

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, 2010 and will terminate on September 30, 2011.

By: [Signature]
Employee

Date: 10/12/10

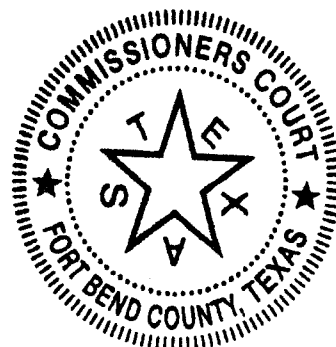
By: [Signature]
Sheriff Milton Wright

Date: 10-13-10

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

Date: 10-26-2010


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.

\$7200.00


Ed Sturdivant, Fort Bend County Auditor

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

TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO. (800)580-8247
 COMPANY Texas Auto Insurance Plan
 POLICY NUMBER [REDACTED]
 EFFECTIVE DATE 10/12/2010
 EXPIRATION DATE 10/12/2011
 YEAR 2011
 MAKE/MODEL HARLEY DAVIDSON
 VEHICLE IDENTIFICATION NUMBER [REDACTED]
 AGENCY GRAYLESS INS AGENCY
 1100 TRAVIS STREET
 P. O. BOX 400
 RICHMOND TX 77406-0400
 AGENCY PHONE NO. (281) 342-8127
 DRIVERS
 INSURED

DANNY BECKWORTH

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 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/En 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 llenar los requisitos legales de responsabilidad civil. Falso en llenar 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).

SPANISH TRANSLATION
TRADUCCION DE ESPANOL

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).

ACORD 50 TX (2/97)

© ACORD CORPORATION 1991

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, 2010 and will terminate on September 30, 2011.

By: Brett P. Frankie Date: 10/11/10
Employee

By: Milton Wright Date: 10-13-10
Sheriff Milton Wright

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

Date: 10-26-2010

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.

\$ 7200.00


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:

Name and Address of Insured
BRETT FRANKIE

Effective Date: 03/25/2010

Expiration Date: 03/25/2011

2011
Year

HARLEY DAVID
Make /

FLHTP
Model

Identification Number

(AGENT/GRANLESS INS 781 341-8127)

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.

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, 2010 and will terminate on September 30, 2011.

By: _____

Employee

Date: _____

10-12-10

By: _____

Sheriff Milton Wright

Date: _____

10-13-10

Approved: _____

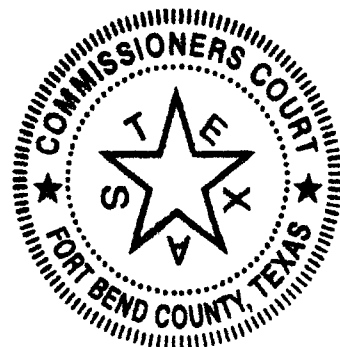
Robert E. Hebert, Fort Bend County Judge

Date: _____

10-26-2010

ATTEST:

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

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, V

1 2009 HARLEY FLHP

State Farm Mutual Automobile Insurance Company

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 2010

to

ARR 23 2011

Coverages

Drivers: VICTOR

VEH 1 A B P 1 U

61110-7-7

ISC Paym

MUTL AIP

91b031le)

KEEP THIS LIABILITY INSURANCE CARD IN YOUR VEHICLE OR POSSESSION

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, 2010 and will terminate on September 30, 2011.

By:


Employee

Date:

10-12-2010


By:


Sheriff Milton Wright

Date:

10-13-10

Approved:


Robert E. Hebert, Fort Bend County Judge

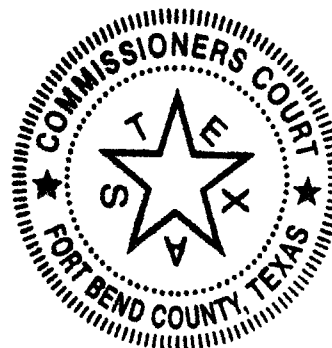
Date:

10-26-2010

ATTEST:



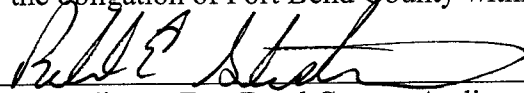
Dianne Wilson, Fort Bend County Clerk



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

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.



Information Number
1-800-526-4252

Company

DAIRYLAND COUNTY MUTUAL

Policy Number

Effective Date

Expiration Date

08-06-10

08-06-11

Year Make/Model
2006 HONDA

Vehicle Identification Number

Agency/Company Issuing Card

MARY ANN GRAYLESS
P O BOX 400

4103847

RICHMOND
281-342-8127

TX 77406

Insured

LANCASTER JOSEPH

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.

5480.00-171A-T2-1

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, 2010 and will terminate on September 30, 2011.

By: _____

Employee

Date: _____

10-17-10

By: _____

Sheriff Milton Wright

Date: _____

10-13-10

Approved: _____

Robert E. Hebert, Fort Bend County Judge

Date: _____

10-26-2010


ATTEST:

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 may provide coverage for other persons and other vehicles as provided by the insurance policy.

Policy Number:

Name and Address of Insured
David Mejorado

Effective Date: 03/25/2010

Expiration Date: 03/25/2011

2007 HARLEY DAVID FLHFP
Year Make / Model

Identification Number

TARJETA DE SEGURO DE RESPONSABILIDAD DE TEXAS

AUTOONE INSURANCE COMPANY

1-800-418-3280

Esta póliza provee por lo menos la cantidad mínima de seguro de responsabilidad requerida por ley (Texas Motor Vehicle Safety Responsibility Act) para el vehículo especificado y para los asegurados nombrados, y puede proveer cobertura para otras personas y otros vehículos según provisto en la póliza de seguro.

