Thursday, August 6, 1992, the Sabine County Commissioners' Court met in a called session at 8:30 A. M., with the following members present:

> County Judge Richard L. Smith Commissioner, Prct. # 1 Carlin McDaniel Commissioner, Prct. # 2 Lynn Smith Commissioner, Prct. # 3 James H. Conn Commissioner, Prct. # 4 Chester Cox, Sr. Nadine Gary County Clerk

Meeting called to order by Judge Smith. Commissioner Carlin McDaniel led opening prayer.

Budget for 1992-1993 was discussed. Each department head had presented their budget requests. These were reviewed one at a time. Judge Smith recommended a 6% raise across the board. Also in offices where there is more than one deputy - Chief deputy would receive an additional \$50.00 per month. No action taken.

Tammy Sepulvado and Diane Husband were present to explain the tax rate and debt service. Commissioner Jimmy Conn made the motion to ask Mrs. Husband to publish notices as legally required to set tax rate. Commissioner Chester Cox seconded, and motion carried.

Budget workshop is set for every day next week. Meeting adjourned.

COMMISSIONER, PRCT. # 1

COMMISSIONER, PRCT. # 3

COMMISSIONER, PRCT. # 2

COMMISSIONER, PRCT.

Adial Say

vol W F9 268

Sabine County, Texas Summary of claims to be approved <u>August 10</u>, 19<u>92</u>

Date Received	Vendor Name	Brief Description	Check#	Account	Amount
07/28/92 07/29/92 08/05/92	Bob Rolfe Aimee Burges City of Hemphill	Courthouse Repairs Salary - 84 hrs. @ 5.00 Utilities - 50332.0 - 317.42; 50340.0 - 282.64 50340.0 - 63.33; 50370.0 - 209.11; 50380.0 - 29.44; 50331.0 - 196.15; 60010.0 - 1199.72 and 60010.2 - 7.00	1658 1660 +	General General General	\$ 30.00 347.34 2,304.81
08/05/92	Deep Est.Tex.Elec.Co-Op	Acct.I.D. 143634-002 - 15.91 and #555282-001	1672	General	25.91
08/05/92	The Guardian Life Ins.	Premium for August, 1992; Plan No. 261351 L	1674	General	7,325.62
08/05/92	AT&T	Long Distance Charge; Judge - 47.84; Co. Clerk - 28.84; Co. Attorney - 47.50; Sheriff 82.35 and Co. Agent - 28.95	- 1675	General	235.48
08/05/92	Barcheers Communications	two Phones for Tax office	1705	General	50.00
08/05/92		General Liability Coverage	1728	General	21.00
08/05/92	B&W Hardware & Furniture	1 can W-D 40 Invoice #25; 7; 34; Account	1708	General	43.25
08/05/92	Blan Greer, Sheriff	Board Bill	1724	General	825.60
08-05-92	Hemphill True Value	Ticket #0843; 0819; 08390834 1166	1732	General	∤ 51.51
08-05-92	Sabine Co. Appraisal Dist	August 1992 pro-rata cost	1722	General	1,623.50
08-05-92	Jimmy Clark	Inquest-1; JP workshop in Jasper & mileage.	1711	General	51.00
08-05-92	Clarice Clark	Inquest 1; JP workshop in Jasper & Mileage.	1710	General	48.20
08-05-92	Nadine Gary	Election seminar in Austin; 3nights room meals	_		
0,0 0,0 0,0		& mileage for 4 days	1718	General	325.00
08-05-92	Butler Paper	Janitor Supplies Invoice No. 053821-00	1707	General	75.75
08-05-92	Brookshire Bros.	Invoice #191143 coffee cream , filters & sugar	1706	General	2.81

Approved:

County Judge

Comm. Pct. 1

Attest:

Midule Mass - 8/12/92 County Clerk / Bate

Comm. Pct. 3

muter (), (

ol W Pg 2/09

Fund Totals

General XXXXXXXXXX

Sabine County, Texas
Summary of claims to be approved August 10

Date Received	Vendor Name	Brief Description	Check#	Account	Amount
<u> </u>	Story-Wright	Invoice #307982 supplies for Co. Clerk	1726	General	17.90
008-05-92	John S. Wyatt, Inc.	Invoice #7019 Supplies for Co. Clerk	1715	General	48.23
08-05-92	Johnny Auto Service	Repair a/c wire	1714	General	18.50
08-05-92	Gall's Inc.	Invoice # 505136200015 S120X Flashlight with		j.	
08-05-92		ac with charger	1713	General	112.49
00.05.03		Invoice #533871255 Cust. #957240211	1735	General	69.74
08-05-92	Leslo Sales of HEmphill	Invoice #068668; 069923; 070883;076096; 076234			
08-05-92	Lesto Sales of Hemphilit	D76233; 076239	1716	General	322.83
00.05.00	Fort Towns Ed and Office	Invoice #727-6083-3083-4 office Supplies	1712	General	304.12
08-05-92	Viking Office Products	Invoice #593137 Office Supplies S.O.	1734	General	61.59
08-05-92	Terrill Petroleum Co. Inc	Invoice #21284; 21380; 21451; 21525	1731	General	55.20
08-05-92		Invoice #9904; 9836; 9906; 9895; 9903; 9837; 1		General	123.50
08-05-92	Rogers Office Supply	Commitment Rusk State Hospital	1709	General	158.00
08-05-92 08-05-92	Fairy Upshaw Turf & Tree	Invoice #6597 operational Supplies	1733	General	4.20
08-05-92	Texas Dept. of Health	Solid Waste Management Pct.#1 Dump site	1730	General	6.00
08-05-92	Scott-Merriman, Inc.	Invoice #88423 Office Supplies for JP	1723	General	114.27
08-05-92	Michael J. Adams	Court App. Att. J. L. Brown	1717 1677	General	125.00
08-07-92	Naomi Louise Clark .	Salary 1/2 Month		General	352.61
08-07-92	Gladys Nadine Gary	Sakary 1/2 Month	1678	General	393.72
08-07-92	THeresa Diane Husband	Salary 1/2 Month	1679	General	528.72
08-07-92	Dwight P. McDaniel	Salary 1/2 Month	1680	General	572.47
08-07-92	Janice McDaniel	Salary 1/2 Month	1681	General	381.17
08-07-92	Johnnie Lou Palmer	Salary 1/2 Month	1682 .	General	395.55
08-07-92	Yvette Louise Parks	Salary 1/2Month	1683	General	380.55
08-07-92	Thomas R. Phillips	Salary 1/2 Month	1684	General	661.22
100-07-92	Trivolido V. Thirmado			·	Grand Total

Grand Total

Fund Totals

General XXXXX XXXX XXXX XXXXXXX Total

THE STATE OF TEXAS
COUNTY OF SABINE
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE FILED AND
BULLY RECORDED IN THE COMMISSIONERS COURT MINUTES OF SABINE
COUNTY, TEXAS.

