

FORT BEND COUNTY FY 2010  
 COMMISSIONERS COURT AGENDA REQUEST FORM

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: 9/30/09	Submitted By: Kathleen Barnes
Court Agenda Date: 10/06/09	Department: Sheriff's Office
	Phone Number: 281 341-4703

**SUMMARY OF ITEM:** Approve "Motorcycle Lease Agreements"

RENEWAL AGREEMENT/APPOINTMENT YES X NO  
 REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES X NO

**List Supporting Documents Attached:** Signed agreements from Danny Beckworth, Brett Frankie, Victor Garcia, Joe Lancaster, David Mejorado, Reid Rader, Roger Thurman, and Jesse Zamaripa

**FINANCIAL SUMMARY:**

BUDGETED ITEM: YES X NO

FUNDNG SOURCE: Accounting Unit: 100560100 Account Number: 63300

Activity (If Applicable):

**Instructions to submit Agenda Request Form:**

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

**DISTRIBUTION:**

Original Form Submitted with back up to County Judge's Office X (✓ when completed)  
 If by E-Mail to [ospindon@co.fort-bend.tx.us](mailto:ospindon@co.fort-bend.tx.us) If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

X Auditor (281-341-3774)	X Comm. Pct. 1 (281-342-0587)
X Budget Officer (281-344-3954)	X Comm. Pct. 2 (281-403-8009)
X Facilities/Planning (281-633-7022)	X Comm. Pct. 3 (281-242-9060)
X Purchasing Agent (281-341-8642)	X Comm. Pct. 4 (281-980-9077)
X Information Technology (281-341-4526)	X County Clerk (281-341-8697)
<input type="checkbox"/> Other:	X County Atty (281-341-4557)

**RECOMMENDATION / ACTION REQUESTED:**

*1 orig. each*

Special Handling Requested (specify): Please return signed contracts to Kathleen Barnes at the Sheriff's Office

*10-12-09 orig. ret. to Kathleen at Sheriff*

STATE OF TEXAS                    §  
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COUNTY OF FORT BEND         §

Motorcycle Lease Agreement

I, Danny Beckworth, Badge No. [REDACTED], (hereinafter referred to as "Sheriff Employee"), Texas Drivers License No. [REDACTED], agree to lease and provide the following equipment and insurance to Fort Bend County for my usage during the course of my duties as an employee of the Fort Bend County Sheriff's Office. Fort Bend County agrees to pay the amount of \$600.00 per month for the following:

1. One (1) Police Motorcycle, not to exceed 3 years of age, 300,000 miles or less and all required emergency equipment and all protective clothing; and
2. Comprehensive, collision, liability, uninsured motorist and personal injury protection/insurance with a deductible not to exceed \$1,000.00, which shall be reimbursed to Sheriff Employee only if it is determined by the Fort Bend County Sheriff, or his designee, that Sheriff Employee was not "at fault" and the responsible party is uninsured. Sheriff Employee must be "on-duty" in order for this reimbursement to be applicable.

Fort Bend County will provide an amount not to exceed thirty (30) gallons of County gasoline per calendar week, uniform shirts and other standard issued items. Fort Bend County's vehicle liability coverage will apply to Sheriff Employee only during Sheriff Employee's performance of regularly scheduled working hours relating to County employment. The Fort Bend County vehicle liability coverage shall not be applicable if Sheriff Employee is working an "extra job" for any entity, business or person other than Fort Bend County.

This Agreement shall automatically terminate upon Sheriff Employee's termination or separation from the employment of the Fort Bend County Sheriff's Office.

This Agreement is effective on October 1, 2009 and will terminate on September 30, 2010.

By: [Signature]  
Employee

Date: 9/24/09

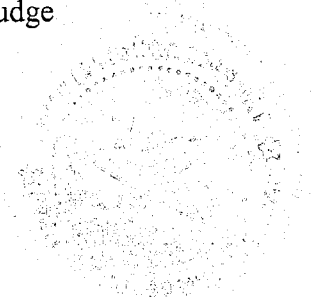
By: [Signature]  
Sheriff Milton Wright

Date: 9/30/09

Approved: [Signature]  
Robert E. Hebert, Fort Bend County Judge

Date: 10-6-09

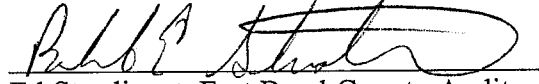
ATTEST: [Signature]  
Dianne Wilson, Fort Bend County Clerk



Auditor's Certificate

I hereby certify that funds are available to pay the obligation of Fort Bend County within the foregoing Agreement.

