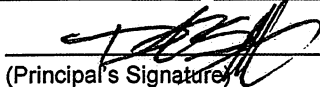
The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

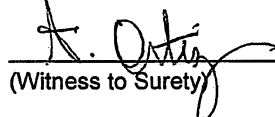
When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed, and sealed this 4th day of May, 2018.

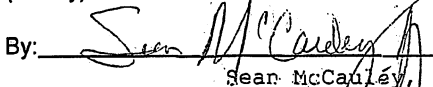

(Witness to Principal)


(Principal's Signature) (Seal)

PRESIDENT
(Title)


(Witness to Surety)

Nationwide Mutual Insurance Company
(Surety) (Seal)

By: 
Sean McCauley, Jr., Attorney-in-Fact

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation hereinafter referred to as the "Company" and does hereby make, constitute and appoint:

Sean McCauley, Jr.,

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

UNLIMITED

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

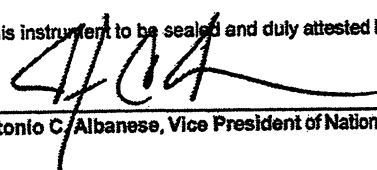
"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 1st day of May, 2017.


Antonio C. Albanese, Vice President of Nationwide Mutual Insurance Company

ACKNOWLEDGMENT

STATE OF NEW YORK, COUNTY OF NEW YORK: ss

On this 1st day of May, 2017, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.

BARRY T. BASSIS
Notary Public, State of New York
No. 02BA4656400
Qualified in New York County
Commission Expires April 30, 2019


Notary Public
My Commission Expires
April 30, 2019

CERTIFICATE

I, Laura B. Guy, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this

4th day of May, 2018.


Assistant Secretary

STATE OF TEXAS
STATE BOARD OF INSURANCE

Certificate N^o 6404



Company No. 06-59700

CERTIFICATE OF AUTHORITY

THIS IS TO CERTIFY THAT

NATIONWIDE MUTUAL INSURANCE COMPANY
COLUMBUS, OHIO

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Fire; Allied Coverages; Hail, growing crops only; Rain; Inland Marine; Ocean Marine; Aircraft--Liability & Physical Damage; Accident; Health; Workers' Compensation & Employers' Liability; Employers' Liability; Auto--Liability & Physical Damage; Liability other than Automobile; Fidelity & Surety; Glass; Burglary & Theft; Forgery; Boiler & Machinery; Credit; Livestock; and Reinsurance on all lines except Life, Variable Life, Variable Annuities, Title and Mortgage Guaranty

insurance within the State of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.



IN TESTIMONY WHEREOF, witness my
hand and seal of office at Austin, Texas, this
24th day of August, A. D. 1979.

E. J. Voorhis
COMMISSIONER OF INSURANCE



SCHMOLDT
CONSTRUCTION

Section 00300

CITY OF WILLOW PARK

BID PROPOSAL

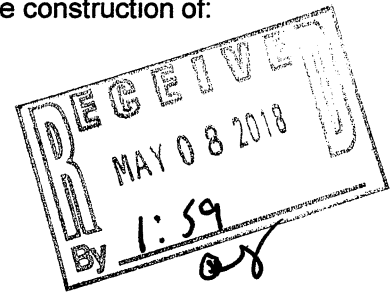
BID PROPOSAL

Part A

Date: May 8, 2018

Bid of Four Million Eight hundred Seventy Thousand and no/100 (\$4,870,000.00),
an individual proprietorship / a corporation organized and existing under the laws of the State of
Texas / a partnership consisting of Schmoldt Construction, Inc., for the construction of:

**City of Willow Park Public Safety
Building City of Willow
Park**



To: The Honorable Mayor and City Council of Willow Park
City of Willow Park
516 Ranch House Rd
Willow Park, Texas 76087

Pursuant to the published Invitation to Bidders, and Instructions to Bidders, the undersigned Bidder hereby proposes to perform all the work and furnish all necessary superintendence, labor, machinery, equipment, tools and materials, and whatever else may be necessary to complete all the work described in or reasonably inferable from the Contract Documents for the construction of the **City of Willow Park Public Safety Building** with all related appurtenances, complete, tested, and operational, in accordance with the Plans and Specifications prepared by the Architect, Dewberry Architects, 7557 Rambler Road, Dallas, Texas 75231; Jenna McGregor contact, for the unit prices or applicable prices set forth in Exhibit "A", the electronic bid form, which, once fully executed and submitted shall constitute a legal and executable proposal from the Bidder. It is understood that, in the event any changes are ordered on any part of the Work, the applicable unit prices bid shall apply as additions to or deductions from the total prices for the parts of the Work so changed.

The Bid Security required under the Instructions to Bidders is included and has been attached and, that a fully executed, signed and sealed hard copy has been delivered to Alicia Smith at 516 Ranch House Road, Willow Park, Texas 77581.

The Bidder agrees to submit to the Owner the Qualifications of Bidder, including the Financial Statement of Bidder, as required by the Instructions to Bidders if requested to do so as a condition of the Bid review.

The Bidder binds himself, upon acceptance of his proposal, to execute the Standard Form of Agreement and furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred percent (100%) of the total Contract Price, according to the forms included in the Contract Documents, for performing and completing the said work within the time stated and for the prices stated in this proposal along with all required insurance in the required amounts.



CITY OF WILLOW PARK

BID PROPOSAL

The undersigned Bidder agrees to commence work within 10 days of the date of a written Notice to Proceed. It is understood that the Work is to be Substantially Complete within [330] days after the date of the Notice to Proceed. Time for Substantial Completion shall begin on the date established by the Notice to Proceed. The Contractor will pay liquidated damages in the amount(s) specified in Document 00500 – Standard Form of Agreement, in the event the Work is not Substantially Complete within the Contract Time.

The undersigned agrees that the amounts bid in this Bid Proposal will not be withdrawn or modified for ninety (90) days following date of Bid Proposal opening, or such longer period as may be agreed to in writing by the City of Willow Park and Bidder.

It is understood that in the event the Successful Bidder fails to enter into the Standard Form of Agreement and/or to furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred (100) percent of the Contract Price, along with all required insurance in the stated amounts within ten (10) days of the Notice of Award, the Successful Bidder will forfeit the Bid Security as provided in the Instructions to Bidders. Unless otherwise expressly provided herein, all references to "day(s)" shall mean calendar day(s).

The Bidder acknowledges that the following Addenda have been received. The modifications to the Bidding Documents noted therein have been considered and all costs thereto are included in the Bid Proposal prices.

Addendum No.: 1 Date: 4-20-18 Addendum No.: _____ Date: _____
Addendum No.: _____ Date: _____ Addendum No.: _____ Date: _____

Bidder hereby represents that the only person or parties interested in this offer as principals are those named. Bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding.

Firm Name: Schmoldt Construction, Inc.
By: [Signature]
Title: President
Address: 7720 Schmoldt Way, Celina, TX 75009
Phone No: 972-382-8499

ATTEST:

Cary P. Schmoldt
(Typed or Printed Name)
[Signature]
Signature
Date: May 8, 2018

(Seal, if Bidder is a Corporation)

END OF SECTION



CITY OF WILLOW PARK
WILLOW PARK, TX

4/20/2018
ADDENDUM 1

PUBLIC SAFETY FACILITY
100% CONSTRUCTION DOCUMENTS

DOCUMENT 00400 -ALTERNATES FORM

1.1 BID INFORMATION

- A. Project Name: Willow Park Public Safety Building
- B. Project Location: 101 Stagecoach Trail, Willow Park, Texas 76087 .
- C. Owner: City of Willow Park.
- D. Architect: Dewberry.
- E. Architect Project Number: 50089183

1.2 BID FORM SUPPLEMENT

1.3 DESCRIPTION

- A. Owner reserves the right to accept or reject any alternate.
- B. Acceptance or non-acceptance of any alternates shall have no affect on the Contract Time unless otherwise indicated.

1.4 SCHEDULE OF ALTERNATES

- A. Add Alternate No. 1: Canopy at Secure Parking.

- 1. ADD X DEDUCT _____ NO CHANGE _____ NOT APPLICABLE _____.
- 2. One hundred eight thousand – seven hundred and no/100
(\$108,700.00).
- 3. ADD 0 (zero) DEDUCT 0 (zero) calendar days to adjust the Contract Time for this alternate.