DEPUTY"

Sabine County, Texas Summary of claims to be approved August 10

- Central	Name Brief Descript	ion Check#	Account	Amount
08-07-92 Tammy S 08-07-92 Richard 08-07-92 Charles 08-07-92 Ollie R 08-07-92 James I 08-07-92 Terry I 08-07-92 Rhonda 08-07-92 Rhonda 08-07-92 Yvette 08-07-92 Yvette 08-07-92 Mary Lo 08-07-92 W. L. I 08/10/92 James I 08/10/92 Joe C.	epulvado Smith F. Sommers aye Sparks Thornton ynn Vayghn im Walker Swilliams dgar Williams Louise Parks u Russell ynn Vaughn oone Burgess Kelley F. Moody ne Parks Salary 1/2 Month Salary 1/2 M	1685 1686 1687 1688 1689 1690 1692 1693 1694 1695 1696 1697 1698 1697 1698 1699 1r. Dump - #3 hr. Dump - #3 hr. Dump - #2 hr. 1702 hr. 1702 hr. 1703	General	381.17 719.02 409.92 503.72 738.94 409.92 543.72 618.10 381.17 380.55 3.71 109.70 40.70 221.64 219.71 265.97 211.94 251.28 272.54

Approved:

Fund Totals

General Total

THE STATE OF TEXAS
COUNTY OF SABINE
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE FILED AND
DULY RECORDED IN THE COMMISSIONERS COURT MINUTES OF SABINE
COUNTY, TEXAS.

NADINE GARY, COUNTY CLERK by Fourse Clark

Sabine County, Texas
Summary of claims to be approved August 10 , 19 92

Pg. _1 of 1

Date Received	Vendor Name	Brief Description	Check#	Account	
07/29/92 08/05/92 08/05/92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-06-92 08-06-92 08/10/92 08/10/92 08/10/92	First State Bank City of Hemphill The Guardian Life Ins.Co. Leslo Sales of Hemphill T.D. Fuller Napa Auto PArts LufkinIndustries, Inc. East Texas Mill Supplies Turf & Tree Equipment Terrill Petroleum Co. Inc. Terrill Petroleum Hi-Way Equipment Co. Napa Auto Parts Hemphill Tire Co. Joral Co. East Texas Mill SUpply Lehman's Pipe & Steel Napa Auto Parts Pineland Interstate Billing Service Keith Clent Clark Dascome Davis Felts Jerry Ray Miller Terry D. O'Brien	Social Security and Withholding for wages paid 07/27/92 Utilities; 100010.1 - 15.00 and #100000.0-7.00 Premium for August, 1992; Plan No. 261351 L Invoice #068449; 070076 operation supplies Operation Supplies Invoice #034642 operation Supplies Invoice #01-553261 operational supplies Invoice #12305 operational parts INVoice #6594; 6568 operational supplies Invoice #21444; Invoice #21637 divided 4 ways Invoice #65289 divided 4 ways Invoice #34113; 34114 Invoice #3000 Trailer Mt Washer Invoice #3000 Trailer Mt Washer Invoice #69378; 69379 Invoice #69378; 69379 Invoice #414404: 41/533 Units Assault	1216 1217 1219 1152 1258 1262 1253 1237 1261 1260 1244 1262 1242 1248 1236 1251 1255 1255 1222 1225 1230	Account Road & Bridge #1	Amount \$ 645.6 22.0 889.6 80.0 4.8 77.8 302.9 157.6 13.9 960.0 192.0 29.5 48.0 1,550.0 61.8 651.44 133.1 178.4 106.8 235.3 470.6 441.8

Fund Totals

XXKerreroeXXX R & B #1

THE STATE OF TEXAS

COUNTY OF SABINE

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE FILED AND DULY RECORDED IN THE COMMISSIONERS COURT MINUTES OF SABINE COUNTY, TEXAS.

NADINE GARY, COUNTY CLERK

DEPUTY

Sabine County, Texas
Summary of claims to be approved August 10

ate Received	Vendor Name	Brief Description	. Check#	Account	Amount
07/29/92	First State Bank	Social Security and Withholding for wages			
0., = 0, 5 =		paid 07/27/92	1216	Road & Bridge #2	\$ 731.89
08/05/92	Deep Est.Tex.Elec.Co-Op.	Account No. 555258-001	1218	Road & Bridge #2	15.91
08/05/92	The Guardian Life Ins.Co.		1219	Road & Bridge #2	1,126.89
08-05-92	J.M. Welsh Rock	Invoice #3107 Road Work	1246	Road & Bridge #2	1,608.00
08-05-92	Napa Auto PArts	Invoice #035110; 035109 operational supplies	1262	Road & Bridge #2	31.89
08-05-92	Ray's Body Shop	Invoice #3205 damage on a 91-toyota windshield		Road & Bridge #2	437:10
08-05-92	Griffin Feed Company, Inc		1240	Road & Bridge #2	811.10
08-05-92	East Texas MIll Supply	Invoice #2117; 12248; 12307; 12351 o.Supplies	. 1237	Road & Bridge #2	189.50
08-05-92		Invoice #0900850. Supplies	1241	Road & Bridge #2	8.00
08-05-92		Invoice #J23028; J4821; J4832 Parts & Labor	1245	Road & Bridge #2	100.85
08-05-92	Jasper Tire & Distributin	g Invoice #50174 Tires & Labor	1249	Road & Bridge #2	1,250.61
08-05-92	Big Tin Barn	Invoice #170054; 170055 Operational Supplies	1235	Road & Bridge #2	23.28
08-05-92	Terrill Petroleum Co. inc	. Invoice #21618	1260	Road & Bridge #2	1,593.60
08-05-92	Terrill Petroleum Co. inc	. Invoice #21637 divided 4 ways	1260	Road & Bridge #2	192.00
08-05-92	Hi-Way Equipment Co.	Invoice #65289 divided 4 ways	1244	Road & Bridge #2	29.53
08-05-92	Napa Auto Parts	Invoice #034951 divided 4 ways	1262	Road & Bridge #2	.39
08-05-92	Hemphill Tire STore	Invoice #34421; 34255; 34175; 34096 Invoice #3000 Divided 4 ways	1243	Road & Bridge #2 Road & Bridge #2	146.50
08-06-92	Joral Company		1237	Road & Bridge #2	1,550.00
08-06-92	East Texas Mill Supply	Invoice #12251; 12279; 12347 Invoice #69379 - Latch	1251	Road & Bridge #2	61.85 49.95
08 - 06-92 08/10/92	Lehman's Pipe & Steel				•
08/10/92	Keith Clent Clark	Salary - 20 hrs. @ 7.08 hr.	1222 1225	Road & Bridge #2	106.88
08/10/92	Dascome Davis Felts Randy Jarrell Lynn	Salary - 20 hrs. @ 7.08 hr.		Road & Bridge #2	235.31
08/10/92 - 08/10/92	Kenneth R. Roach	Salary - 80 hrs. @ 7.08 hr.	1229 12:33	Road & Bridge #2	456.26 427.51

Comm. Pct.

Vol W

Fund Totals

THE STATE OF TEXAS
COUNTY OF SABINE
I HEREBY CERTIFY THAT THESE DOCUMENTS HERE FILED AND
DULY RECORDED IN THE COMMISSIONERS COURT MINUTES OF SABINE
COUNTY, TEXAS.