\$7,200.00

  
Ed Sturdivant, Fort Bend County Auditor

MER:2010/Sheriff::motorcycle agreement revised form.3357

**TEXAS LIABILITY INSURANCE CARD**

COMPANY PHONE NO. (800)580-8247  
 POLICY NUMBER [REDACTED]  
 YEAR 2008  
 MAKE/MODEL HONDA GL1800  
 EXPIRATION DATE 04/22/2010  
 EFFECTIVE DATE 04/22/2009  
 VEHICLE IDENTIFICATION NUMBER [REDACTED]  
 AGENCY PHONE NO. (281) 342-8127  
 DRIVERS  
 P. O. BOX 400  
 RICHMOND TX 77406-0400

**DANNY BECKWORTH**  
 [REDACTED] TX [REDACTED]

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the Specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

**SPANISH TRANSLATION**  
**TRADUCCION DE ESPANOL**

**Tarjeta de Seguro de Responsabilidad de Texas**  
**Guarde esta tarjeta.**

**IMPORTANTE:** Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- o registro de vehículo de motor
- o licencia para conducir
- o etiqueta de inspección de seguridad para su vehículo.

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llevar los requisitos legales de responsabilidad civil. Fallo en llevar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y de su registro de vehículo de motor, y la retención de su vehículo por un período de hasta 180 días (a un costo de \$15 por día).

**Texas Liability Insurance Card**  
**Keep this card.**

**IMPORTANT:** This card or a copy of your insurance policy must be shown when you apply for or renew your:

- o motor vehicle registration
- o driver's license
- o motor vehicle safety inspection sticker.

You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

STATE OF TEXAS

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COUNTY OF FORT BEND

Motorcycle Lease Agreement

I, Brett Frankie, Badge No. [REDACTED], (hereinafter referred to as "Sheriff Employee"), Texas Drivers License No. [REDACTED], agree to lease and provide the following equipment and insurance to Fort Bend County for my usage during the course of my duties as an employee of the Fort Bend County Sheriff's Office. Fort Bend County agrees to pay the amount of \$600.00 per month for the following:

1. One (1) Police Motorcycle, not to exceed 3 years of age, 300,000 miles or less and all required emergency equipment and all protective clothing; and
2. Comprehensive, collision, liability, uninsured motorist and personal injury protection/insurance with a deductible not to exceed \$1,000.00, which shall be reimbursed to Sheriff Employee only if it is determined by the Fort Bend County Sheriff, or his designee, that Sheriff Employee was not "at fault" and the responsible party is uninsured. Sheriff Employee must be "on-duty" in order for this reimbursement to be applicable.

Fort Bend County will provide an amount not to exceed thirty (30) gallons of County gasoline per calendar week, uniform shirts and other standard issued items. Fort Bend County's vehicle liability coverage will apply to Sheriff Employee only during Sheriff Employee's performance of regularly scheduled working hours relating to County employment. The Fort Bend County vehicle liability coverage shall not be applicable if Sheriff Employee is working an "extra job" for any entity, business or person other than Fort Bend County.

This Agreement shall automatically terminate upon Sheriff Employee's termination or separation from the employment of the Fort Bend County Sheriff's Office.

This Agreement is effective on October 1, 2009 and will terminate on September 30, 2010.

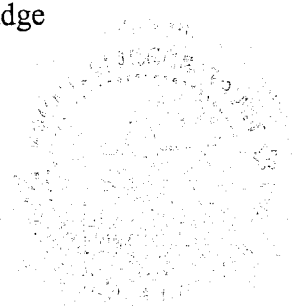
By: Brett P. Frankie Date: 9/30/09  
Employee

By: Milton Wright Date: 9/30/09  
Sheriff Milton Wright

Approved: Robert E. Hebert  
Robert E. Hebert, Fort Bend County Judge

Date: 10-6-09


ATTEST: Dianne Wilson  
Dianne Wilson, Fort Bend County Clerk



Auditor's Certificate

I hereby certify that funds are available to pay the obligation of Fort Bend County within the foregoing Agreement.

