



Pay Estimate Form

Project Name:	Humphrey Way (x9)
Project Number:	x9
PO Number:	190570
Contractor:	Triple B Services, LLP
Pay Estimate Number:	CN-1/PA 6/x9
Date of Estimate:	CreatedOn 04/27/2021 LastModifiedOn 05/03/2021
Estimate Dates:	From 01/09/2021 To 04/28/2021
Contract Dates:	08/03/2020 To 01/11/2021

	Total
Original Contract Time	90 Days
Extensions by Change Orders	73 Days
Total Contract Time	163 Days
Spent Days	162 Days
Days Remaining	1 Days

	Up to Previous	Current	Total
1. Original Contract Amount			\$ 649,048.20
2. Net Change by Change Orders			\$ 9,259.34
3. Total Contract Amount			\$ 658,307.54
4. Total Earnings	\$ 628,804.00	\$ 2,609.34	\$ 631,413.34
5. Total Work Completed (%)	95.52%	0.40%	95.91%
6. Material on Hand (Payment)	\$ 0.00	\$ 0.00	\$ 0.00
7. Material on Hand (Recovery)	\$ 0.00	\$ 0.00	\$ 0.00
8. Total Earnings before Retainage (4+6-7)	\$ 628,804.00	\$ 2,609.34	\$ 631,413.34
9. Retainage at 2.00% of (8)	\$ 62,880.40	\$ 52.19	\$ 62,932.59
10. Retainage Release	\$ 0.00	\$ 50,304.32	\$ 50,304.32
11. Net After Retainage (8-9+10)	\$ 565,923.60	\$ 52,861.47	\$ 618,785.07
12. Adjustments (Liquidated Damages)	\$ 0.00	\$ 0.00	\$ 0.00
13. Payment Due (11-12)		\$ 52,861.47	

LAWSON

AGENDA

AFFIDAVIT OF BILLS PAID

STATE OF TEXAS
COUNTY OF HARRIS

Donna M. Burke being first duly sworn states that she is the **Sr. Project Administrator** of **Triple B Services, LLP** of **Harris County** of Texas, hereinafter called "Company", and the said Company has performed work and/or furnished labor for **Fort Bend County** hereinafter called "Owner" pursuant to a contract, dated **06/23/2020** with Owner (hereinafter called "CONTRACT") for the construction of:

20-05053. Humphrey Way Rdwy and Drain Imp

That all just and lawful invoices against the Company for labor, materials, and expendable equipment employed in the performance of the Contract and have been paid in full (with the exception of the attached invoice) prior to acceptance of payments for the Owner, and

That the Company agrees to indemnify and hold the Owner and Engineers harmless from all liability arising from claims by subcontractors, materialmen and suppliers under Contract, and

That no claims have been made or filed upon the payment bond,

That the Company has not received any claims or notice of claims from the subcontractor, materialmen and suppliers.

Date: April 28, 2021

Triple B Services, LLP

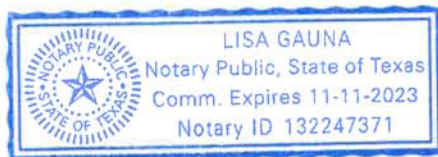
By: *Donna Burke*
Sr. Project Administrator

STATE OF TEXAS

§
§
§

COUNTY OF HARRIS

Before me, the undersigned Notary Public in and for the State of Texas, on this day personally appeared **Donna Burke**, known to me to be the person and officer whose name is subscribed to the foregoing instrument, and acknowledged to me that s/he executed such instrument for the purposes therein expressed, and in the capacity therein stated as the act and deed of such business entity.



Lisa Gauna
Name: Lisa Gauna
Notary Public, State of Texas
My commission expires: November 11, 2023
Notary ID: 132247371



2200 Renaissance Blvd. Ste. 400
King of Prussia, PA 19406-2755
Ph. (610) 832-8240

CONSENT OF SURETY REDUCTION IN OR PARTIAL RELEASE OF RETAINAGE

To: Fort Bend County

RE: _____
Obligee: Fort Bend County Principal: Triple B Services, LLP
Project Number: _____
Contract For: Construction of Humphrey Way Roadway & Drainage Improvements from
Braxton Road to TX 541 Loop for Fort Bend County Bond Project x9 Contract Date: _____

In accordance with the provisions of the contract between the Obligee and the Principal described above,
Liberty Mutual Insurance Company, as surety
(the "Surety"), on bond number _____ (the "Bond")
of the Principal, hereby consents to the reduction in or partial release of retainage to the Principal as follows:
Reduce Retainage from 10% to 2%

The Surety agrees that such reduction in or partial release of retainage to the Principal shall not relieve the Surety
of any of its obligations to Obligee as set forth in the Bond.

IN WITNESS WHEREOF, the Surety has set its hand and seal this 29th day of April, 2021.

Liberty Mutual Insurance Company

(Surety)

By:

Lauren O. Moudy

Attorney-in-Fact

(Seal)

Surety Phone No. 617-357-9500



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8204952-971801**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Alyson Carmichael; Ashley Britt; Barry K. McCord; David T. Milette; Lacey Mayfield; Lauren O. Moudy; Nikole Jeannette; Robert C. Davis; Robert M. Overbey, Jr.; Tabitha Dorman

all of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of March, 2021.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By:

David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 15th day of March, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By:

Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 29th day of April, 2021



By:

Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



TEXAS
IMPORTANT NOTICE

To obtain information or make a complaint:

You may call toll-free for information or to make a complaint at
1-877-751-2640

You may also write to:

2200 Renaissance Blvd., Ste. 400
King of Prussia, PA 19406-2755

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
Consumer Protection (111-1A)
P. O. Box 149091
Austin, TX 78714-9091
FAX: (512) 490-1007
Web: <http://www.tdi.texas.gov>
E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should first contact the agent or call 1-800-843-6446. 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.

TEXAS
AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis para informacion o para someter una queja al
1-877-751-2640

Usted tambien puede escribir a:

2200 Renaissance Blvd., Ste. 400
King of Prussia, PA 19406-2755

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 Consumer Protection (111-1A)
P. O. Box 149091
Austin, TX 78714-9091
FAX # (512) 490-1007
Web: <http://www.tdi.texas.gov>
E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente o 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.