- B. Add Alternate No. 2: Sidewalk along Stagecoach Trail.

- 1. ADD x DEDUCT _____ NO CHANGE _____ NOT APPLICABLE _____.
- 2. Fifteen thousand and no/100
(\$15,000.00).
- 3. ADD 0 (zero) DEDUCT 0 (zero) calendar days to adjust the Contract Time for this alternate.

- C. Add Alternate No. 3: Sectional Doors in lieu of Bi-fold doors at Apparatus Bays.

- 1. ADD _____ DEDUCT x NO CHANGE _____ NOT APPLICABLE _____.
- 2. Ninety Thousand and no/100
(\$-90,000.00).
- 3. ADD 0 (zero) DEDUCT 0 (zero) calendar days to adjust the Contract Time for this alternate.

A310™ – 2010 Bid Bond

CONTRACTOR:

(Name, legal status and address)
Schmoldt Construction, Inc.
7720 Schmoldt Way
Celina, TX 75009

SURETY:

Berkley Insurance Company
475 Steamboat Road
Greenwich, CT 06830

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)
City of Willow Park
516 Ranch House Road
Willow Park, TX 76087

BOND AMOUNT: \$ Five Percent of the Total Base Bid Price ----- (\$5% TBBP)

PROJECT: Willow Park Public Safety Building

(Name, location or address, and Project number, if any)

602 West Morrow Road, Willow Park, TX; DAI Project No. 50089183

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 8th day of May, 2018


(Witness)

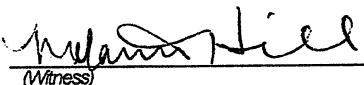
Schmoldt Construction, Inc.

(Principal)

(Seal)

(Title)

president


(Witness) Melanie Hill

Berkley Insurance Company

(Surety)

(Seal)

(Title)

Attorney-In-Fact

Vickie Lacy

**POWER OF ATTORNEY
BERKLEY INSURANCE COMPANY
WILMINGTON, DELAWARE**

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: *Marc W. Boots, Vickie Lacy, Richard Covington, Maria D. Zuniga, Joseph R. Aulbert or Ashley Koletar of McGriff, Seibels & Williams, Inc. dba McGriff, Seibels & Williams of Texas, Inc. of Houston, TX* its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed Fifty Million and 00/100 U.S. Dollars (U.S.\$50,000,000.00), to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

RESOLVED, that, with respect to the Surety business written by Berkley Surety, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 11th day of July, 2017.

Attest:

(Seal)

By

Ira S. Lederman
Executive Vice President & Secretary

Berkley Insurance Company

By

Jeffrey M. Hafter
Senior Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.

STATE OF CONNECTICUT)

) ss:

COUNTY OF FAIRFIELD)

Sworn to before me, a Notary Public in the State of Connecticut, this 11th day of July, 2017, by Ira S. Lederman and Jeffrey M. Hafter who are sworn to me to be the Executive Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

MARIA C. RUNDBAKEN
NOTARY PUBLIC
MY COMMISSION EXPIRES
APRIL 30, 2019

Maria C. Rundbaken
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 8th day of May, 2018.

(Seal)

Vincent P. Forte
Vincent P. Forte

WARNING - Any unauthorized reproduction or alteration of this document is prohibited. This power of attorney is void unless seals are readable and the certification seal at the bottom is embossed. The background imprint, warning and verification instructions (on reverse) must be in blue ink.

Please **verify the authenticity** of the instrument attached to this Power by:

Toll-Free Telephone: (800) 456-5486; or

Electronic Mail: BSGInquiry@berkleysurety.com

Any written notices, inquiries, claims or demands to the Surety on the bond attached to this Power should be directed to:

Berkley Surety
412 Mount Kemble Ave.
Suite 310N
Morristown, NJ 07960
Attention: Surety Claims Department

Or

Email: BSGClaim@berkleysurety.com

Please include with all communications the bond number and the name of the principal on the bond. Where a claim is being asserted, please set forth generally the basis of the claim. In the case of a payment or performance bond, please also identify the project to which the bond pertains.

Berkley Surety is a member company of W. R. Berkley Corporation that underwrites surety business on behalf of Berkley Insurance Company, Berkley Regional Insurance Company and Carolina Casualty Insurance Company.

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Berkley Surety Group, LLC and its affiliates by telephone for information or to make a complaint:

BERKLEY SURETY GROUP, LLC

Please send all notices of claim on this bond to:

**Berkley Surety Group, LLC
(866) 768-3534**

**412 Mount Kemble Avenue, Suite 310N
Morristown, NJ 07960
Attn: Surety Claims Department**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

**P. O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us**

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact your agent or Berkley Surety Group, LLC first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR BOND:

This notice is for information only and does not become a part or condition of the attached document and is given to comply with Texas legal and regulatory requirements.



SCHMOLDT
CONSTRUCTION

Section 00300

CITY OF WILLOW PARK

BID PROPOSAL

BID PROPOSAL

Part A

Date: May 8, 2018

Bid of Four Million Eight hundred Seventy Thousand and no/100 (\$4,870,000.00),
an individual proprietorship / a corporation organized and existing under the laws of the State of
Texas / a partnership consisting of Schmoldt Construction, Inc., for the construction of:

**City of Willow Park Public Safety
Building City of Willow
Park**

To: The Honorable Mayor and City Council of Willow Park
City of Willow Park
516 Ranch House Rd
Willow Park, Texas 76087

Pursuant to the published Invitation to Bidders, and Instructions to Bidders, the undersigned Bidder hereby proposes to perform all the work and furnish all necessary superintendence, labor, machinery, equipment, tools and materials, and whatever else may be necessary to complete all the work described in or reasonably inferable from the Contract Documents for the construction of the **City of Willow Park Public Safety Building** with all related appurtenances, complete, tested, and operational, in accordance with the Plans and Specifications prepared by the Architect, Dewberry Architects, 7557 Rambler Road, Dallas, Texas 75231; Jenna McGregor contact, for the unit prices or applicable prices set forth in Exhibit "A", the electronic bid form, which, once fully executed and submitted shall constitute a legal and executable proposal from the Bidder. It is understood that, in the event any changes are ordered on any part of the Work, the applicable unit prices bid shall apply as additions to or deductions from the total prices for the parts of the Work so changed.

The Bid Security required under the Instructions to Bidders is included and has been attached and, that a fully executed, signed and sealed hard copy has been delivered to Alicia Smith at 516 Ranch House Road, Willow Park, Texas 77581.

The Bidder agrees to submit to the Owner the Qualifications of Bidder, including the Financial Statement of Bidder, as required by the Instructions to Bidders if requested to do so as a condition of the Bid review.

The Bidder binds himself, upon acceptance of his proposal, to execute the Standard Form of Agreement and furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred percent (100%) of the total Contract Price, according to the forms included in the Contract Documents, for performing and completing the said work within the time stated and for the prices stated in this proposal along with all required insurance in the required amounts.

CITY OF WILLOW PARK

BID PROPOSAL

The undersigned Bidder agrees to commence work within 10 days of the date of a written Notice to Proceed. It is understood that the Work is to be Substantially Complete within [330] days after the date of the Notice to Proceed. Time for Substantial Completion shall begin on the date established by the Notice to Proceed. The Contractor will pay liquidated damages in the amount(s) specified in Document 00500 – Standard Form of Agreement, in the event the Work is not Substantially Complete within the Contract Time.


The undersigned agrees that the amounts bid in this Bid Proposal will not be withdrawn or modified for ninety (90) days following date of Bid Proposal opening, or such longer period as may be agreed to in writing by the City of Willow Park and Bidder.

It is understood that in the event the Successful Bidder fails to enter into the Standard Form of Agreement and/or to furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred (100) percent of the Contract Price, along with all required insurance in the stated amounts within ten (10) days of the Notice of Award, the Successful Bidder will forfeit the Bid Security as provided in the Instructions to Bidders. Unless otherwise expressly provided herein, all references to "day(s)" shall mean calendar day(s).