\$7,200.00

  
Ed Sturdivant, Fort Bend County Auditor

MER:2010/Sheriff.:motorcycle agreement revised form.3357

**TEXAS LIABILITY INSURANCE CARD**

1-800-418-3280

**AUTOONE INSURANCE COMPANY**

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and my provide coverage for other persons and other vehicles as provided by the insurance policy.

Name and Address of Insured  
Brett Frankie

(Police)

Policy Number:

[REDACTED]

Expiration Date: 03/25/2010

[REDACTED]

Identification Number

Effective Date: 03/25/2009

2008 HARLEY DAVID FLHP  
Year Make Model

STATE OF TEXAS

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COUNTY OF FORT BEND

Motorcycle Lease Agreement

I, Victor Garcia, Badge No. [REDACTED] (hereinafter referred to as "Sheriff Employee"), Texas Drivers License No. [REDACTED], agree to lease and provide the following equipment and insurance to Fort Bend County for my usage during the course of my duties as an employee of the Fort Bend County Sheriff's Office. Fort Bend County agrees to pay the amount of \$600.00 per month for the following:

1. One (1) Police Motorcycle, not to exceed 3 years of age, 300,000 miles or less and all required emergency equipment and all protective clothing; and
2. Comprehensive, collision, liability, uninsured motorist and personal injury protection/insurance with a deductible not to exceed \$1,000.00, which shall be reimbursed to Sheriff Employee only if it is determined by the Fort Bend County Sheriff, or his designee, that Sheriff Employee was not "at fault" and the responsible party is uninsured. Sheriff Employee must be "on-duty" in order for this reimbursement to be applicable.

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This Agreement shall automatically terminate upon Sheriff Employee's termination or separation from the employment of the Fort Bend County Sheriff's Office.

This Agreement is effective on October 1, 2009 and will terminate on September 30, 2010.

By: Victor Garcia  
Employee

Date: 09-30-09

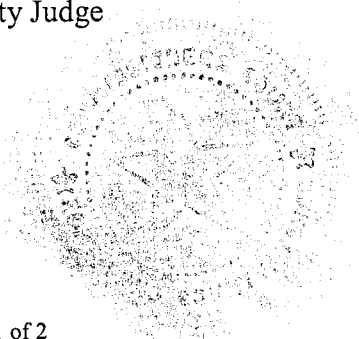
By: Milton Wright  
Sheriff Milton Wright

Date: 9/30/09

Approved: Robert E. Hebert  
Robert E. Hebert, Fort Bend County Judge

Date: 10-6-09

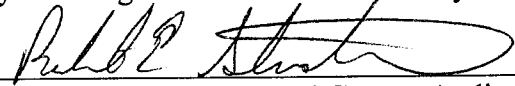
ATTEST: Dianne Wilson  
Dianne Wilson, Fort Bend County Clerk



Auditor's Certificate

I hereby certify that funds are available to pay the obligation of Fort Bend County within the foregoing Agreement.

\$7,200.00

  
Ed Sturdivant, Fort Bend County Auditor

MER:2010/Sheriff.:motorcycle agreement revised form.3357

**TEXAS LIABILITY INSURANCE CARD...**

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

Insurance Company

Vehicle - Year, Make, Model of Covered Vehicle, VIN

State Farm Mutual Automobile Insurance Company

1 2009 HARLEY FLHP

Agent or Producer

GRAYLESS INSURANCE AGENCY LLC  
PHONE#

TEXAS OPERATION CENTER PHONE #800-223-4397

Policy Number

Insured GARCIA, VICTOR JR

Effective Date

Expiration Date

APR 23 2009

to APR 23 2010

Coverages

Drivers: VICTOR

VEH 1 A B P 1 U

(01b0311e)

