

**MARTIN EARTHWORKS, LLC
PO BOX 640
BROWNWOOD, TX 76804**

FILED FOR RECORD

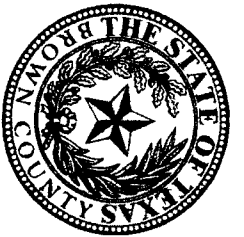
TIME 12:19 PM

MAR 30 2022

Sharon Ferguson, Brown County Cl
Deputy [Signature]

Paving

April 4, 2022
(Exhibit # 10)



**SPECIFICATIONS FOR PAVING AND/OR SEAL COATING
BROWN COUNTY ROADS**

BIDDER: MARTIN EARTHWORKS
ADDRESS: PO BOX 640 BROWNWOOD, TEXAS 76804
PHONE: 325-641-1990
BIDS ARE GOOD THROUGH APRIL 2023

**New paving and seal coating County Roads,
or Emulsion:**

County to furnish gravel and to load gravel on Contractor's trucks,
County to perform all sweeping, patching, and rolling. Contractor
to furnish labor and machinery to apply asphalt or
emulsion and gravel to roads.

Contractor will furnish truck of sufficient size to receive
load of asphalt or emulsion.

NEW PAVING: _____
.5 gallon/sq. yd. N/A

NEW PAVING-ALTERNATE:
County to furnish asphalt or emulsion and primer.
Contractor to furnish all labor and machinery
as specified above:
Per sq. yd. \$825.00 PER HOUR

SEAL COATING:
3. gallon/sq. yd. with grade 5 N/A
4. gallon/sq. yd. with grade 4 N/A
5. gallon/sq. yd with grade 3 N/A

SEAL COATING - ALTERNATE:
County to furnish asphalt or emulsion.

Contractor to furnish all labor and machinery as specified above:

Per sq. yd. N/A

FOG SEALING:

County to furnish emulsion. Contractor to furnish all labor and machinery.

Per sq. yd. \$260.00 PER HOUR

REMARKS: N/A

Contractor must be ready to perform upon 7 days notice from Brown County or Brown County will reserve the right to negotiate with another contractor.

Contractor must carry worker's compensation insurance and general liability insurance on itself and all employees and furnish proof thereof to the Brown County Auditor's office within 30 days of acceptance of bids.

Contractor must warrant all workmanship, and all materials not furnished by the county for one year

BROWN COUNTY RESERVES THE RIGHT TO ACCEPT/REJECT ANY AND ALL BIDS.

Workers' Compensation and Employer's Liability Policy

Information Page

NCCI Carrier Code: 29939

Insured copy

Item 1	<p>MARTIN EARTHWORKS LLC PO BOX 640 BROWNWOOD TX 76804-0640</p> <p>Other workplaces not shown above See Schedule of Operations attached.</p>	<p>Policy number 0002052724</p> <p>Federal tax ID 852532910</p> <p>Entity LLC</p> <p>Interim adjustment Monthly 15% - 11 Reports</p>																											
Insured name and address																													
Producer 04758	<p>ROBERTS & CROW INC - AGC 12221 MERIT DR STE 300 DALLAS TX 75251-2207</p>	<p>Branch Dallas</p> <p>Safety Group COMPGROUP AGC INC</p> <p>Renewal of 0002052724</p> <p>Certificate of Approval 93-013</p>																											
Item 2	The policy period is from: 9/22/21 To: 9/22/22 12:01 a.m. standard time at the insured's mailing address																												
Item 3	<p>A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: Texas</p> <p>B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. The Limits of our Liability under Part Two are:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Bodily Injury by Accident</td> <td style="text-align: right;">\$1,000,000.00</td> <td style="text-align: left;">Each Accident</td> </tr> <tr> <td style="text-align: right;">Bodily Injury by Disease</td> <td style="text-align: right;">\$1,000,000.00</td> <td style="text-align: left;">Policy Limit</td> </tr> <tr> <td style="text-align: right;">Bodily Injury by Disease</td> <td style="text-align: right;">\$1,000,000.00</td> <td style="text-align: left;">Each Employee</td> </tr> </table> <p>C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: None</p> <p>D. This policy includes these endorsements and schedules: see Schedule of Endorsements attached.</p>		Bodily Injury by Accident	\$1,000,000.00	Each Accident	Bodily Injury by Disease	\$1,000,000.00	Policy Limit	Bodily Injury by Disease	\$1,000,000.00	Each Employee																		
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Item 4	<p>The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Payroll</td> <td style="text-align: center;">Premium</td> </tr> <tr> <td>Total payroll and estimated manual premium</td> <td style="text-align: right;">\$325,000.00</td> <td style="text-align: right;">\$17,698.00</td> </tr> </table> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">Description</th> <th style="text-align: center;">Factor</th> <th style="text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>Waiver of Subrogation</td> <td></td> <td style="text-align: right;">354.00</td> </tr> <tr> <td>Increased Limits Factor 1,000,000/1,000,000/1,000,000</td> <td style="text-align: center;">0.014</td> <td style="text-align: right;">248.00</td> </tr> <tr> <td>Schedule Modifier</td> <td style="text-align: center;">0.690</td> <td style="text-align: right;">(5,673.00)</td> </tr> <tr> <td>Premium Discount</td> <td style="text-align: center;">0.124</td> <td style="text-align: right;">(1,566.00)</td> </tr> <tr> <td>Expense Constant</td> <td></td> <td style="text-align: right;">150.00</td> </tr> <tr> <td>Total estimated annual premium</td> <td></td> <td style="text-align: right;">\$11,211.00</td> </tr> </tbody> </table> <p>Minimum premium \$250.00</p> <p>Issue date: 9/13/21</p> <p style="text-align: right;">Countersigned by </p>			Payroll	Premium	Total payroll and estimated manual premium	\$325,000.00	\$17,698.00	Description	Factor	Amount	Waiver of Subrogation		354.00	Increased Limits Factor 1,000,000/1,000,000/1,000,000	0.014	248.00	Schedule Modifier	0.690	(5,673.00)	Premium Discount	0.124	(1,566.00)	Expense Constant		150.00	Total estimated annual premium		\$11,211.00
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Smith Insurance Agency Inc 201 W. Adams P.O. Box 130 Brownwood TX 76801	CONTACT NAME: Amy Allen PHONE (A/C, No, Ext): (325) 646-4578 E-MAIL ADDRESS: aallen@smithandsharpeins.com	FAX (A/C, No): (325) 643-5300
	INSURER(S) AFFORDING COVERAGE	
INSURED Martin Earthworks LLC PO BOX 640 Brownwood TX 76804	INSURER A: Clear Blue Specialty Insurance	
	INSURER B: Progressive Insurance	
	INSURER C: Texas Mutual	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1611400059

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WCCN-CGL-0000473-02	09/14/2021	09/14/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Per Project/Location \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			04126873-0	09/30/2021	09/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0002052724	09/22/2021	09/22/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Brown County, Texas
 200 S. Broadway Street

Brownwood

TX 76801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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