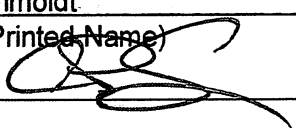
The Bidder acknowledges that the following Addenda have been received. The modifications to the Bidding Documents noted therein have been considered and all costs thereto are included in the Bid Proposal prices.

Addendum No.: 1 Date: 4-20-18 Addendum No.: _____ Date: _____
Addendum No.: _____ Date: _____ Addendum No.: _____ Date: _____

Bidder hereby represents that the only person or parties interested in this offer as principals are those named. Bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding.

Firm Name: Schmoldt Construction, Inc.
By: 
Title: President
Address: 7720 Schmoldt Way, Celina, TX 75009
Phone No: 972-382-8499

ATTEST:

Cary P. Schmoldt
(Typed or Printed Name)

Signature
Date: May 8, 2018

(Seal, if Bidder is a Corporation)

END OF SECTION



CITY OF WILLOW PARK
WILLOW PARK, TX

4/20/2018
ADDENDUM 1

PUBLIC SAFETY FACILITY
100% CONSTRUCTION DOCUMENTS

DOCUMENT 00400 -ALTERNATES FORM

1.1 BID INFORMATION

- A. Project Name: Willow Park Public Safety Building
- B. Project Location: 101 Stagecoach Trail, Willow Park, Texas 76087 .
- C. Owner: City of Willow Park.
- D. Architect: Dewberry.
- E. Architect Project Number: 50089183

1.2 BID FORM SUPPLEMENT

1.3 DESCRIPTION

- A. Owner reserves the right to accept or reject any alternate.
- B. Acceptance or non-acceptance of any alternates shall have no affect on the Contract Time unless otherwise indicated.

1.4 SCHEDULE OF ALTERNATES

- A. Add Alternate No. 1: Canopy at Secure Parking.

- 1. ADD X DEDUCT _____ NO CHANGE _____ NOT APPLICABLE _____.
- 2. One hundred eight thousand – seven hundred and no/100
(\$108,700.00).
- 3. ADD 0 (zero) DEDUCT 0 (zero) calendar days to adjust the Contract Time for this alternate.

- B. Add Alternate No. 2: Sidewalk along Stagecoach Trail.

- 1. ADD x DEDUCT _____ NO CHANGE _____ NOT APPLICABLE _____.
- 2. Fifteen thousand and no/100
(\$15,000.00).
- 3. ADD 0 (zero) DEDUCT 0 (zero) calendar days to adjust the Contract Time for this alternate.

- C. Add Alternate No 3: Sectional Doors in lieu of Bi-fold doors at Apparatus Bays.

- 1. ADD _____ DEDUCT x NO CHANGE _____ NOT APPLICABLE _____.
- 2. Ninety Thousand and no/100
(\$-90,000.00).
- 3. ADD 0 (zero) DEDUCT 0 (zero) calendar days to adjust the Contract Time for this alternate.

A310TM – 2010 Bid Bond

CONTRACTOR:

(Name, legal status and address)
Schmoldt Construction, Inc.
7720 Schmoldt Way
Celina, TX 75009

SURETY:

Berkley Insurance Company
475 Steamboat Road
Greenwich, CT 06830

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)
City of Willow Park
516 Ranch House Road
Willow Park, TX 76087

BOND AMOUNT: \$ Five Percent of the Total Base Bid Price ----- (\$5% TBBP)

PROJECT: Willow Park Public Safety Building

(Name, location or address, and Project number, if any)

602 West Morrow Road, Willow Park, TX; DAI Project No. 50089183

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 8th day of May, 2018

Diana Collins
(Witness)

Schmoldt Construction, Inc.

(Principal)

(Seal)

(Title)

president

Melanie Hill
(Witness) Melanie Hill

Berkley Insurance Company

(Surety)

(Seal)

(Title)

Attorney-In-Fact

Vickie Lacy

**POWER OF ATTORNEY
BERKLEY INSURANCE COMPANY
WILMINGTON, DELAWARE**

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: *Marc W. Boots, Vickie Lacy, Richard Covington, Maria D. Zuniga, Joseph R. Aulbert or Ashley Koletar of McGriff, Seibels & Williams, Inc. dba McGriff, Seibels & Williams of Texas, Inc. of Houston, TX* its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed Fifty Million and 00/100 U.S. Dollars (U.S.\$50,000,000.00), to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

RESOLVED, that, with respect to the Surety business written by Berkley Surety, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 11th day of July, 2017.

Attest:

Berkley Insurance Company

(Seal)

By

Ira S. Lederman
Executive Vice President & Secretary

By

Jeffrey M. Hafter
Senior Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.

STATE OF CONNECTICUT)

) ss:

COUNTY OF FAIRFIELD)

Sworn to before me, a Notary Public in the State of Connecticut, this 11th day of July, 2017, by Ira S. Lederman and Jeffrey M. Hafter who are sworn to me to be the Executive Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

MARIA C. RUNDBAKEN
NOTARY PUBLIC
MY COMMISSION EXPIRES
APRIL 30, 2019

Maria C. Rundbaken
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 8th day of May, 2018.

(Seal)

Vincent P. Forte
Vincent P. Forte

WARNING - Any unauthorized reproduction or alteration of this document is prohibited. This power of attorney is void unless seals are readable and the certification seal at the bottom is embossed. The background imprint, warning and verification instructions (on reverse) must be in blue ink.

Please **verify the authenticity** of the instrument attached to this Power by:

Toll-Free Telephone: (800) 456-5486; or

Electronic Mail: BSGInquiry@berkleysurety.com

Any written notices, inquiries, claims or demands to the Surety on the bond attached to this Power should be directed to:

Berkley Surety
412 Mount Kemble Ave.
Suite 310N
Morristown, NJ 07960
Attention: Surety Claims Department

Or

Email: BSGClaim@berkleysurety.com

Please include with all communications the bond number and the name of the principal on the bond. Where a claim is being asserted, please set forth generally the basis of the claim. In the case of a payment or performance bond, please also identify the project to which the bond pertains.

Berkley Surety is a member company of W. R. Berkley Corporation that underwrites surety business on behalf of Berkley Insurance Company, Berkley Regional Insurance Company and Carolina Casualty Insurance Company.

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Berkley Surety Group, LLC and its affiliates by telephone for information or to make a complaint:

BERKLEY SURETY GROUP, LLC

Please send all notices of claim on this bond to:

**Berkley Surety Group, LLC
(866) 768-3534**

**412 Mount Kemble Avenue, Suite 310N
Morristown, NJ 07960
Attn: Surety Claims Department**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

**P. O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us**

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact your agent or Berkley Surety Group, LLC first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR BOND:

This notice is for information only and does not become a part or condition of the attached document and is given to comply with Texas legal and regulatory requirements.

Section 00300

BID PROPOSAL

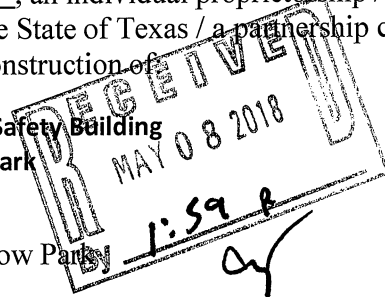
Part A

Date: 05/08/2018

Bid of HASEN Design Build & Development, an individual proprietorship / a corporation organized and existing under the laws of the State of Texas / a partnership consisting of NO Partnership, for the construction of

City of Willow Park Public Safety Building
City of Willow Park

To: The Honorable Mayor and City Council of Willow Park
City of Willow Park
516 Ranch House Rd
Willow Park, Texas 76087



Pursuant to the published Invitation to Bidders, and Instructions to Bidders, the undersigned Bidder hereby proposes to perform all the work and furnish all necessary superintendence, labor, machinery, equipment, tools and materials, and whatever else may be necessary to complete all the work described in or reasonably inferable from the Contract Documents for the construction of the **City of Willow Park Public Safety Building** with all related appurtenances, complete, tested, and operational, in accordance with the Plans and Specifications prepared by the Architect, Dewberry Architects, 7557 Rambler Road, Dallas, Texas 75231; Jenna McGregor contact, for the unit prices or applicable prices set forth in Exhibit "A", the electronic bid form, which, once fully executed and submitted shall constitute a legal and executable proposal from the Bidder. It is understood that, in the event any changes are ordered on any part of the Work, the applicable unit prices bid shall apply as additions to or deductions from the total prices for the parts of the Work so changed. **\$ 4,589,000 BASE BID**

The Bid Security required under the Instructions to Bidders is included and has been attached and, that a fully executed, signed and sealed hard copy has been delivered to Alicia Smith at 516 Ranch House Road, Willow Park, Texas 77581.