KEEP THIS LIABILITY INSURANCE CARD IN YOUR VEHICLE OR POSSESSION

78973-7-7  
ISC Payment  
MUTL AIP

STATE OF TEXAS

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COUNTY OF FORT BEND

Motorcycle Lease Agreement

I, Joe Lancaster, Badge No. [REDACTED], (hereinafter referred to as "Sheriff Employee"), Texas Drivers License No. [REDACTED] agree to lease and provide the following equipment and insurance to Fort Bend County for my usage during the course of my duties as an employee of the Fort Bend County Sheriff's Office. Fort Bend County agrees to pay the amount of \$600.00 per month for the following:

1. One (1) Police Motorcycle, not to exceed 3 years of age, 300,000 miles or less and all required emergency equipment and all protective clothing; and
2. Comprehensive, collision, liability, uninsured motorist and personal injury protection/insurance with a deductible not to exceed \$1,000.00, which shall be reimbursed to Sheriff Employee only if it is determined by the Fort Bend County Sheriff, or his designee, that Sheriff Employee was not "at fault" and the responsible party is uninsured. Sheriff Employee must be "on-duty" in order for this reimbursement to be applicable.

Fort Bend County will provide an amount not to exceed thirty (30) gallons of County gasoline per calendar week, uniform shirts and other standard issued items. Fort Bend County's vehicle liability coverage will apply to Sheriff Employee only during Sheriff Employee's performance of regularly scheduled working hours relating to County employment. The Fort Bend County vehicle liability coverage shall not be applicable if Sheriff Employee is working an "extra job" for any entity, business or person other than Fort Bend County.

This Agreement shall automatically terminate upon Sheriff Employee's termination or separation from the employment of the Fort Bend County Sheriff's Office.

This Agreement is effective on October 1, 2009 and will terminate on September 30, 2010.

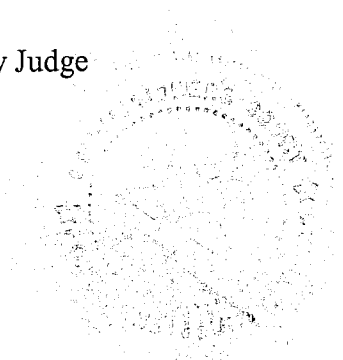
By: [Signature] Date: 09-24-2009  
Employee

By: [Signature] Date: 9-30-09  
Sheriff Milton Wright

Approved: [Signature]  
Robert E. Hebert, Fort Bend County Judge


Date: 10-6-09

ATTEST: [Signature]  
Dianne Wilson, Fort Bend County Clerk



Auditor's Certificate

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\$7,200.00   
Ed Sturdivant, Fort Bend County Auditor

MER:2010/Sheriff..motorcycle agreement revised form.3357

**Vehicle(s) Covered**  
Year Make/Model Vehicle Identification Number  
2006 HONDA [REDACTED]

**Driver(s) Covered**  
LANCASTER JOSEPH

This is part of your identification card, do not detach.  
This card not valid unless premium is paid and insurance policy remains in force.

71-2 1 1 5.629 09194



Information Number 1-800-526-4252  
Policy Number TX 417034436  
Year Make/Model 2006 HONDA  
Effective Date 07-15-09  
Expiration Date 07-15-10  
Company DAIRYLAND COUNTY MUTUAL  
Vehicle Identification Number [REDACTED]

Agency/Company Issuing Card  
MARY ANN GRAYLESS 4103847  
P O BOX 400 TX 77406  
RICHMOND TX  
281-342-8127  
Insured  
LANCASTER JOSEPH TX [REDACTED]

This policy provides at least minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and may provide coverage for other persons and vehicles as provided by the insurance policy.

STATE OF TEXAS

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COUNTY OF FORT BEND

Motorcycle Lease Agreement

I, David Mejorado, Badge No. [REDACTED], (hereinafter referred to as "Sheriff Employee"), Texas Drivers License No. [REDACTED], agree to lease and provide the following equipment and insurance to Fort Bend County for my usage during the course of my duties as an employee of the Fort Bend County Sheriff's Office. Fort Bend County agrees to pay the amount of \$600.00 per month for the following:

1. One (1) Police Motorcycle, not to exceed 3 years of age, 300,000 miles or less and all required emergency equipment and all protective clothing; and
2. Comprehensive, collision, liability, uninsured motorist and personal injury protection/insurance with a deductible not to exceed \$1,000.00, which shall be reimbursed to Sheriff Employee only if it is determined by the Fort Bend County Sheriff, or his designee, that Sheriff Employee was not "at fault" and the responsible party is uninsured. Sheriff Employee must be "on-duty" in order for this reimbursement to be applicable.

