

CrowderGulf

Disaster Recovery and Debris Management

5435 Business Parkway
Theodore, Alabama 36582

Office: (800) 992-6207
Fax: (251) 459-7433

January 25, 2012

Debbie Kaminski, CPPB - Assistant Purchasing Agent
Fort Bend County
301 Jackson, Suite 201
Richmond, TX 77469

E-Mail: kaminskd@co.fort-bend.tx.us

**Re: Fort Bend County Bid 05-056 / Term Contract for Debris
Clearing, Removal and Disposal, Operation of Temporary Debris
Staging and Reduction Sites.**

Dear Ms. Kaminski:

Thank you for your request for the renewal of Fort Bend County's Contract to provide another year under the same terms and conditions for Debris Clearing, Removal and Disposal and Operation of Temporary Debris Staging and Reduction Sites. Upon approval from the Commissioners Court, your current contract will then expire on March 31, 2013.

We appreciate the opportunity to renew this contract and stand ready to respond immediately in the event the community of Fort Bend County needs our services. If you have any questions or if we can be of any further assistance please do not hesitate to contact me or Ashley Ramsay at 800.992.6207 or by e-mail jramsay@crowdergulf.com

Best regards,



John Ramsay
President



2012

Contact Information

Official Notices should be sent to
DAO address, DAO fax or jramsay@crowdergulf.com

DISASTER ADMINISTRATION OFFICE (DAO)
5435 BUSINESS PARKWAY
THEODORE, ALABAMA 36582
24 Hours / 7 Days a Week
800-992-6207 Phone
251-459-7433 Fax

John Ramsay
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John Campbell
Senior Project Manager
859-963-8672 Cell
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THE GRAY
 INSURANCE COMPANY
CERTIFICATE OF INSURANCE

NO. 70

CERTIFICATE HOLDER

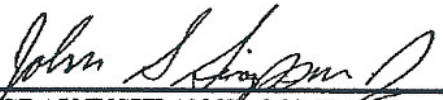
County of Fort Bend
 Purchasing Department
 Rosenberg Annex
 4520 Reading Road, Suite A
 Rosenberg, TX 77471

NAMED INSURED

CrowderGulf Joint Venture
 5435 Business Parkway
 Theodore, AL 36582-1675

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policies listed thereon.

CONFIRMATION OF COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<p align="center">WORKERS' COMPENSATION & EMPLOYERS LIABILITY</p> <p>U.S. Longshoremen's and Harbor Workers' Compensation Act Coverage</p> <p>Outer Continental Shelf Land Act</p> <p>Jones Act (including Transportation, Wages, Maintenance, and Cure), Death on the High Seas Act & General Maritime Law</p> <p>Voluntary Compensation Endorsement</p> <p>Other States Insurance</p> <p>Alternate Employer/Borrowed Servant Endorsement</p> <p>"In Rem" Endorsement</p> <p>Gulf of Mexico Territorial Extension</p>	XSWC-070693	09/01/2011 09/01/2014	<p>WORKERS COMPENSATION Statutory</p> <p>EMPLOYERS LIABILITY</p> <p> Each Accident \$ 1,000,000</p> <p> Disease - Policy Limit \$ 1,000,000</p> <p> Disease - Each Employee \$ 1,000,000</p> <p>MARITIME EMPLOYERS LIABILITY \$ 1,000,000</p>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<p align="center">GENERAL LIABILITY</p> <p>Form & Edition Date <u>ISO CG 00 01 11/88</u></p> <p>Broad Form Property Damage Liability including X, C, U</p> <p>General Aggregate applies per project or equivalent</p> <p>Products/Completed Operations</p> <p>Contractual Liability</p> <p>Sudden and Accidental Pollution Liability</p> <p>Occurrence Form</p> <p>Personal Injury</p> <p>"In Rem" Endorsement</p> <p>Cross Liability</p> <p>Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment</p>	XSGL-073372	09/01/2011 09/01/2014	<p>General Aggregate Unlimited</p> <p>Products-Comp/OPS Agg. \$ 3,000,000</p> <p>Personal & Advertising Injury \$ 1,000,000</p> <p>Each Occurrence \$ 1,000,000</p> <p>Fire Damage \$ 50,000</p> <p> (Any one fire)</p> <p>Medical Expense \$ 5,000</p> <p> (Any one person)</p>

CONFIRMATION OF COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	AUTOMOBILE LIABILITY Any Auto All Owned Autos Hired Autos Non-Owned Autos	XSAL-074069	09/01/2011 09/01/2014	Bodily Injury & Property Damage Combined \$ 1,000,000
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	EXCESS LIABILITY Excess Form	GXS-042659	09/01/2011 09/01/2012	Each Occurrence \$ 4,000,000 Aggregate \$ 4,000,000
JOB OR PROJECT DESCRIPTION Term Contract Bid 05-056 Debris Operations				
SPECIAL CONDITIONS 				
The certificate holder is an additional insured on all policies except Workers' Compensation and is provided a Waiver of Subrogation, all if required by written contract. The above insurance policies shall be primary and non contributory to any other insurance policies maintained by the certificate holder, if required by written contract.				
Should the insurance herein described be cancelled, assigned or changed in such a manner as to affect this certificate, THE GRAY INSURANCE COMPANY will endeavor to give thirty (30) days written notice to the certificate holder, but failure to do so shall impose no obligation or liability upon THE GRAY INSURANCE COMPANY .				
<div style="text-align: right;">  THE GRAY INSURANCE COMPANY 3601 N. I-10 Service Road West, Metairie, LA 70002 DATE: <u>08/05/2011</u> </div>				