The Bidder agrees to submit to the Owner the Qualifications of Bidder, including the Financial Statement of Bidder, as required by the Instructions to Bidders if requested to do so as a condition of the Bid review.

The Bidder binds himself, upon acceptance of his proposal, to execute the Standard Form of Agreement and furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred percent (100%) of the total Contract Price, according to the forms included in the Contract Documents, for performing and completing the said work within the time stated and for the prices stated in this proposal along with all required insurance in the required amounts.

The undersigned Bidder agrees to commence work within 10 days of the date of a written Notice to Proceed. It is understood that the Work is to be Substantially Complete within [**300**] days after the date of the Notice to Proceed. Time for Substantial Completion shall begin on the date established by the Notice to Proceed. The Contractor will pay liquidated damages in the amount(s) specified in Document 00500 – Standard Form of Agreement, in the event the Work is not Substantially Complete within the Contract Time.

The undersigned agrees that the amounts bid in this Bid Proposal will not be withdrawn or modified for ninety (90) days following date of Bid Proposal opening, or such longer period as may be agreed to in writing by the City of Willow Park and Bidder.

It is understood that in the event the Successful Bidder fails to enter into the Standard Form of Agreement and/or to furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred (100) percent of the Contract Price, along with all required insurance in the stated amounts within ten (10) days of the Notice of Award, the Successful Bidder will forfeit the Bid Security as provided in the Instructions to Bidders. Unless otherwise expressly provided herein, all references to “day(s)” shall mean calendar day(s).

The Bidder acknowledges that the following Addenda have been received. The modifications to the Bidding Documents noted therein have been considered and all costs thereto are included in the Bid Proposal prices.

Addendum No.: **One** Date: **April 20 2018** Addendum No.: _____ Date: _____
 Addendum No.: **Questions** Date: **May 04, 2018** Addendum No.: _____ Date: _____

Bidder hereby represents that the only person or parties interested in this offer as principals are those named. Bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding.

Firm Name: HASEN Design Build & Development

By: Trent Hirth

Title: Director of Pre Construction Services

Address: 2900 Photo Ave. Fort Worth, TX 76107

Phone No: 817-877-1144

ATTEST:

TRENT HIRTH

(Typed or Printed Name)

Trent Hirth

Signature

Date: **5-8-18**

(Seal, if Bidder is a Corporation)

END OF SECTION

DOCUMENT 00400 - ALTERNATES FORM

1.1 BID INFORMATION

- A. Project Name: Willow Park Public Safety Building
- B. Project Location: 101 Stagecoach Trail, Willow Park, Texas 76087 .
- C. Owner: City of Willow Park.
- D. Architect: Dewberry.
- E. Architect Project Number: 50089183

1.2 BID FORM SUPPLEMENT

1.3 DESCRIPTION

- A. Owner reserves the right to accept or reject any alternate.
- B. Acceptance or non-acceptance of any alternates shall have no affect on the Contract Time unless otherwise indicated.

\$ 4,589,000 BASE BID

1.4 SCHEDULE OF ALTERNATES

- A. Add Alternate No. 1: Canopy at Secure Parking.
 - 1. ADD x DEDUCT NO CHANGE NOT APPLICABLE .
 - 2. One Hundred five Thousand Dollars
 - 3. (\$ 105,000).
 - 3. ADD DEDUCT 0 calendar days to adjust the Contract Time for this alternate.
- B. Add Alternate No. 2: Sidewalk along Stagecoach Trail.
 - 1. ADD x DEDUCT NO CHANGE NOT APPLICABLE .
 - 2. Twelve Thousand Five Hundred Dollars
 - 3. (\$ 12,500).
 - 3. ADD DEDUCT 0 calendar days to adjust the Contract Time for this alternate.
- C. Add Alternate No. 3: Sectional Doors in lieu of Bi-fold doors at Apparatus Bays.
 - 1. ADD DEDUCT x NO CHANGE NOT APPLICABLE .
 - 2. Ninety Five Thousand Dollars
 - 3. (\$ 95,000).
 - 3. ADD DEDUCT 0 calendar days to adjust the Contract Time for this alternate.

END OF DOCUMENT 00400



Bond No. BID BOND

KNOW ALL MEN BY THESE PRESENTS, that we, HASEN Design Build & Development, Inc.

2900 Photo Ave, Fort Worth, Texas 761076

as principal, and the **GREAT AMERICAN INSURANCE COMPANY**, a corporation existing under the laws of the State of Ohio, having its Administrative Office at 301 E. Fourth Street, Cincinnati, Ohio 45202, as surety, are held and firmly bound unto City of Willow Park, Texas

516 Ranch House Road, Willow Park, Texas 76087

as obligee, in the penal sum of Five Percent of the Total Bid Amount-----

Dollars (\$ 5% of Total Bid), lawful money of the United States of America, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrator, successors and assigns, Jointly and severally, firmly by these presents.

SIGNED, sealed and dated this 30th day of April, 2018.

WHEREAS, the said principal HASEN Design Build & Development, Inc.

herewith submitting proposal for City Of Willow Park Public Safety Building

NOW, THEREFORE, the condition of this obligation is such that, if the said principal shall be awarded the said contract, and shall within (60) days after receiving notice of such award enter into a contract and give bond for the faithful performance of the contract, then this obligation shall be null and void otherwise the principal and surety will pay unto the obligee the difference in money between the amount of the principal's bid and the amount for which the obligee may legally contract with another party to perform the work, if the latter amount be in excess of the former; but in no event shall the liability hereunder exceed the penal sum hereof.

HASEN Design Build & Development, Inc.

Principal

GREAT AMERICAN INSURANCE COMPANY

By: Carolyn Maples

Carolyn Maples, Attorney-in-Fact

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than FIVE

No. 0 14975

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
JOHN R. WILSON	VICKIE A. ROSS	ALL
GREG WILKERSON	CAROLYN MAPLES	\$100,000,000.00
CATHY VINSON	FORT WORTH, TEXAS	

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 28TH day of NOVEMBER, 2017.

Attest

GREAT AMERICAN INSURANCE COMPANY



Stephen C. Beraha
Assistant Secretary

David C. Kitchin
Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

DAVID C. KITCHIN (877-377-2405)

On this 28TH day of NOVEMBER, 2017, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



Susan A. Kohorst
Notary Public, State of Ohio
My Commission Expires 05-18-2020

Susan A. Kohorst

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 30th

day of April

, 2018



Stephen C. Beraha
Assistant Secretary



**Great American Insurance Company of New York
Great American Alliance Insurance Company
Great American Insurance Company**

IMPORTANT NOTICE:

To obtain information or make a complaint:

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance at:

P.O. Box 149104
Austin, TX 78714-9091
FAX: 1-512-490-1007

Your notice of claim against the attached bond may be given to the surety company that issued the bond by sending it by certified or registered mail to the following address:

Mailing Address: Great American Insurance Company
P.O. Box 2119
Cincinnati, Ohio 45202

Physical Address: Great American Insurance Company
301 E. Fourth Street
Cincinnati, Ohio 45202

You may also contact the Great American Insurance Company Claim office by:

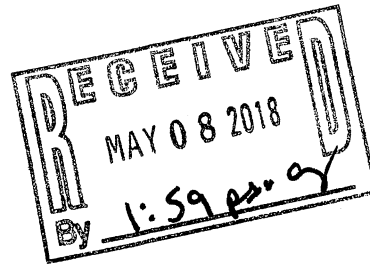
Fax: 1-888-290-3706
Telephone: 1-513-369-5091
Email: bondclaims@gaic.com

PREMIUM OR CLAIM DISPUTES:

If you have a dispute concerning a premium, you should contact the agent first. If you have a dispute concerning a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR BOND:

This notice is for information only and does not become a part or condition of the attached document.