Fort Bend County will provide an amount not to exceed thirty (30) gallons of County gasoline per calendar week, uniform shirts and other standard issued items. Fort Bend County's vehicle liability coverage will apply to Sheriff Employee only during Sheriff Employee's performance of regularly scheduled working hours relating to County employment. The Fort Bend County vehicle liability coverage shall not be applicable if Sheriff Employee is working an "extra job" for any entity, business or person other than Fort Bend County.

This Agreement shall automatically terminate upon Sheriff Employee's termination or separation from the employment of the Fort Bend County Sheriff's Office.

This Agreement is effective on October 1, 2009 and will terminate on September 30, 2010.

By: [Signature]  
Employee

Date: 9-28-09

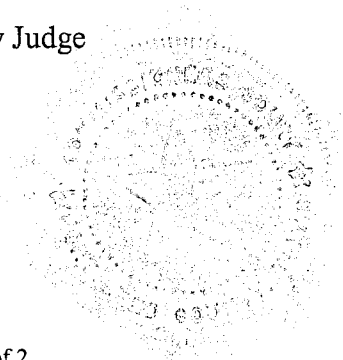
By: [Signature]  
Sheriff Milton Wright

Date: 9-30-09

Approved: [Signature]  
Robert E. Hebert, Fort Bend County Judge


Date: 10-6-09

ATTEST: [Signature]  
Dianne Wilson, Fort Bend County Clerk



Auditor's Certificate

I hereby certify that funds are available to pay the obligation of Fort Bend County within the foregoing Agreement.

\$ 7,200.00   
Ed Sturdivant, Fort Bend County Auditor

MER:2010/Sheriff.:motorcycle agreement revised form.3357

**TEXAS LIABILITY INSURANCE CARD**

**AUTOONE INSURANCE COMPANY**

**1-800-418-3280**

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and my provide coverage for other persons and other vehicles as provided by the insurance policy.

Policy Number:

[REDACTED]

Name and Address of Insured  
David Mejorado

[REDACTED]

Effective Date: **03/25/2009**

Expiration Date: **03/25/2010**

**2007**     **HARLEY DAVID**     **FLHFP**  
Year     Make     /     Model

[REDACTED]  
Identification Number

STATE OF TEXAS

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COUNTY OF FORT BEND

Motorcycle Lease Agreement

I, S Reid Rader, Badge No. [REDACTED], (hereinafter referred to as "Sheriff Employee"), Texas Drivers License No. [REDACTED] agree to lease and provide the following equipment and insurance to Fort Bend County for my usage during the course of my duties as an employee of the Fort Bend County Sheriff's Office. Fort Bend County agrees to pay the amount of \$600.00 per month for the following:

1. One (1) Police Motorcycle, not to exceed 3 years of age, 300,000 miles or less and all required emergency equipment and all protective clothing; and
2. Comprehensive, collision, liability, uninsured motorist and personal injury protection/insurance with a deductible not to exceed \$1,000.00, which shall be reimbursed to Sheriff Employee only if it is determined by the Fort Bend County Sheriff, or his designee, that Sheriff Employee was not "at fault" and the responsible party is uninsured. Sheriff Employee must be "on-duty" in order for this reimbursement to be applicable.

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This Agreement is effective on October 1, 2009 and will terminate on September 30, 2010.