NADINE GARY, COUNTY CLERK

Sabine County, Texas
Summary of claims to be approved <u>August 10</u>, 19 92

pg. <u>1</u> of 1

Date Received	Vendor Name	Brief Description ,	Check#	Account	Amount
07/29/92 08/05/92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92 08-05-92	First State Bank The Guardian Life Ins.Co. Jasper Tire & Distributing Griffin Feed Company INc. Hemphill Motor Co. East Texas Mill Supply Gulf Welding Supply Co. Terrill Petroleum Co. Inc. Hi-Way Equipment Co. Napa AUto PArts Hemphill Tire Co. Joral Company East Texas Mill Supply Lehmann's Pipe & Steel	Social Security and Withholding for wages paid 07/29/92 Premium for August, 1992; Plan No. 261351 L Invoice #001675tires & Labor Invoice #18611 Culverts Invoice #058998; 058989; July Bill Invoice #12478; 12488 operational Supply Invoice #090235 operational supplies Invoice #21548 Incoice 21637 divided 4 ways Invoice #65289 divided 4 ways Invoice #034951 divided 4 ways Invoice #34281 Invoice #3000 Divided 4 ways Invoice #12251: 12279: 12277	1216 1219 1249 1240 1242 1237 1241 1260 1260 1264 1262 1243 1248 1237	Road & Bridge #3	\$ 831.3 889.6 541.9 422.4 1,383.6 32.6 12.0 907.2 192.0 29.5 1,550.0 61.8
08/10/92 08/10/92 08/10/92 08/10/92 08/10/92 08/10/92	Keith Clent Clark James H. Conn Johnny L. Franklin Lonnie B. Harley Freddie Mae Moody Marvin Ottis Stroud	Invoice # 69378; 69379-Divided 4 ways Salary 20 rhs. @ 7.08 hr. Salary - 1/2 Month Salary - 80 hrs. @ 7.08 hr. Salary - 80 hrs. @ 7.08 hr. Salary - 1/2 Month Salary - 1/2 Month Salary - 56 hrs. @ 6.38 hr.		Road & Bridge #3	175.3 106.8 686.5 441.8 441.8 380.5 299.2

County Judge

Fund Totals

XXXXXXXXXXX R & B #3

THE STATE OF TEXAS COUNTY OF SABINE I HEREBY CERTIFY THAT THESE DOCUMENTS WERE FILED AND DULY RECORDED IN THE COMMISSIONERS COURT MINUTES OF SABINE COUNTY, TEXAS.

DEPUTY

Sabine County, Texas
Summary of claims to be approved <u>August 10</u>

		Priof Description	Check#	Account	Amount
07/29/92 First 08/05/92 Deep 08/05/92 The 0 08-05-92 Napa 08-05-92 John 08-05-92 Geo. 08-05-92 Terr 08-05-92 Terr 08-05-92 Napa 08-05-92 Napa 08-05-92 Napa 08-05-92 Napa 08-05-92 Hemp 08-06-92 Jora 08-06-92 East 08/10/92 Troy 08/10/92 Kein 08/10/92 Jame	Est.Tex.Elec.Co-Op Guardian Life Ins.Co. Auto Parts Texas Asphalt any Auto Service P. Bane, Inc ell Petrilleum Co ill Petroleum Co. Auto Parts chill Tire Store al Company t Texas Mill Supply man's Pipe & Steel y Burch th Clent Clark es K. Edwards	Brief Description Social Security and Withhodling for wages paid 07/27/92 Electricity; 143634-003 - 10.83; 555266-002-16 Premium for August, 1992; Plan No. 261351 L Invoice #033839; 033915; 035386 operational s Invoice #5574 Road Work Invoice 05606 Labor Invoice #c64485 parts Invoice #21564 Invoice #21637 Divided 4 ways Invoice #65289 divided 4 ways Invoice #034951 divided 4 ways Invoice #34139; 34455; 34409 Invoice #34139; 34455; 34409 Invoice #3000 Divided 4 ways Invoice #12251; 12279; 12347 Divid	1216 0.00 1218 1219 1262 1236 1247 1239 1260 1260 1244 1262 1243 1248 1237 1221 1222 1224	Road & Bridge #4	\$ 911.40 20.83 1,126.89 30.10 270.00 72.00 124.37 1,920.15 192.00 29.53 .39 615.63 1,550.00 61.85 175.34 470.63 106.87 483.42
08/10/92 Jame		Salary - 80 hrs. @ 7.08 hr. Salary - 80 hrs. @ 7.08 hr.	1224	Road & Bridge #4 Road & Bridge #4	

Approved:

County Judge

Fund Totals

THE STATE OF TEXAS
COUNTY OF SABINE
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE FILED AND
DULY RECORDED IN THE COMMISSIONERS COURT MINUTES OF SABINE
COUNTY, TEXAS.

NADINE GARY COUNTY CLERK DEPUTY

Sabine County, Texas Summary of claims to be approved August 10

conti	Vendor Name	Brief Description	Check#	Account	Amount
Date Received 08-05-92 08-05-92	IBM Corporation Capital Leasing	Invoice #Q508807 Account #7807439-00 Number 12; Lease # M-553	53087 53088	Debt Service Debt Service	757.00 715.33
	·				
		`			
·					
				·	-
•					Grand Total

Grand Tota

•		
App	rov	ed:

Fund Totals Deht Service

KEN ROGERS & ASSOCIATES, LTD.

CLRUIT DEL PROCESCO CASA A АТІМИВЕНТАВІГИ СОСТОРА

for Pagarana and Pagarana Mark Office A Ken Malamana A Committee in the

Honorable County Judge and Commissioners' Court Sabine County, Texas

We are pleased to propose on the County's financial and compliance audits for the years ending September 30, 1991 and 1992.

We understand the proposed audits are to be conducted in accordance with generally accepted auditing standards and the compliance guidelines of the Single Audit Act of 1984 and OMB Circular A-128.

The person who is authorized to make representations for Ken Rogers & Associates, Ltd. is:

Terre McLemore, CPA

1329 North University Drive Nacogdoches, Texas 75961

Nacogdoches, Texas August 7, 1992

PROFILE OF KEN ROGERS & ASSOCIATES, LTD.

a local firm with its office located in Ken Rogers & Associates, Nacogdoches. The officer Ltd. is The officers are as follows:

> Gary Johnson, CPA Michael Halls, CPA Terre McLemore, CPA Kenneth Rodrigues, CPA

This audit will be performed by one partner, one senior accountant, and one staff accountant. All accountants have attained their CPA certificate.

Ken Rogers & Associates, Ltd. has performed audits for:

Newton County Nacogdoches County Houston County

We are currently engaged to audit Newton County.

Our other governmental auditing experience includes numerous school districts, cities, appraisal districts, and hospitals.

Ken Rogers & Associates, Ltd. is a member of the American Institute of Certified Public Accountants SEC Practice Section and, therefore, is required to undergo a peer review every three years. Our first peer review resulted in

Our approach to auditing is one of proper planning and good organization. We use standard governmental audit programs prepared by Practitioners Publishing Company, modified for each client.

Statistical sampling is used to select samples of transactions used in our tests of accounting records.

The typical assistance expected from County officials is:

County Treasurer:

- -Detailed trial balance
- -Bank reconciliations -Typed correspondence

Other officials handling money:

- -Summary of collections and disbursements
 -Bank reconciliations
- -Access to Docket Books

We will also have numerous questions concerning procedures and policies (especially the first year) and will request client representation and legal representation letters be prepared and signed by the appropriate County officials.

Draft reports of the September 30, 1991 audit should be available in November with presentation to the Commissioner's Court in November or December.

Our audit approach will entail the utilization of County personnel for pulling files and invoices, typing confirmations and correspondence, and counting petty cash, if needed.

Page 2

voi (V Pg 278

NON-BINDING FEE ESTIMATE

Our non-binding fee estimate is based on the number of hours anticipated to complete the audit at our standard billing rates. Our estimates for the audits of the County for the fiscal years ending September 30, 1991 and 1992 financial statements are as follows:

Perform an audit of the County Treasurer's office and every County Fee Office which includes the Tax Assessor-Collector, County Clerk, District Clerk, Justices of the Peace, and other collection agencies. This includes the reports and compliance tests needed for the County's grants, if any. Our estimated fee for each audit is \$8,450 per year, for a total fee of \$16,900.

Page 3

THE STATE OF TEXAS
COUNTY OF SABINE
I HEREBY CERTIFY THAT THESE DOCUMENTS HERE FILED AND
DULY RECORDED IN THE COMMISSIONERS COURT MINUTES OF SABIRE
COUNTY, TEXAS.