Page | 1

May 8, 2018

PROJECT: Willow Park Public Safety Building
Location: Willow Park, Texas

Dear Ms. Smith,

We are pleased to provide the following pricing for the new Willow Park Public Safety Building. This pricing is based on drawings provided by Dewberry Architecture dated April 9, 2018. Imperial acknowledges (2) addendums. Feel free to call me if you have any questions.

Pricing Breakdown

	Price
Willow Park Public Safety Building	
TOTAL	\$4,698,999.00

Assumptions, Clarifications & Exclusions

- Imperial Construction has included in base bid an alternate security surveillance and access control system in lieu of specified due to uncertainties.

Sincerely,

Mark Tucker
Vice President

817-341-8886

mtucker@imperial-construction.com



Section 00300

BID PROPOSAL

Part A

Date: 05-08-2018

Bid of Imperial Construction, Inc., an individual proprietorship / a corporation organized and existing under the laws of the State of Texas / a partnership consisting of N/A, for the construction of:

**City of Willow Park Public Safety Building
City of Willow Park**

To: The Honorable Mayor and City Council of Willow Park
City of Willow Park
516 Ranch House Rd
Willow Park, Texas 76087

Pursuant to the published Invitation to Bidders, and Instructions to Bidders, the undersigned Bidder hereby proposes to perform all the work and furnish all necessary superintendence, labor, machinery, equipment, tools and materials, and whatever else may be necessary to complete all the work described in or reasonably inferable from the Contract Documents for the construction of the **City of Willow Park Public Safety Building** with all related appurtenances, complete, tested, and operational, in accordance with the Plans and Specifications prepared by the Architect, Dewberry Architects, 7557 Rambler Road, Dallas, Texas 75231; Jenna McGregor contact, for the unit prices or applicable prices set forth in Exhibit "A", the electronic bid form, which, once fully executed and submitted shall constitute a legal and executable proposal from the Bidder. It is understood that, in the event any changes are ordered on any part of the Work, the applicable unit prices bid shall apply as additions to or deductions from the total prices for the parts of the Work so changed.

The Bid Security required under the Instructions to Bidders is included and has been attached and, that a fully executed, signed and sealed hard copy has been delivered to Alicia Smith at 516 Ranch House Road, Willow Park, Texas 77581.

The Bidder agrees to submit to the Owner the Qualifications of Bidder, including the Financial Statement of Bidder, as required by the Instructions to Bidders if requested to do so as a condition of the Bid review.

The Bidder binds himself, upon acceptance of his proposal, to execute the Standard Form of Agreement and furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred percent (100%) of the total Contract Price, according to the forms included in the Contract Documents, for performing and completing the said work within the time stated and for the prices stated in this proposal along with all required insurance in the required amounts.

The undersigned Bidder agrees to commence work within 10 days of the date of a written Notice to Proceed. It is understood that the Work is to be Substantially Complete within [300] days after the date of the Notice to Proceed. Time for Substantial Completion shall begin on the date established by the Notice to Proceed. The Contractor will pay liquidated damages in the amount(s) specified in Document 00500 – Standard Form of Agreement, in the event the Work is not Substantially Complete within the Contract Time.

The undersigned agrees that the amounts bid in this Bid Proposal will not be withdrawn or modified for ninety (90) days following date of Bid Proposal opening, or such longer period as may be agreed to in writing by the City of Willow Park and Bidder.

It is understood that in the event the Successful Bidder fails to enter into the Standard Form of Agreement and/or to furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred (100) percent of the Contract Price, along with all required insurance in the stated amounts within ten (10) days of the Notice of Award, the Successful Bidder will forfeit the Bid Security as provided in the Instructions to Bidders. Unless otherwise expressly provided herein, all references to "day(s)" shall mean calendar day(s).

The Bidder acknowledges that the following Addenda have been received. The modifications to the Bidding Documents noted therein have been considered and all costs thereto are included in the Bid Proposal prices.

Addendum No.: 01 Date: 04-20-2018 Addendum No.: _____ Date: _____
Addendum No.: 02 Date: 05-04-2018 Addendum No.: _____ Date: _____

Bidder hereby represents that the only person or parties interested in this offer as principals are those named. Bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding.

Firm Name: Imperial Construction, Inc.

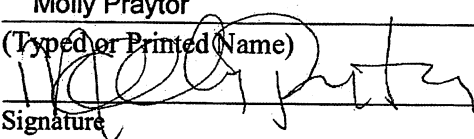
By: Mark Tucker 

Title: Executive Vice President

Address: 400 I-20 West, Suite 200, Weatherford, TX 76086

Phone No: 817-341-8886

ATTEST:

Molly Praytor
(Typed or Printed Name)

Signature
Date: 05-08-2018

(Seal, if Bidder is a Corporation)

END OF SECTION

DOCUMENT 00400 - ALTERNATES FORM

1.1 BID INFORMATION

- A. Project Name: Willow Park Public Safety Building
- B. Project Location: 101 Stagecoach Trail, Willow Park, Texas 76087 .
- C. Owner: City of Willow Park.
- D. Architect: Dewberry.
- E. Architect Project Number: 50089183

1.2 BID FORM SUPPLEMENT

1.3 DESCRIPTION

- A. Owner reserves the right to accept or reject any alternate.
- B. Acceptance or non-acceptance of any alternates shall have no affect on the Contract Time unless otherwise indicated.

1.4 SCHEDULE OF ALTERNATES

A. Add Alternate No. 1: Canopy at Secure Parking.

- 1. ADD X DEDUCT NO CHANGE NOT APPLICABLE .
- 2. One Hundred Eight Thousand & 00/100 Dollars
(\$108,000).
- 3. ADD 0 DEDUCT calendar days to adjust the Contract Time for this alternate.

B. Add Alternate No. 2: Sidewalk along Stagecoach Trail.

- 1. ADD X DEDUCT NO CHANGE NOT APPLICABLE .
- 2. Thirteen Thousand & 00/100 Dollars
(\$13,000).
- 3. ADD 0 DEDUCT calendar days to adjust the Contract Time for this alternate.

C. Add Alternate No. 3: Sectional Doors in lieu of Bi-fold doors at Apparatus Bays.

- 1. ADD DEDUCT X NO CHANGE NOT APPLICABLE .
- 2. Ninty Thousand & 00/100 Dollars
(\$90,000).
- 3. ADD 0 DEDUCT calendar days to adjust the Contract Time for this alternate.

END OF DOCUMENT 00400



CHUBB GROUP OF INSURANCE COMPANIES

Surety Department, 15 Mountain View Road, P.O. Box 1615, Warren, NJ 07061-1615

Phone: (908) 903-3485

Facsimile: (908) 903-3656

AIA DOCUMENT A310™ - 2010 BID BOND

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

CONTRACTOR

(Name, legal status and address):

Imperial Construction, Inc.
400 I-20 West, Suite 200
Weatherford, TX 76086

SURETY *(Name, legal status and principal place of business):*

Federal Insurance Company
15 Mountain View Road
Warren, N.J. 07059

OWNER

(Name, legal status and address):

City of Willow Park Public Safety
516 Ranch House Road
Willow Park, TX 76087

BOND AMOUNT:

Five Percent (5%) of the Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

City of Willow Park Public Safety Building
Stagecoach Trail, 100 Block, Willow Park, TX 76087

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 30th

day of April, 2018.

Imperial Construction, Inc.

(Principal)

(Corporate Seal)



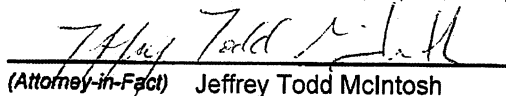
(Title)

(Witness)

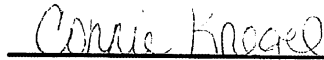
Federal Insurance Company

(Federal Insurance Company)

(Corporate Seal)



(Attorney-in-Fact) Jeffrey Todd McIntosh


(Witness) Connie Kregel

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company

Know All by These Presents. That **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, and **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, do each hereby constitute and appoint **Connie Jean Kregel and Jeffrey Todd McIntosh of Plano, Texas** -----

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** have each executed and attested these presents and affixed their corporate seals on this **10th** day of **March, 2017**.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

SS.