By: S Reid Rader Date: 09-24-09  
Employee

By: Milton Wright Date: 9-30-09  
Sheriff Milton Wright

Approved: Robert E. Hebert  
Robert E. Hebert, Fort Bend County Judge

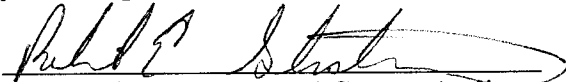
Date: 10-6-09

ATTEST: Dianne Wilson  
Dianne Wilson, Fort Bend County Clerk



Auditor's Certificate

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\$7,200.00   
Ed Sturdivant, Fort Bend County Auditor

MER:2010/Sheriff.:motorcycle agreement revised form.3357

# TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO. (800) 580-8247  
POLICY NUMBER [REDACTED]  
YEAR 2008  
MAKE/MODEL HONDA GE 1800  
EFFECTIVE DATE 10/22/2008  
EXPIRATION DATE 10/22/2009  
VEHICLE IDENTIFICATION NUMBER [REDACTED]  
AGENCY PHONE NO. (281) 342-8127  
AGENCY GRAYLESS INS AGENCY  
1100 TRAVIS STREET  
P. O. BOX 400  
RICHMOND TX 77406-0400  
INSURED  
DRIVERS  
SAMUEL "REID" RADER [REDACTED]

SPANISH TRANSLATION  
TRADUCCION DE ESPANOL

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the Specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

**Tarjeta de Seguro de Responsabilidad de Texas**  
Guarde esta tarjeta.  
**IMPORTANTE:** Esta tarjeta o una copia de su p/EIiza de seguro debe ser mostrada cuando usted solicite o renueve su:  
• registro de vehÓculo de motor  
• licencia para conducir  
• etiqueta de inspecci/En de seguridad para su vehÓculo.  
Puede que usted tenga tambiAn que mostrar esta tarjeta o su p/EIiza de seguro si tiene un accidente o si un oficial de la paz se la pide.  
Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehÓculos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensi/En de su licencia para conducir y de su registro de vehÓculo de motor, y la retenci/En de su vehÓculo por un perÓodo de hasta 180 dÍas (a un costo de \$15 por dÍa).

**Texas Liability Insurance Card**  
Keep this card.  
**IMPORTANT:** This card or a copy of your insurance policy must be shown when you apply for or renew your:  
• motor vehicle registration  
• driver's license  
• motor vehicle safety inspection sticker.  
You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.  
All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

STATE OF TEXAS

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COUNTY OF FORT BEND

Motorcycle Lease Agreement

I, Roger Thurman, Badge No. [REDACTED] (hereinafter referred to as "Sheriff Employee"), Texas Drivers License No. [REDACTED] agree to lease and provide the following equipment and insurance to Fort Bend County for my usage during the course of my duties as an employee of the Fort Bend County Sheriff's Office. Fort Bend County agrees to pay the amount of \$600.00 per month for the following:

1. One (1) Police Motorcycle, not to exceed 3 years of age, 300,000 miles or less and all required emergency equipment and all protective clothing; and
2. Comprehensive, collision, liability, uninsured motorist and personal injury protection/insurance with a deductible not to exceed \$1,000.00, which shall be reimbursed to Sheriff Employee only if it is determined by the Fort Bend County Sheriff, or his designee, that Sheriff Employee was not "at fault" and the responsible party is uninsured. Sheriff Employee must be "on-duty" in order for this reimbursement to be applicable.

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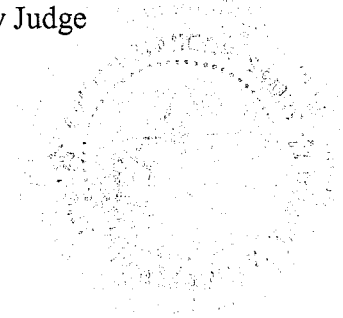
By: B.C. Thurman Date: 9-23-09  
Employee

By: Milton Wright Date: 9-30-09  
Sheriff Milton Wright

Approved: Robert E. Hebert  
Robert E. Hebert, Fort Bend County Judge


Date: 10-6-09

ATTEST: Dianne Wilson  
Dianne Wilson, Fort Bend County Clerk



Auditor's Certificate

I hereby certify that funds are available to pay the obligation of Fort Bend County within the foregoing Agreement.