HADINE GARY, COUNTY CHERK DEPUTY

PROPOSAL TO PROVIDE AUDIT SERVICES FOR

CROWELL, PIPES & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS
5021 JUSTIN NACOGDOCHES, TEXAS 75961
(409) 560-3723

CAROLYN A.PIPES, CPA AUGUST 3, 1992 reflected

Vol W Pg 28.0

EXAMINATION APPROACH AND COMPENSATION

Carolyn Pipes will be responsible for managing and administering the County's audit. This includes scheduling field work, coordinating County staff assistance and supervising personnel assigned to the engagement while in the County offices. Further, she will be the contact person in our firm as needed by County personnel.

The following is a broad overview of our tenative schedule, with specific dates to be planned in advance with the County staff.

September - October

Engagement planning, documentation of internal accounting structure, transaction and compliance testing and interim balance sheet work.

October - November

Completion of audit field work, workpaper review and preparation of draft reports and management letter. Meeting with management to review the audit adjustments, draft reports, and management letter.

December

Finalize report and management letter and presentation to the Court.

Based on our prior experience with providing auditing services to to the County, we estimate total time needed to complete the audit will be not exceed 200 hours for each audit year. Our average hourly billing rate is \$32. Maximum fee for the services requested will not exceed \$7,600 for September 30, 1991 and \$7,300 for September 30, 1992, for a total of \$14,900.

Included in the fee for the audit engagement will be any assistance provided to personnel for current concerns that might arise during our field work in the County offices. Further, we are glad to provide the County with technical assistance via correspondence or telephone throughout the year as needed. As may be necessary, should we be updated on matters that may affect the County, we will provide updates on an ongoing basis through newsletters, copies of articles or pertinent publications we may receive. We are committed to providing ongoing support to all our clients.

. 7 .

THE STATE OF TEXAS
COUNTY OF SABINE
I HERBY CERTIFY THAT THESE DOCUMENTS WERE FILED AND
DULY RECORDED IN THE COMMISSIONERS COURT MINUTES OF SABINE

VOL. PAGE 8

voi W Pg 28/

PROPOSAL FOR AUDIT OF SABINE COUNTY, TEXAS

FOR THE YEARS ENDED SEPTEMBER 30, 1991 AND SEPTEMBER 30, 1992

ALEXANDER, LANKFORD & HIERS, INC.
CERTIFIED PUBLIC ACCOUNTANTS
4000 SOUTH MEDFORD
LUFKIN, TEXAS 75901-5799
(409) 632-7771

GLENDA J. HIERS, CPA

AUGUST 7, 1992

Willet.

vol W Pg 282

?

Wilbur E. Alexander, CPA Ted A. Lankford, CPA Glenda J. Hiers, CPA Melvin R. Todd, CPA Richard Ä. Rudel, CPA Betty Powell, CPA Warren Stewart, CPA



Certified Public Accountants, A Professional Corporation

4000 S. Medford Dr. Lufkin, Texas 75901-7599 (409) 632-7771 FAX (409) 637-2448

Honorable Richard Smith, County Judge and Commissioners Court Sabine County, Texas Hemphill, Texas

Dear Honorable Judge and Commissioners:

We appreciate the opportunity to submit a proposal to provide audit services for Sabine County, Texas.

We understand that our audit will be a Single Audit conducted in accordance with generally accepted auditing standards and that the contract to be awarded is for the two years ended September 30, 1991 and September 30, 1992.

Based on our previous experience in conducting governmental audits, our familiarity with your organization, and expected assistance from your staff, our work schedule is established as follows for the 1991 audit:

- . August September, 1992 Fieldwork, workpaper review, and preparation of draft reports
- October, 1992 Submit final report and presentation of report to the County Commissioners Court

We estimate that our total fee will be \$7,500 for the September 30, 1991 audit and \$7,500 for the September 30, 1992.

Designated to make presentations for our firm are the following:

Glenda J. Hiers, CPA Audir Officer Alexander, Lankford & Hiers, Inc. 4000 South Medford Drive Lufkin, Texas 75901-5799 (409) 632-7771

Richard A. Rudel, CPA Audit Manager Alexander, Lankford and Hiers, Inc. 4000 South Medford Drive Lufkin, Texas 75901-5799 (409) 632-7771

were that

vol W Pg 283

-1-

Sabine County, Texas August 7, 1992 Page 2

If this proposal meets with your approval, an engagement letter with the appropriate option will be sent to you. We appreciate your consideration of our proposal and look forward to working with you.

Sincerely,

ALEXANDER, LANKFORD & HIERS, INC.

Gertified Public Accountants

Officer: Glenda J. Hiers, CPA

Lufkin, Texas August 7, 1992

_ PAGE_<u>28</u>2 W NADINE WARY, COUNTY CLERK

vol W Pg 284

UNITED STATES POST OFFICE

. DATE: -11-6-91

OUR REF:

SUBJECT: Pleasure Bend Load

TO:

Sabine County Commissioners Court

Recently Mr. James M. Hanley contacted me for my input concerning the Pleasure send hoad with the hopes of the state assuming the responsibility of maintaining and paving the road.

having a U.S. mail route that travels the road over 300 days a year it is very much a concern of mine that the road is passable in all kinds of weather conditions, without the fear of safety that is associated with bad weather.

I would appreciate your consideration in this matter. Thanking you in advance.

Timothy E. Kent

Postmasier

demphill TX 75948-9998

Hemphill Independent School District

ROBERT LANE High School Principal
WELDON McDANIEL

P. O. BOX 550

HEMPHILL, TEXAS 75948

PHONE 409/787-3371

WAYNE MITCHELL Business Manager
DEAN CROCKETT

DOUGLAS R. BUTLER, Superintendent

November 1, 1991

Judge Richard Smith Sabine County Commissioners Court Sabine County, Texas

Dear Judge Smith:

The property owners who own property on or adjacent to "Pleasure Bend Road" in Precinct 2, Sabine County, have contacted the School relative to our interest in the Pleasure Bend Road.

Please be advised that the Hemphill Independent School District is affected by the Pleasure Bend Road in Sabine County in the following manner:

The 2.8 miles of road is part of a bus route that delivers 37 children daily in an area where approximately 30 families reside. The dust in dry weather and mud in wet weather certainly causes problems and in either case, causes extreme damage to the bus and to the family vehicles that are forced to travel the road.

The Hemphill Independent School District does encourage your assistance in the upgrade or improvement program for the "Pleasure Bend Road."

Douglas Butler, Superintendent

Hemphill Independent School District

DB/m

WE THE UNDERSIGNED PROPERTY OWNERS OF SABINE COUNTY TEXAS, PRECINCT 2 (two), WHO OWN PROPERTY ON OR ADJACENT TO " PLEASURE BEND ROAD ", DO HEREBY PETITION THE SABINE COUNTY COMMISSIONERS COURT, OF SABINE COUNTY TEXAS, TO UPGRADE OUR COUNTY TOAD TO A " FARM TO MARKET " OR A

m+ms/mes momble Cho Mr mo. George S. Cooper Mr & Mrs. alven Knott MA & THE

vol W Pg 287

WE THE UNDERSIGNED PROPERTY OWNERS OF SABINE COUNTY TEXAS, PRECINCT 2 (two), WHO OWN PROPERTY ON OR ADJACENT TO " PLEASURE BEND ROAD ", DO HEREBY PETITION THE SABINE COUNTY COMMISSIONERS COURT, OF SABINE COUNTY TEXAS, TO UPGRADE OUR COUNTY ROAD TO A " FARM TO MARKET " OR A

" SPUR ROÁD "...