On this **10th** day of **March, 2017** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies; and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal



KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2318885
Commission Expires July 16, 2019

Katherine J. Adelaar

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the Companies are duly licensed and authorized to transact surety business in all 50 of the United States of America and the District of Columbia and are authorized by the U.S. Treasury Department; further, Federal and Vigilant are licensed in the U.S. Virgin Islands, and Federal is licensed in Guam, Puerto Rico, and each of the Provinces of Canada except Prince Edward Island; and
- (iii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this **April 30, 2018**.



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO NOTIFY US OF A CLAIM, VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:

Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

Policyholder Information Notice

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Chubb's toll-free telephone number for information or to make a complaint at

1-800-36-CHUBB

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance

P.O. Box 149104

Austin, TX 78714-9104

FAX # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener información o para someter una queja:

Usted puede llamar al número de teléfono gratis de Chubb's para información o para someter una queja al

1-800-36-CHUBB

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104

Austin, TX 78714-9104

FAX # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para propósito de información y no se convierte en parte o condición del documento adjunto.

Section 00 3080
Minority / Women Business Enterprise

MINORITY/WOMEN BUSINESS ENTERPRISE (MWBE)

DATA GATHERING FORM

The City of Arlington is gathering data on MWBE businesses. In order to be identified as a certified Minority/Woman Business Enterprise (MWBE) in the City of Arlington, please complete and include this form and copy of your Certification with your Proposal. Please note that this data is for information only. **NO PREFERENCE SHALL BE GIVEN NOR WILL THIS INFORMATION AFFECT THE RESULTS OF THE CONTRACT AWARD.**

Name of Contractor: Imperial Construction, Inc.

Is Contractor MWBE? ☐ YES ☒ NO

If yes, please check all that applies:

- ☐ Native American (AI)
- ☐ Native American, Women-Owned (NW)
- ☐ Asian (AS)
- ☐ Asian, Women-Owned (AW)
- ☐ Black (BL)
- ☐ Black, Women-Owned (BW)
- ☐ Hispanic (HI)
- ☐ Hispanic, Women-Owned (HW)
- ☐ Women-Owned (WO)

MWBE Certifications accepted by the City of Arlington. The City will review other MWBE Certification.

- ☐ North Central Texas Regional Certification Agency (NCTRCA)
- ☐ State of Texas, historically Underutilized Business (HUB)
- ☐ Dallas/Fort Worth Minority Supplier Development Council (DFW MSDC)
- ☐ Women's Business Council – Southwest (WBC-SW)
- ☐ Texas Department of Transportation (TxDOT)
- ☐ South Central Texas Regional Certification Agency (SCTRCA)
- ☐ Others (please specify) - _____

Imperial Construction will work to meet, under good faith, any minority goals required by the City Willow Park, Texas.

Section 00300

BID PROPOSAL

Part A

Date: May 8, 2018

Bid of \$ 4,508,142.00, an individual proprietorship / a corporation organized and existing under the laws of the State of Texas / a partnership consisting of WILKS CONSTRUCTION COMPANY, LLC, for the construction of:

City of Willow Park Public Safety Building
City of Willow Park

To: The Honorable Mayor and City Council of Willow Park
City of Willow Park
516 Ranch House Rd
Willow Park, Texas 76087

Pursuant to the published Invitation to Bidders, and Instructions to Bidders, the undersigned Bidder hereby proposes to perform all the work and furnish all necessary superintendence, labor, machinery, equipment, tools and materials, and whatever else may be necessary to complete all the work described in or reasonably inferable from the Contract Documents for the construction of the **City of Willow Park Public Safety Building** with all related appurtenances, complete, tested, and operational, in accordance with the Plans and Specifications prepared by the Architect, Dewberry Architects, 7557 Rambler Road, Dallas, Texas 75231; Jenna McGregor contact, for the unit prices or applicable prices set forth in Exhibit "A", the electronic bid form, which, once fully executed and submitted shall constitute a legal and executable proposal from the Bidder. It is understood that, in the event any changes are ordered on any part of the Work, the applicable unit prices bid shall apply as additions to or deductions from the total prices for the parts of the Work so changed.

The Bid Security required under the Instructions to Bidders is included and has been attached and, that a fully executed, signed and sealed hard copy has been delivered to Alicia Smith at 516 Ranch House Road, Willow Park, Texas 77581.

The Bidder agrees to submit to the Owner the Qualifications of Bidder, including the Financial Statement of Bidder, as required by the Instructions to Bidders if requested to do so as a condition of the Bid review.

The Bidder binds himself, upon acceptance of his proposal, to execute the Standard Form of Agreement and furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred percent (100%) of the total Contract Price, according to the forms included in the Contract Documents, for performing and completing the said work within the time stated and for the prices stated in this proposal along with all required insurance in the required amounts.

The undersigned Bidder agrees to commence work within 10 days of the date of a written Notice to Proceed. It is understood that the Work is to be Substantially Complete within [300] days after the date of the Notice to Proceed. Time for Substantial Completion shall begin on the date established by the Notice to Proceed. The Contractor will pay liquidated damages in the amount(s) specified in Document 00500 – Standard Form of Agreement, in the event the Work is not Substantially Complete within the Contract Time.

The undersigned agrees that the amounts bid in this Bid Proposal will not be withdrawn or modified for ninety (90) days following date of Bid Proposal opening, or such longer period as may be agreed to in writing by the City of Willow Park and Bidder.

It is understood that in the event the Successful Bidder fails to enter into the Standard Form of Agreement and/or to furnish an acceptable Performance and Payment Bond and Maintenance Bond if required, each in the amount of one hundred (100) percent of the Contract Price, along with all required insurance in the stated amounts within ten (10) days of the Notice of Award, the Successful Bidder will forfeit the Bid Security as provided in the Instructions to Bidders. Unless otherwise expressly provided herein, all references to "day(s)" shall mean calendar day(s).

The Bidder acknowledges that the following Addenda have been received. The modifications to the Bidding Documents noted therein have been considered and all costs thereto are included in the Bid Proposal prices.

Addendum No.: 1 Date: April 20, 2018 Addendum No.: 1B Date: 5-7-18
Addendum No.: 1A Date: 5-2-18 Addendum No.: _____ Date: _____

Bidder hereby represents that the only person or parties interested in this offer as principals are those named. Bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding.

Firm Name: WILKS CONSTRUCTION COMPANY, LLC

By: MIKE BLACKBURN

Title: PRESIDENT

Address: 1430 MARKUM RANCH RD, FT WORTH, TX 76126


Phone No: (682) 587-8150

ATTEST:

MIKE BLACKBURN

(Seal, if Bidder is a Corporation)

(Typed or Printed Name)



Signature

Date: MAY 8, 2018

END OF SECTION

DOCUMENT 00400 - ALTERNATES FORM

1.1 BID INFORMATION

- A. Project Name: Willow Park Public Safety Building
- B. Project Location: 101 Stagecoach Trail, Willow Park, Texas 76087 .
- C. Owner: City of Willow Park.
- D. Architect: Dewberry.
- E. Architect Project Number: 50089183

1.2 BID FORM SUPPLEMENT

1.3 DESCRIPTION

- A. Owner reserves the right to accept or reject any alternate.
- B. Acceptance or non-acceptance of any alternates shall have no affect on the Contract Time unless otherwise indicated.

1.4 SCHEDULE OF ALTERNATES

- A. Add Alternate No. 1: Canopy at Secure Parking.

- 1. ADD ☒ DEDUCT ☐ NO CHANGE ☐ NOT APPLICABLE ☐.
- 2. one hundred thirty five thousand one hundred fifty one Dollars
(\$135,151.00).
- 3. ADD 10 DEDUCT ☐ calendar days to adjust the Contract Time for this alternate.

- B. Add Alternate No. 2: Sidewalk along Stagecoach Trail.

- 1. ADD ☒ DEDUCT ☐ NO CHANGE ☐ NOT APPLICABLE ☐.
- 2. ten thousand one hundred fifty one Dollars
(\$10,151.00).
- 3. ADD 4 DEDUCT ☐ calendar days to adjust the Contract Time for this alternate.

- C. Add Alternate No. 3: Sectional Doors in lieu of Bi-fold doors at Apparatus Bays.