\$7,200.00   
Ed Sturdivant, Fort Bend County Auditor

MER:2010/Sheriff.:motorcycle agreement revised form.3357

**TEXAS LIABILITY INSURANCE CARD**

**LINCOLN GENERAL INSURANCE COMPANY**

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

Policy Number: [REDACTED]

Name and Address of Insured

**ROGER THURMAN**  
[REDACTED]

Effective Date: 03/17/09

Expiration Date: 03/17/10


08 HONDA MOTORCYCLE  
Year Make / Model

[REDACTED]  
Identification Number  
[REDACTED]



Auditor's Certificate

I hereby certify that funds are available to pay the obligation of Fort Bend County within the foregoing Agreement.

\$7,200.00   
Ed Sturdivant, Fort Bend County Auditor

MER:2010/Sheriff.:motorcycle agreement revised form.3357

**TAIPA INSURANCE BINDER**

Effective Date/Time 9/28/2009 4:58 PM CT  
 Example: 12/1/2008

Reference Number 09271000706

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN BELOW AND THE RULES OF THE TEXAS AUTOMOBILE INSURANCE PLAN ASSOCIATION.

APPLICANT(S): (INSURED UNDER THIS BINDER)

**ZAMARIPA, JESSE**

Name  
 [REDACTED]  
 Street  
 [REDACTED] TX [REDACTED]  
 City in Texas. Zip Code

This binder is issued under the authority of the Texas Automobile Insurance Plan Association to comply with the requirements of the Texas Motor Vehicle Safety-Responsibility Act as proof of insurance for the future.

PRODUCER:

**GRAYLESS INSURANCE AGENCY LLC**  
 Name  
 PO Box 400  
 Street  
 RICHMOND TX 77406  
 City, State and Zip Code  
 (281) 342-8127  
 Producer Telephone No.

**COVERAGES**

1. This binder meets the MINIMUM AMOUNTS OF MOTOR VEHICLE LIABILITY INSURANCE COVERAGE required to establish financial responsibility under the Texas Motor Vehicle Safety Responsibility Act.
2. If Uninsured/Underinsured Motorists coverage is accepted by the insured, the limits of this coverage meets the same limits as the MINIMUM AMOUNTS OF MOTOR VEHICLE INSURANCE COVERAGE as required to establish financial responsibility under the Texas Motor Vehicle Safety-Responsibility Act.
3. If Personal Injury Protection coverage is accepted by the insured, the limit of liability is \$2,500 per person.

COVERED VEHICLES	Year	Make	Model	Vin
1.	2008	HONDA	FLHPI	[REDACTED]
2.	****	*****	*****	*****
3.	****	*****	*****	*****
4.	****	*****	*****	*****
5.	****	*****	*****	*****

The completed application and the prescribed premium payment must be sent to TAIPA by the producer within one working day from the date of this binder.

*Mary Ann Grayless*  
 PRODUCER (must be manually signed)

*Grayless Insurance Agency*  
 PRODUCER/AGENCY

**INSURANCE BINDER**

The Texas Automobile Insurance Plan Association (TAIPA) was created by the legislature under Chapter 2151, Texas Insurance Code. It has authority to assign an eligible applicant for insurance to an authorized insurer which will provide motor vehicle liability insurance that meets the requirements of the Texas Motor Vehicle Safety-Responsibility Act. If the conditions of this binder are met and the applicant is eligible, the applicant who is identified in this binder will be assigned to an authorized insurer which will issue a policy providing the coverages indicated in this binder. Coverage will be effective from the time of this binder. The premium for the policy to be issued will be based upon rates in effect on the day after the date of the binder.

This binder is subject to all of the terms and conditions of the policy to be issued following assignment by TAIPA. The policy meets the requirements of the Texas Motor Vehicle Safety-Responsibility Act and provides the minimum limits of liability required by that Act.

This binder will be replaced by another binder to be issued by TAIPA which will identify the assigned company. This binder expires upon the sooner of (1) issuance of a binder by TAIPA or (2) thirty days from the date shown.

The insurance provided by this binder is conditioned upon the receipt of an acceptably completed application signed by the applicant and the producer and the prescribed premium payment in the offices of TAIPA. If not received, this binder is cancelled from the date and time of issue and no insurance will be provided.

TAIPA has the authority to bind this coverage in the name of the company to which the application will be assigned.

TEXAS AUTOMOBILE INSURANCE PLAN ASSOCIATION

By *Cathleen Stewart*  
 Its Manager