WE THE UNDERSIGNED PROPERTY OWNERS OF SABINE COUNTY TEXAS, PRECINCT 2 (two), WHO OWN PROPERTY ON OR ADJACENT TO " PLEASURE BEND ROAD ", DO HEREBY PETITION THE SABINE COUNTY COMMISSIONERS COURT, OF SABINE COUNTY TEXAS, TO UPGRADE OUR COUNTY ROAD TO A " FARM TO MARKET " OR A

" SPUR ROAD ".

vol W Pg 289

WE THE UNDERSIGNED PROPERTY OWNERS OF SABINE COUNTY TEXAS, PRECINCT 2 (two), WHO OWN PROPERTY ON OR ADJACENT TO " PLEASURE BEND ROAD ", DO HEREBY PETITION THE SABINE COUNTY COMMISSIONERS COURT, OF SABINE COUNTY TEXAS, TO UPGRADE OUR COUNTY ROAD TO A " FARM TO MARKET " OR A " SPUR ROAD "...

, , , , , , , , , , , , , , , , , , ,
Ms + Mrs Ways Smith
Mr. & Mrs. Lolf Schuly
The fine of the state of the st
mr-Ms Senchen
Mr. Mrs. H. J. Guelodony p.
Mr. & Mrs. Sarry Sichar ason
Mr. & Mw W. E. Landin
Cecil Barnes
Dami Barnes
Demp Sterling
Dr. a 1770. C.J. Caskey
me + our finces to Baker
Mr. + Mrs. Robert A. Lac
Maxmas Lobert Dibhrer
Myspus faul Drawhain
enth. Sear
I holma Dears
M Jano Darsome
and 6. Course

WE THE UNDERSIGNED PROPERTY OWNERS OF SABINE COUNTY TEXAS, PRECINCT 2 (two), WHO OWN PROPERTY ON OR ADJACENT TO "PLEASURE BEND ROAD", DO HEREBY PETITION THE SABINE COUNTY COMMISSIONERS COURT, OF SABINE COUNTY TEXAS, TO UPGRADE OUR COUNTY ROAD TO A "FARM TO MARKET" OR A "SPUR ROAD"...

Vol W Pg 29/

WE THE UNDERSIGNED PROPERTY OWNERS OF SABINF COUNTY TEXAS, PRECINCT 2 (100), WHO OWN PROPERTY ON OR ADJACENT TO "PLEASURE BEND ROAD ", DO HEREBY PETITION THE SABINE COUNTY COMMISSIONERS COURT, OF SABINE COUNTY TEXAS, TO UPGRADE OUR COUNTY ROAD TO A " FARM TO MARKET " OR A

" SPUR ROAD ".

WE THE UNDERSIGNED PROPERTY OWNERS OF SABINE COUNTY
TEXAS, PRECINCT 2 (two), WHO OWN PROPERTY ON OR ADJACENT
TO "PLEASURE BEND ROAD ", DO HEREBY PETITION THE SABINE
COUNTY COMMISSIONERS COURT, OF SABINE COUNTY TEXAS, TO
UPGRADE OUR COUNTY ROAD TO A "FARM TO MARKET " OR A
"SPUR ROAD "...

Mrs Granil Milyen
Gele Jarnie fr
Dete James
Herry Welancon Lo Thompson
Teo Springson
Jany Dots
Mh. + Man & D. Empley
Mr. 1 Mrs Bal Begrd
W. F. Cullins
Konel J Blount
Ally co Edit
J. R. Hopper
O.B.P. Hogger
Mr + Mu Ined D. Quarler

Vol W Pg 293.

WE THE UNDERSIGNED PROPERTY OWNERS OF SARTNE COUNTY TEXAS, PRECINCT 2 (two), WHO OWN PROPERTY OG OR ADJACENT TO " PLEASURE BEND ROAD ", DO HEREBY DETITION THE SABINE COUNTY COMMISSIONERS COURT, OF SABINE COUNTY TEXAS, TO UPGRADE OUR COUNTY ROAD TO A " FARM TO MARKET " OR A " SPUR ROAD "...

W. C. Moyer.			
Lete Frame III		·	
Jim Karis	•	•	•
Robert + Connie M	ivsel	•	
JEMBled)			
Taken Million			•
Madelyn & Colins	- -		
Stephen C. Bakan			
mayan miller			
Demp Sterling	_		
B. & Butal			
	•••=		•
,			-
	THE STATE OF TEXAS COUNTY OF SABINE I HEREBY CERTIFY TO DULY RECORDED IN THE CON COUNTY, TEXAS.	IÁT THESE DOCUMENT MISSIONERS COURT	S WERE FILED AND HINUTES OF SABINE
	COUNTY, TEXAS.	VOL. W	PAGE 255
,	en cour	NADINE GARY, CO	UNITY CLERK
	CCUMIT LES	DEPUTY	

W M 394



August 11, 1992

DCL003

RICHARD SMITH SABINE COUNTY PO BOX 716 HEMPHILL TX 75948

Re: INSIGHT

Dear Mr. Smith,

We are unable to extend coverage to your group at this time. As stated in our sales brochure, Insurers Administrative Corporation reserves the right to reject any case that does not conform to sound underwriting requirements or Trust provisions.

We regret that we cannot be of service to you at this time. If there are any questions, please feel free to contact this office.

Sincerely,

Underwriting Department

cc: (Writing Agent)
 (General Agent)

JAC • Insurers Administrative Corporation 10210 N. 25th Socauc. Suite 300 • Phoenix. Shizona 85021-1605 • [602] 870-1400 • Fax [602] 395-0496

Vol W Pg 295

INSIGHT

EMPLOYER APPLICATION

Trust Adoption and Participation Agreement



The undersigned employer hereby adopts the Multiple Unit Security Trust for the purposes of establishing a plan of group insurance for its employees providing the sensitis indicated in the section entitled 'COVERAGES REQUESTED' of this Adoption and Participation Agreement, and agrees to be bound by all of the terms, provisions, conditions, and limitations of said Trust and the master insurance policy issued thereto.

THE EMPLOYER CERTIFIES THE FOLLOWING INFORMATION: SAFine Employer's Legal Name Street Address ___ Telephone Number (409) 787-List all subsidiaries, affiliates, or separate locations to be insured: Name Complete Address Partnership Sole Proprietor D Other Type of Business Organization: Corporation 8-1-92 REQUESTED EFFECTIVE DATE -0-% of the Dependent cost is paid by the Employer. EMPLOYER CONTRIBUTION: 100 % of the Employee cost is paid by the Employer. -0-% of the (The minimum Employer contribution is 50% of the Employee cost or 25% of the Employee Other No WAITING PERIOD: 1 1 2 3 Months of continuous employment. 47 PARTICIPATION: How many full-time (working 30 or more hours per week) employees do you have including owners? Are any full-time employees not enrolling for insurance? 🔲 YES 🗷 NO If Yes, how many and why? How many employees who are enrolling for insurance have dependents? Are any employees not enrolling their dependents for insurance? 🔀 YES 🔲 NO If yes, how many and why? COVERAGE REPLACEMENT BENEFITS: Is this Plan intended to replace any existing coverage? YES ONO If yes, in order to be eligible to receive replacement benefits (if any), a copy of the certificate or complete policy and a copy of the present carrier's billing for the month in which coverage is being requested under this plan must be provided. Indicate date coverage will terminate and insurer's name. PPO Plan I Standard Indemnity COVERAGES REQUESTED: (Check One) Major Medical Deductible: (Check One) 🗍 \$100 🗍 \$150 🗍 \$250 **⅓** \$500 ☐ \$750 Stop-Loss Option: (Check One) 🔲 \$2,500 😡 \$5,000 🔘 \$7,500 Rate Guarantee Option: (Check One) 🔲 Standard (6 months) or 🗷 12 months (15% Premium Load Required) Life Insurance & Accidental Death and Dismemberment Insurance: All Classes 10,000 to 19 65 Amount: Amount: OPTIONAL COVERAGES: Supplemental Accident Benefit: 🔲 \$300 🔲 \$500 (Available only on the \$100, \$150, & \$250 deductible plans) Pregnancy: 27 Yes No (Required benefit for 15+ employees) Dependent Life: D Yes 😡 No AUG 0 6 1992 Composite Rates: 🔀 Yes 🔲 No (Available only to groups of 15 or more employees)

IN-MS-ER 7/91

Not available in all states. Contact administrator for state availability.