- 1. ADD ☐ DEDUCT ☒ NO CHANGE ☐ NOT APPLICABLE ☐.
- 2. ninety six thousand Dollars
(\$96,000.00).
- 3. ADD ☐ DEDUCT 0 calendar days to adjust the Contract Time for this alternate.

END OF DOCUMENT 00400

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

Bid Bond

Bond No. PH3032

KNOW ALL MEN BY THESE PRESENTS, that we

WILKS CONSTRUCTION COMPANY, LLC , 1430 Markum Ranch Road , Fort Worth, TX 76126

as Principal, hereinafter called the Principal, and

Philadelphia Indemnity Insurance Company , One Bala Plaza, Suite 100 , Bala Cynwyd, PA 19004

a corporation duly organized under the laws of the Commonwealth of Pennsylvania as Surety, hereinafter called the Surety, are held and firmly bound unto

City of Willow Park , 516 Ranch House Road , Willow Park, TX 76087

as Obligee, hereinafter called Obligee, in the sum of

Five Percent of the Greatest Amount Bid Dollars (5.00%).

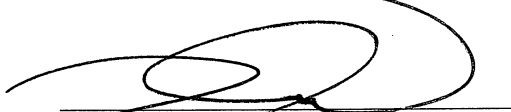
For the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for:

Willow Park Public Safety Building: Performing the Role of General Contractor, fulfilling the role of supervising and subcontracting all of the CSI divisions of the project

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.


Signed and sealed this ~~8th~~ day of **May**, 2018 .


(Witness)

WILKS CONSTRUCTION COMPANY, LLC

(Principal)

(Seal)

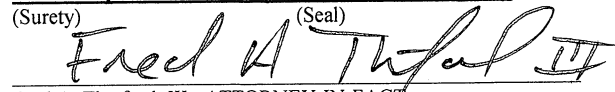

(Title)

Philadelphia Indemnity Insurance Company

(Surety)

(Seal)


(Witness)


Fred A. Thetford, III , ATTORNEY-IN-FACT

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

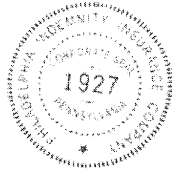
KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Jared Young, Fred A. Thetford, Jr., Tobin Tucker, Tom Young and/or Fred A. Thetford, III of Contract Bond Agency, LLC.**, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$25,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

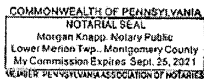
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.



(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



Notary Public:

residing at:

Bala Cynwyd, PA

(Notary Seal)

My commission expires:

September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 8th day of May, 20 18.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

IMPORTANT NOTICE

To obtain information or make a complaint:
You may call the Surety's toll free telephone
number for information or to make a
complaint at:

1-877-438-7459

You may also write Philadelphia Indemnity
Insurance Company at:

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004
Attention: Senior Vice President and
Director of Surety

You may contact the Texas Department of
Insurance to obtain information on
companies, coverage, rights or complaints
at:

1-800-252-3439.

You may write the Texas Department of
Insurance at:

P.O. Box 149104
Austin, TX 78714-9104
Fax# 512-475-1771
Web: <http://www.tdi.state.tx.us>
Email: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should
you have a dispute concerning your
premium or about a claim, you should
contact the Surety first. If the dispute is not
resolved, you may contact the Texas
Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:
This notice is for information only and does
not become a part or condition of the
attached document.

ADVISOR IMPORTANTE

Para obtener informacion o para someter una
queja: Usted puede llamar al numero de
telefono gratis de para informacion o para
someter una queja al:

1-877-438-7459

Usted tambien puede escribir a Philadelphia
Indemnity Insurance Company at:

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004
Attention: Senior Vice President and
Director of Surety

Puede comunicarse con el Departamento de
Seguros de Texas para obtener informacion
acerca de companias, coberturas, derechos
o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros
de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax# 512-475-1771
Web: <http://www.tdi.state.tx.us>
Email: ConsumerProtection@tdi.state.tx.us

**DISPUTAS SOBRE PRIMAS O
RECLAMOS:** Si tiene una disputa
concerniente a su prima o a un reclamo,
debe comunicarse con el Surety primero. Si
no se resuelve la disputa, puede entonces
comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este
aviso es solo para proposito de informacion
y no se convierte en parte o condicion del
documento adjunto.



CITY COUNCIL AGENDA ITEM BRIEFING SHEET

Council Date: 5-15-18	Department: Development Services	Presented By: Bernie Parker
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AGENDA ITEM:

10. Discussion Action: To consider and take action on a Park Plan (BP)

BACKGROUND:

In order to apply for Texas Parks and Wildlife Department grant Program a Parks Master Plan must be conducted. (Listed below is an example items to be consider during the Process, which typically could take up to six months to complete.)

A Park Master Plans will evaluate the following:

- Comprehensive Plan or Current Future Land Use Plan
- Existing Park Inventory
- Athletic Organizations (Youth and Adult), User Groups and Stakeholders
- City Base Maps Identifying Existing Parks and/or Park Property
- Private Recreation Parks or Services
- Existing Trails & Possible Trails

Public Input / Vision Meeting

- One (1) general at-large Public Hearing or Input Meeting with the City Council.
- One (1) Stakeholder/User Group Interview

STAFF/BOARD/COMMISSION RECOMMENDATION:

EXHIBITS:

ADDITIONAL INFO:	FINANCIAL INFO:	
	Cost	
	Source of Funding	\$



CITY COUNCIL AGENDA ITEM BRIEFING SHEET

Council Date: 5-15-18	Department: Development Services	Presented By: Derek Turner / Bernie Parker
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AGENDA ITEM:

11. Discussion/ Action: To consider and take action on the authorization to have
Storm water / Drainage Studies completed (DT / BP)

BACKGROUND:

The plan will include identification of drainage basins, evaluation of drainage courses, and evaluation of capacity of drainage elements (culverts, storm drains, channels, etc), recommendations for improvements, cost estimates, and proposed scheduling of improvements.

STAFF/BOARD/COMMISSION RECOMMENDATION:

EXHIBITS:

ADDITIONAL INFO:	FINANCIAL INFO:	
	Cost	
	Source of Funding	\$



CITY COUNCIL AGENDA ITEM BRIEFING SHEET

Council Date: May 15, 2018	Department: Admin	Presented By: Bryan Grimes
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AGENDA ITEM:

Discuss / Take Action: Approve Wastewater Services MOU with City of Weatherford

BACKGROUND:

As Council is aware, the City of Willow Park met with the Weatherford Utility Board which directed the City of Weatherford Staff to begin working on an agreement to provide the City of Willow Park with wastewater services and making the City of Willow Park a customer of Weatherford. Attached is the MOU developed by the City of Weatherford.

The MOU states:

- Weatherford will conduct an impact study and rate study to analyze what improvements (if any) will need to be added to the current system. This cost will not exceed \$20,000.
- Weatherford will conduct a rate study to determine a wholesale wastewater rate. The cost will not exceed \$18,500.
- Weatherford will prepare a wholesale contract. The cost will not exceed \$18,500.
- Willow Park will pay for both studies and the contract preparation. Willow Park will deposit \$53,500 with the City of Weatherford and Weatherford will draw upon these funds as needed to cover the costs above.

STAFF/BOARD/COMMISSION RECOMMENDATION:

Accept the MOU with City of Weatherford, and authorize City Manager to sign the MOU.