Numero de Poliza:

Nombre y Direccion del Asegurado
David Mejorado

Fecha Efectiva: 03/25/2010

Fecha de Expiracion: 03/25/2011

2007 HARLEY DAVID FLHFP
Año Marca de Vehículo / Modelo

Numero de Identificacion



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.

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, 2010 and will terminate on September 30, 2011.

By: [Signature] Date: 10-12-10
Employee

By: [Signature] Date: 10-13-10
Sheriff Milton Wright

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

Date: 10-26-2010


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
COMPANY Texas Auto Insurance Plan
POLICY NUMBER [REDACTED]
EFFECTIVE DATE 10/22/2009
EXPIRATION DATE 10/22/2010
YEAR 2008
MAKE/MODEL HONDA GL 1800
VEHICLE IDENTIFICATION NUMBER [REDACTED]
AGENCY GRAYLESS INS AGENCY
1100 TRAVIS STREET
P. O. BOX 400
RICHMOND TX 77406-0400
INSURED SAMUEL "REID" RADER
AGENCY PHONE NO. (281) 342-8127
DRIVERS RADER, SAMUEL R

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 Guarda esta tarjeta.

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

- registro de vehículo de motor
- licencia para conducir
- 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 llenar los requisitos legales de responsabilidad civil. Fallo en llenar 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:

- 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.

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, 2010 and will terminate on September 30, 2011.

By: RC Thurman
Employee

Date: 10.12.10

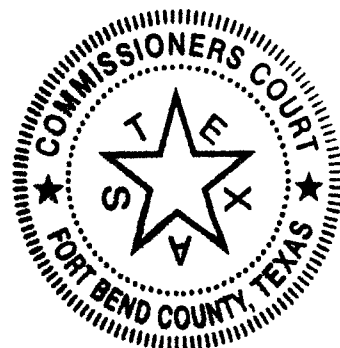
By: Milton Wright
Sheriff Milton Wright

Date: 10-13-10

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

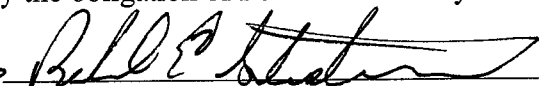
Date: 10-26-2010

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:

Name and Address of Insured

ROGER THURMAN

Effective Date: 03/17/10

Expiration Date: 03/17/11

08 HONDA MOTORCYCLE
Year Make / Model

Identification Number

STATE OF TEXAS

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COUNTY OF FORT BEND

Motorcycle Lease Agreement

I, Jesse Zamaripa, 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, 2010 and will terminate on September 30, 2011.

By: [Signature]
Employee

Date: 10/12/10

By: [Signature]
Sheriff Milton Wright

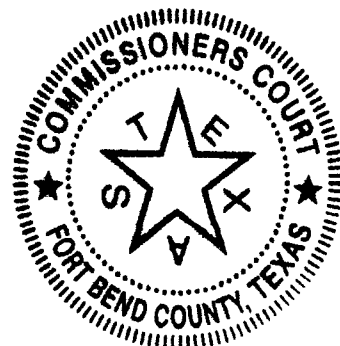
Date: 10-13-10

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

Date: 10-26-2010

ATTEST:

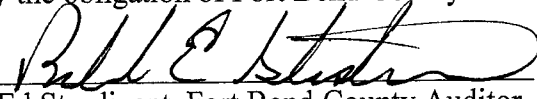
[Signature]
Dianne Wilson, Fort Bend County Clerk



Auditor's Certificate

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

\$17,200.00


Ed Sturdivant, Fort Bend County Auditor

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

DECLARATIONS FOR A BUSINESS AUTO

RENEWAL QUOTE 09/29/2010
 ITEM ONE Named Insured and Address
 JESSE ZAMARIPA

Policy No: [REDACTED]
 Producer Name and Address
 GRAYLESS INS AGENCY LLC
 PO BOX 400
 RICHMOND, TX 77406

Broker: 26789

Report Basis:

Producer Code: Previous Policy Number [REDACTED]
 Policy Period: From 09/29/2010 to 09/29/2011 at 12:01 A.M. Standard Time at your mailing address shown above

Insured Company and Code: 34460.AUTOONE INSURANCE COMPANY
 Company Address: P.O. BOX 9026, MELVILLE, NY 11747

Name Insured's Business: Security Services

\$1,205.00

Form of Business: Individual
 IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE
 WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column on the covered autos schedule. Each of these coverages will apply only to those 'autos' shown as 'covered autos.' 'Autos' are shown as covered 'autos' for a particular coverage by the entry of one or more symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT The most we will pay for any one accident or loss
LIABILITY BODILY INJURY	7	\$25,000 PER PERSON \$50,000 PER ACCIDENT \$25,000 PER ACCIDENT
PROPERTY DAMAGE		
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)	7	Separately stated in each PIP endorsement \$2,500
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)		Separately stated in each added PIP endorsement
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in each P.P.I. endorsement
AUTO MEDICAL PAYMENTS		
UNINSURED MOTORISTS	7	\$25,000 PER PERSON \$50,000 PER ACCIDENT \$25,000 PER ACCIDENT
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. BUT NOT DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR for hired or borrowed "autos."
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR for hired or borrowed "autos."
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos."
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$ for each disablement of a private passenger auto.