Vol W pg 296

RECEIVED

														77
												•		
								•						}
, L	<i>.</i> L _L L	- Al'	4D DELEND	6141 00	LUIUAL	na Orm	in HOIL	If res, give ac	ians in box o.	n.				•
5	ИО													
l	A		Are any eligible occupational de		d employee	es or deper	idents pres	ently or within "	e cast 12 mo	onths pre	vented by	disability fo	סייי בפייטנידיות	g their usu
I		2.	Has any eligible	e covere:	d employee	or depend	ent received	d more than \$10	000 in group (medical d	are benefit	ts in the ras	a 12 months?	1
l	হ্ল	3.	Are extended b	enefits a	vanable fro	m the prior	insurer for	presently disable	d eligible cove	ered emp	loyees and	lor depend	ents?	
ı	D							ntly confined in a	_					
1	ZI				, ,	,		been told that th	·			n or receive	treatment Iro	m a hospit
			or other institut		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or coponic	,	•	-,,					•
	図		Are any eligible			·								
	_					·		any serious dise						
,	A		Are any person Act of 1985 (C of the COBRA	OBRA) w	tho will con	itinue covera	age under t	n of Medical Ben his plan? If yes	efds as defined , list names, re	d under t eason, ar	he Consoli nd date of t	dated Omn Iheir qualify	bus Budget Ping event. Inc	Reconciliation Clude a cop
					Date	acii persuii.	Natur				resen'i			
,			me of rson		Onset	.ميرد	Illne	ss		Co	oncilion	,	Progr	nosis
1	<u>e, FL</u> .		Plank	_ 4	19 Cr	Par	<u>د دیمبر</u>	G. e (way	_ <u>\ </u>	21	که ده صف		From C	1/0 /
- <u>/</u>	2000	- 	eloak	_ 4	1987	1101	Proce	- mrkes	installed)	<u>נו מיייני ממ</u>	Frond	Man !	6-010
7	<u> ر سدور</u> اوفردن چر	6~	Bresin	- / -/	1991	13.01	100m 5.			162,	Good		very 6	G-01.
<u> </u>	Inne	1 6	neen		1986	13:1	25 Se	en Com		ven	6000	,	very	Sid .
is (pe	onfined ident s	in a hall b	hospital or institute deferred until	ds and aguation or is such emp	grees that if unable to coloyee or de	placed in lo i, on the effe carry on the s ependent qua	eclive date, a normal activi alilies for co	an employee is noticed in a coordant in accordant in acco	al in good healt nce with the po	h and of olicy prov	the same ag isions (i.e.,	ge and sex, the employe	coverage for s	uch emplo
t is d lepe ende ve to ITS	onfined ident s nt is at ad the AUTHO	in a hall b ble to appli ORIZE	hospital or institute deferred until carry on the no calion and agree D ADMINISTRA	ds and agulion or is such emp rmal activi to abide to TOR CAN	grees that if unable to colloyee or de ities of a pe by the terms APPROVE	placed in lo f, on the effectory on the period of the person of like and condition THIS APPLI	active date, a normal activi alities for co age and sex ons as conta ICATION, SE	lained. an employee is n ties of an individu verage in accorda in good health) ined therein. I un ET AN EFFECTIV	al in good healt nce with the po as set forth in the derstand that Of E DATE, OR W	th and of olicy proving the certific NLY SEC AIVE OR	the same agisions (i.e., ate of insur URITY LIFE ALTER AN	ge and sex, the employe ance. INSURANC Y PROVISIO	coverage for sign and	uch employ it work or t OF AMERI APPLICATION
is of appearance of the second	confined adent s nt is at ead the AUTHO POLICAINTAIN	in a hall ble to applie of the to applie of the to applie of the to applie of the total applies of the total appli	hospital or institute deferred until carry on the no calion and agree D ADMINISTRA UNDERSTAND FOR COVERAGE	ds and agulion or is such emprimal activito abide to TOR CAN THAT THE TO BE	grees that if unable to coloyee or de ities of a pe by the terms APPROVE E EMPLOYI	placed in to I, on the effectory on the re- periodent qua- erson of like IS and condition THIS APPLI EE AND DE I FURTHE	eclive date, a normal activi alities for co- age and sex ons as conta CATION, SE PENDENT F ER UNDERS	tained. an employee is n ties of an individu verage in accorda in good health) ined therein. 1 un	al in good health nee with the po as set forth in the derstand that Of E DATE, OR WA EOUIREMENTS & PLAN CONTA	th and of olicy provide certific NLY SEC AIVE OR S AS OUT	the same agisions (i.e., ate of insur URITY LIFE ALTER AN'TLINED IN	ge and sex, the employe ance. INSURANC Y PROVISIO THE PLAN I	coverage for size is actively a section of the company one of this ABROCHURE M	uch employ it work or t OF AMERI APPLICATION IUST BE M
is depe	confined adent s nt is at ead the AUTHO POLICAINTAIN	in a hall ble to applie of the to applie of the to applie of the to applie of the total applies of the total appli	hospital or institute deferred until carry on the no calion and agree D ADMINISTRA' UNDERSTAND FOR COVERAGE OUIDAMENTS V	ds and acultion or is such empty activities to abide to TOR CAN THAT: THE TO BE IN WHICH HA	grees that if unable to colopee or de ities of a pe by the terms APPROVE E EMPLOYI IN EFFECT.	placed in to I, on the effectory on the appendent qua- person of like is and condulic THIS APPLI EE AND DE I FURTHE EXPLAINED	eclive date, a normal activi alities for co- age and sex ons as conta CATION, SE PENDENT F ER UNDERS	lained. an employee is n ties of an individu verage in accord; in good health) ined therein. I un IT AN EFFECTIV 'ARTICIPATION F TAND THAT THI	al in good health nee with the po as set forth in the derstand that Of EDATE, OR WA EOUREMENTS & PLAN CONTA	th and of olicy provide certific on the certif	the same agisions (i.e., ate of insur URITY LIFE ALTER AN' TLINED IN TRE-EXISTIN	ge and sex, the employe ance. INSURANC Y PROVISIO THE PLAN I	coverage for size is actively a size company ins of this about the contract of	uch employ it work or t OF AMERI APPLICATIO IUST BE M
is cope inde inde iTS THE	confined adent s nt is at ead the AUTHO POLICAINTAIN	in a hall be ble to applied to SPIZE	hospital or institute deferred until carry on the no calion and agree D ADMINISTRA' UNDERSTAND FOR COVERAGE OUIDAMENTS V	ds and acultion or is such empty rmal activito abide to TOR CAN THAT: THE TO BE INTERPORTED TO BE INTE	grees that if unable to coloque or de ities of a pe by the terms APPROVE E EMPLOYI IN EFFECT.	placed in to I, on the effectory on the appendent qua- person of like s and condition THIS APPLI EE AND DE EE AND DE EXPLAINED NATURE	ective date, a normal activition activities for co age and sexons as contact CATION, SEPENDENT FOR UNDERS TO ME ANI	lained. an employee is n ties of an individu verage in accord; in good health) ined therein. I un IT AN EFFECTIV 'ARTICIPATION F TAND THAT THI	al in good health nee with the po as set forth in the derstand that Of EDATE, OR WA EOUREMENTS & PLAN CONTA	th and of olicy provide certific on the certif	the same agisions (i.e., ate of insur URITY LIFE ALTER AN' TLINED IN TRE-EXISTIN	ge and sex, the employe ance. INSURANC Y PROVISIO THE PLAN I NG CONDITI	coverage for size is actively a size company ins of this about the contract of	uch employ it work or t OF AMERIC APPLICATIO IUST BE M