EXHIBITS:

Weatherford MOU

ADDITIONAL INFO:	FINANCIAL INFO:	
	Cost	\$
	Source of Funding	\$

MEMORANDUM OF UNDERSTANDING

As evidenced by the signatures on this document, Weatherford intends to provide wastewater service to Willow Park and Willow Park plans to become a wastewater customer of Weatherford. Prior to service being provided by Weatherford, Weatherford needs to determine the impacts on its wastewater system and the cost of service for these impacts and service. The following need to be completed:

- Weatherford will need to conduct an engineering analysis to generally identify any conveyance improvements needed to serve Willow Park within Weatherford's system. Weatherford will enter into an agreement (or amend an existing agreement) with Freese and Nichols for this analysis. This analysis is estimated not to exceed \$20,000. Willow Park will be responsible for the entire cost.
- Weatherford will conduct a rate study to determine the wholesale wastewater rate. Weatherford will enter into an agreement (or amend an existing agreement) with NewGen Strategies to perform this study. This analysis is estimated not to exceed \$18,500. Willow Park will be responsible for the entire cost.
- Weatherford will prepare a wholesale contract. Weatherford will enter into an agreement (or amend an existing agreement) with Lloyd Gosselink to draft the contract terms and language. This analysis is estimated not to exceed \$15,000. Willow Park will be responsible for the entire cost.
- Willow Park will pay for engineering analysis, rate study and wholesale contract preparation. Willow Park will deposit \$53,500 with Weatherford. Weatherford will draw upon these deposited funds as the invoices are submitted from Freese & Nichols, NewGen Strategies or Lloyd Gosselink. Should the cost of any of the three agreements exceed the estimated cost, and should any funds be remaining from one of the other three agreements, those remaining funds may be applied to the overage. Should the total cost of the three agreements exceed the total amount deposited by Willow Park, then Willow Park will deposit additional funds with Weatherford commensurate with the overage. Any remaining balance after completion of the three agreements will be returned to Willow Park.

This MOU does not take the place of a wholesale wastewater contract, which Willow Park will be required to execute prior to service. This MOU is effective until the above-mentioned contracts are completed. This MOU may be cancelled by either party upon thirty (30) days written notice to the other party. Written notice to the City of Weatherford shall be provided to the City Manager, P. O. Box 255, Weatherford, TX 76086. Written notice to the City of Willow Park shall be provided to City Administrator, 516 Ranch House Rd., Willow Park, TX 76087. In the event of termination, Freese & Nichols, NewGen Strategies and Lloyd Gosselink will be paid for all services rendered and reimbursable expenses incurred to the date of termination and, in addition, all reimbursable expenses directly attributable to termination.



CITY COUNCIL AGENDA ITEM BRIEFING SHEET

Council Date: May 15, 2018	Department: Admin	Presented By: Bryan Grimes
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AGENDA ITEM:

Discuss / Take Action: Interlocal Agreement with Hudson Oaks regarding Engineering Services for Wholesale Water Study and Services

BACKGROUND:

The City of Willow Park has entered into a Wholesale Water Study and Services with the City of Hudson Oaks and Halff and Associates. This Amendment will add an additional \$65,000 to the contract, bringing the total for Engineering Services from Halff to \$165,000. This fee is split with City of Hudson Oaks.

STAFF/BOARD/COMMISSION RECOMMENDATION:

Accept First Amendment to Interlocal Agreement with Hudson Oaks and Halff and Associates.

EXHIBITS:

First Amendment to Interlocal Agreement for Wholesale Water Study and Services

ADDITIONAL INFO:	FINANCIAL INFO:	
	Cost	\$
	Source of Funding	\$

**FIRST AMENDMENT TO INTERLOCAL AGREEMENT
FOR WHOLESALE WATER STUDY AND SERVICES**

STATE OF TEXAS §
 §
COUNTY OF PARKER §

This First Amendment to Interlocal Agreement for Wholesale Water Study and Services ("First Amendment") is made and entered into on this 26th day of April, 2018, by and between the City of Hudson Oaks, Texas ("Hudson Oaks"), and the City of Willow Park, Texas ("Willow Park"), collectively the "Parties".

WHEREAS, the Parties previously entered into an Interlocal Agreement for Wholesale Water Study and Services dated April 12, 2016 (the "Original Agreement") to explore the benefits and feasibility of securing a wholesale water contract from the City of Fort Worth; and

WHEREAS, the Original Agreement contemplated that Hudson Oaks would enter into a Professional Services Agreement (PSA) with Halff & Associates (Halff) to prepare a route study, to conduct engineering and hydraulic modeling, and to negotiate for potential wholesale water services from the City of Fort Worth for a lump sum fee of \$100,000; and

WHEREAS, the contract fee with Halff for the PSA has been increased by \$65,000; and

WHEREAS, the Parties desire to amend the Original Agreement to reflect the new contract fee with Halff as described in this First Amendment.

NOW, THEREFORE, for and in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. The Original Agreement is hereby amended to reflect that the total cost of Halff's services under the PSA is \$165,000 which cost the Parties agree to share equally.

2. Except as amended herein, the terms of the Original Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement on this date, the _____ day of _____, 2018.

CITY OF HUDSON OAKS

CITY OF WILLOW PARK

By: _____
Mayor

By: _____
Mayor

Attest:

Attest:

City Secretary

City Secretary



CITY COUNCIL AGENDA ITEM BRIEFING SHEET

Council Date: May 15, 2018	Department: Streets	Presented By:
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AGENDA ITEM:

To consider and take action on an addendum to the Interlocal Agreement with Parker County for street paving.

BACKGROUND:

This agreement amends the previous contract with Parker County for road repair services and designates which streets will be included.

STAFF/BOARD/COMMISSION RECOMMENDATION:

Staff recommends approval

EXHIBITS:

Addendum to Municipal-County Contract for Road Repair Services

ADDITIONAL INFO:	FINANCIAL INFO:	
	Cost	\$
	Source of Funding	\$



ADDENDUM TO MUNICIPAL-COUNTY CONTRACT FOR ROAD REPAIR SERVICE

This **ADDENDUM TO MUNICIPAL-COUNTY CONTRACT FOR ROAD REPAIR SERVICE** is intended to amend a prior written Contract between Parker County, Texas (hereinafter referred to as "**COUNTY**") and the City of Willow Park (hereinafter referred to as "**CITY**") previously executed on behalf of the **COUNTY** on August 8, 2016 and previously executed on behalf of the **CITY** on September 26, 2016.

I.

In accordance with the attached Contract, both the **COUNTY** and **CITY** agree and otherwise covenant with each other as to the following:

For purposes of providing assistance to **CITY** by the **COUNTY** for the repair of the approximately 14,047 square yards for the following roadways:

<u>Location</u>	<u>Cost</u>
Fairway Drive 1412 LF 24' wide	Road repair and resurface options (Labor and Equipment Only)
Fairway Court 256 LF 24' wide	
Lori Drive 1600 LF 28' wide	
Navajo Trail 1140 LF 20' wide	
Cherokee Ct 470 LF 20' wide	
Spanish Oak 760 LF 20' wide	
LABOR AND EQUIPMENT TOTAL	\$ 34,800.00

The assistance to be provided above shall include: labor and equipment for the clearing of brush where needed, reclaim existing road surface, compact, prime oil, overlay with a 2" of compacted HMCA.

Furthermore, the **COUNTY** will deliver all materials: Approx 3800 gallons of Prime Oil, and Approx 1800 ton of HMAC. The **CITY** will pay the Vendors direct for all materials. The **City** shall reimburse the **County** for all labor and equipment.

II.

Any and all work to be performed by **COUNTY** for the benefit of **CITY** for the road repairs enumerated above shall be provided by the County Commissioner of Precinct Four (4) of Parker County, Texas, and his road crew of that precinct.

III.

All other obligations between **COUNTY** and **CITY** not otherwise amended by the Addendum shall continue in force and in effect.

IV.

The County Commissioner of Precinct Four (4) is designated as the agent for the **COUNTY** in regard to the road repair otherwise described in accordance with this Addendum.

V.

It is agreed between the **COUNTY** and **CITY** that in exchange for the work to be performed as described in the enumerated item number I above, the **CITY** shall pay to the **COUNTY A TOTAL SUM, AND NOT TO EXCEED, Thirty-Four thousand, eight hundred and 00/100 DOLLARS (\$34,800.00)**. Said payment shall be made in accordance with the original Contract between the **COUNTY** and **CITY**.

VI.

It is further understood and agreed by and between the **COUNTY** and **CITY** that the execution of same by the current County Judge of Parker County, Texas, and by the current Mayor of the City of Willow Park, Texas, shall constitute an acknowledgement that each contracting party hereto has approved this Addendum by proper order, resolution, or ordinance by that respective governing body.

COUNTY OF PARKER

CITY OF WILLOW PARK

County Judge

Date: _____

Authorized City Official

Date: _____

COMMISSIONER, PRECINCT FOUR

Date: _____

Attest:

Attest:

County Clerk, Parker County

City Secretary

COUNTY ATTORNEY

***By law, the County Attorney's Office may only approve contracts for its clients. We reviewed this document from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel. ***