is cope inde inde iTS THE	confined adent s nt is at ead the AUTHO POLICAINTAIN	in a hall be ble to applied to SPIZE	hospital or institution of the control of the contr	ds and acultion or is such empty rmal activito abide to TOR CAN THAT: THE TO BE INTERPORTED TO BE INTE	grees that if unable to coloque or de ities of a pe by the terms APPROVE E EMPLOYI IN EFFECT.	placed in to I, on the effectory on the appendent qua- person of like is and condulic THIS APPLI EE AND DE I FURTHE EXPLAINED	ective date, a normal activition activities for co age and sexons as contact CATION, SEPENDENT FOR UNDERS TO ME ANI	lained. an employee is n ties of an individu verage in accord; in good health) ined therein. I un IT AN EFFECTIV 'ARTICIPATION F TAND THAT THI	al in good health nee with the po as set forth in the derstand that Of EDATE, OR WA EOUREMENTS & PLAN CONTA	th and of olicy provide certific on the certif	the same agisions (i.e., ate of insur URITY LIFE ALTER AN' TLINED IN TRE-EXISTIN	ge and sex, the employe ance. INSURANC Y PROVISIO THE PLAN I NG CONDITI	coverage for size is actively a size company ins of this about the contract of	uch employ it work or t OF AMERIC APPLICATIO IUST BE M
is depe	confined and ent is at a said the AUTHO AUTHOR CATEDIA	Jin a shall be to sapplied to	hospital or institute de deferred until carry on the no cation and agree D ADMINISTRA UNDERSTAND FOR COVERAGE OUIBRIMENTS V	ds and activition or is such emprimal activition activities activi	grees that if unable to coloyee or delites of a pe by the terms APPROVE E EMPLOYI IN EFFECT. AVE BEEN IN FICERS SIGNATURE AND ARE YOU CARE AND ARE YOU CO	placed in to , on the effectory on the appendent quarron of like estann of like s and conduit THIS APPLI EE AND DE EXPLAINED NATURE) TITLE PRINTEC CUTTENTIE	ective date, in command activition and activition and separate control and command activities activities and command activities and command activities activities and command activities activities and command activities activities activities and command activities activiti	lained. an employee is n ties of an individu verage in accorda t in good health) ined therein. I un TAN EFFECTIV ARTICIPATION F TAND THAT THI D MY EMPLOYEE	al in good health nce with the po as set forth in it derstand that Oi E DATE, OR W EOUIREMENTS S PLAN CONTA S. Date	th and of olicy provided in the certific NLY SEC AIVE OR SAS OUT AINS A P	the same at sistens (i.e., sistens (i.e., ate of insur URITY LIFE ALTER ANTLINED IN RE-EXISTIN	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION OF THE PLAN ING CONDI	coverage for sie is actively a EE COMPANY INS OF THIS A BROCHURE M ON LIMITATIC	uch employ it work or to OF AMERICA APPLICATIO UST BE M ON AND PF
is cepe epe inde	RODU RODU RODU YES	JCE	hospital or institution of the control of the contr	ds and agains on is such empirical activities to abide to abide to TOR CAN THAT THE TO BE WILLIAM THAT THE TO BE T	grees that if unable to coloyee or delites of a pe by the terms APPROVE E EMPLOYIN EFFECT INVE BEEN INVERSED IN	placed in to I, on the effectory on the appendent quarron of like s and conduit THIS APPLI EE AND DE I FURTHE EXPLAINED NATURE) TITLE PRINTEC CURRENTE COURTERLY THE PRINTEC CURRENTS IN THE P	ective date, incormal activition activition and selection age and selection according to the constant according to the con	lained. an employee is n ties of an individu verage in accorda t in good health) ined therein. I ure TAN EFFECTIV ARTICIPATION F TAND THAT THO D MY EMPLOYEE THE STATE OF THE STATE OF THE STATE THE STA	al in good health nce with the po as set forth in it derstand that Oi E DATE, OR W EOUIREMENTS S PLAN CONTA S. Date	th and of olicy provided in the certific NLY SEC AIVE OR SAS OUT AINS A P	the same at sistens (i.e., sistens (i.e., ate of insur URITY LIFE ALTER ANTLINED IN RE-EXISTIN	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION OF THE PLAN ING CONDI	coverage for sie is actively a	uch employ it work or to OF AMERICA APPLICATIO UST BE M ON AND PF
P CL	RODU rrently YES	JCE y app	hospital or institute carry on the no calion and agree D ADMINISTRA UNDERSTAND FOR COVERAGE OUIBRMENTS VIOLET AND TO THE COVERAGE OUIBRMENTS OUIBRMENTS VIOLET AND THE COVERAGE OUIBRMENTS	ds and ag alion or is such empired activito abide to abide to TOR CAN THAT THAT TO BE INVIICH HAR OFFICER TON: TOOR CAN THAT THAT TO BE INVIICH HAR TO	grees that if unable to coloyee or de ities of a pe by the terms APPROVE E EMPLOYIN EFFECT. AVE BEEN I	placed in lo	ective date, a construction of the constructio	lained. an employee is nities of an individuering in accordation good health) ined therein. I ure the AMERICATION FOR TAND THAT THO MY EMPLOYEE THE AMERICA?	al in good health nce with the po as set forth in it derstand that Oi E DATE, OR W EOUIREMENTS S PLAN CONTA S. Date	th and of olicy provided in the certific NLY SEC AIVE OR SAS OUT AINS A P	the same at sistens (i.e., sistens (i.e., ate of insur URITY LIFE ALTER ANTLINED IN RE-EXISTIN	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION OF THE PLAN ING CONDI	coverage for sie is actively a EE COMPANY INS OF THIS A BROCHURE M ON LIMITATIC	uch employ it work or it OF AMERI APPLICATI UST BE M IN AND PF
is open of the property of the	and the added to the continuent so thad continuent so the continuent so the continuent so the continue	JCE / appli	hospital or institute deferred until carry on the no carry on the no callon and agree D ADMINISTRA UNDERSTAND FOR COVERAGE OUIBRIEN ON THE COVERAGE OUIBRIEN ON THE COVERAGE NO If yes me, if applicable applicable of the carry o	ds and against a such empired activition or is such empired activition and activition and activition can be a such as a such a such as a	grees that if unable to coloyee or delities of a per by the terms APPROVE E EMPLOYI IN EFFECT. AVE BEEN IN STAME AND ARE YOU CLIFE INSU	placed in to I, on the effectory on the appendent quarron of like s and condition THIS APPLIEE AND DE I FURTHEE EXPLAINED NATURE) TITLE PRINTEC CURRENTS THANCE CO	ective date, incormal activities for co- age and sex- ons as contain CATION, SEPENDENT FOR UNDERS TO ME AND COMPANY O	lained. an employee is notice of an individue verage in accordation accordation of the control	al in good health ince with the po as set forth in the derstand that OE E DATE, OR W. EOUREMENTS S. Date Date The your solicite TYES TYES THE TOTAL THE DATE THE TOTAL THE DATE THE TOTAL THE THE THE TOTAL THE	th and of olicy prove the certific NLY SEC AIVE OR S AS OUT AINS A P	the same a sisions (i.e., sions (i.e., ate of insur URITY LIFE ALTER ANTILINED IN RE-EXISTIN 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION C	coverage for see is actively a	uch employ It work or OF AMERII APPLICATI UST BE M IN AND PE
P CL M	confined dents and the said the said the AUTHO POLICIANTAIN CATION YES ampany said the said t	JCE Pappli	hospital or institute de deferred until carry on the no cation and agree D ADMINISTRA UNDERSTAND FOR COVERAGE OUIBRIMENTS V (OWNER O INTERPREDIATION OF THE PROPERTY OF THE PR	ds and against a such empired activition or is such empired activition and activition and activition can be a such as a such a such as a	grees that if unable to coloyee or delities of a per by the terms APPROVE E EMPLOYI IN EFFECT. AVE BEEN IN STAME AND ARE YOU CLIFE INSU	placed in lo	ective date, incommal activities for co- age and sex- ons as contain CATION, SE PENDENT F ER UNDERS TO ME ANI COMPANY O	lained. an employee is notice of an individue verage in accordation accordation in good health) interest the employee is notice. I will apply the manufacture of the manufacture of the employee in the state in white the state in white AMERICA?	al in good health ince with the po as set forth in the derstand that OE E DATE, OR W. EOUREMENTS S. Date Date The your solicite TYES TYES THE TOTAL THE DATE THE TOTAL THE DATE THE TOTAL THE THE THE TOTAL THE	th and of olicy prove the certific NLY SEC AIVE OR S AS OUT AINS A P	the same a; isions (i.e., ate of insuruments) at the of insuruments of insuruments of the other section of the oth	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION OF PROVISION OF PROVI	coverage for see is actively a	uch employ it work or to OF AMERI APPLICATI UST BE M IN AND PF Are you In Policy?
P CLO A C M B S	andined and indent s and indent	JCE Applied By Name Address Photos Ph	cary on the no calion and agree in ADMINISTRA UNDERSTAND FOR COVERAGE OUIBRMENTS VIOLET ON TOWNER OF THE COVERAGE OUIBRMENTS VIOLET OUIBRM	ds and against a such empirical activities to abide to abide to TOR CAN THAT THE TOR CAN THAT THE TOR	grees that if unable to colouve or delites of a per series of	placed in lo	active date, incrmal activities for co age and several activities for co age and several age	lained. an employee is notice of an individue verage in accordation accordation good health) interest the employee is not accordate in good health) interest the employee in the employee i	al in good health in the possible of the possi	th and of olicy prove he certific NLY SEC AIVE OR S AS OUT AINS A P	the same a sisions (i.e., ate of insuruments in the control of the	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION OF PROVISION OF PROVI	COVERAGE for size is actively a SE COMPANY INS OF THIS A BROCHURE M ON LIMITATIO	uch employ it work or OF AMERI APPLICATI UST BE M N AND PE
P CL A C M B S N	andindent so the department of	JCE PARTER JCE PARTER Name Address Phoe ecuri	hospital or institute de deferred until carry on the no cation and agree D ADMINISTRA UNDERSTAND FOR COVERAGE OUIBRIENTS VOID ADMINISTRA (OUIBRIENTS VOID AMERICA) R INFORMA CONTRACTOR OUIBRIENTS VOID AMERICA OUIBRIENTS VOID AMERICA OUIBRIENTS VOID AMERICA (OUIBRIENTS VO	ds and again on is such empirical activition or is such empirical activition of the such empirical activities and	grees that if unable to coloyee or delities of a period of a perio	placed in lo	ective date, incommal activition and activition activities and activities activities and activities and activities activities and activities activities and activities activities and activities activities activities and activities activitie	lained. an employee is notice of an individue verage in accordation accordation in good health) interest the employee is notice to the employee in good health) interest the employee in good health) interest the employee in good health in good	al in good health in the possible of the possi	th and of olicy provided in the certific NLY SEC AIVE OR S AS OUT AINS A P	the same a; isions (i.e., ate of insuruments) in the control of th	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION OF PLAN ING C	COVERAGE for size is actively a size is actively a size COMPANY INS OF THIS A SHOCHURE MON LIMITATIC NO Size Company Size	uch employ it work or it work or OF AMERIA APPLICATI UST BE M IN AND PE Are you In Policy?
is rependent of the property o	andindent standard st	JCE JCE Name Address Address	hospital or institute of the control	ds and again on is such empirical activition or is such empirical activition of the such empirical activities and the such empirical activities and the such empirical empirical empirical activities and the such empirical empiric	grees that if unable to coloyee or delites of a period	placed in lo	information inform	lained. an employee is notice of an individue verage in accordation good health) ined therein. I unstantially a service of the service of t	al in good health in the possible of the health in the possible of the health in the derivation of the health in the derivation of the health in the derivation of the health in the hea	th and of olicy prove he certific NLY SEC AIVE OR S AS OUT AINS A P Home	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions) URITY LIFE ALTER ANTILINED IN RE-EXISTIN PRINCE IN THE PROPERTY IN THE INTERPOLATION OF YOU CART	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION OF PLAN ING C	coverage for size is actively a size is actively a size COMPANY INS OF THIS A SHOCHURE MON LIMITATION IN Size Of Size	uch employ it work or it work or OF AMERI APPLICATI UST BE M N AND P! Are you n Policy?
P C M B S N A arvivex	RODU RODU RODU RODU RODU RODU RODU RODU	JCE SPACE JCE Name Name Addre SPICE Name Your C'S SPACE Name Your C'S SO Name Name Your C'S SO Name Name Name Your C'S SO Name Na	hospital or institute of the control	ds and again on is such empirical activition or is such empirical activition of the thing of the	grees that if unable to coloyee or delites of a per by the terms APPROVE E EMPLOYIN EFFECT. AVE BEEN IN STATE INSUITABLE	placed in lo I, on the effectory on the property of the prope	ective date, incommal actividatiles for co age and sex on the constant of the	lained. an employee is notice of an individue verage in accordation accordation good health) interest the employee is not accordate in good health) interest the employee in the employee i	al in good health in the possible of the possi	th and of olicy prove he certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Home Home Home Home Home Home	the same a sistence with the same a sistence of insuru URITY LIFE ALTER ANTILINED IN RE-EXISTIN PROPERTY OF THE PROPERTY OF THE STATE O	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION OF THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY INS OF THIS A SHOCHURE MON LIMITATION IN NO Size Company as a Omission size of my kalion). I have explaine	uch employ it work or OF AMERIA APPLICATI UST BE M IN AND PI Are you in Policy?
P C M B S N A awear	andindent some and indent some	JCE Septimize S	hospital or institute of the control	ds and again on is such empirical activition or is such empirical activition of the thing of the	grees that if unable to coloyee or delites of a per by the terms APPROVE E EMPLOYIN EFFECT. AVE BEEN IN STATE INSUITABLE	placed in lo I, on the effectory on the property of the prope	ective date, incommal actividatiles for co age and sex on the constant of the	lained. an employee is notice of an individue verage in accordation good health) ined therein. I unit an EFFECTIVARTICIPATION FOR TAND THAT THE DOMY EMPLOYEE The state in whith FAMERICA? Federal I. Contained in the coverage to the coverage to	al in good health in the possible of the possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions is contact the same a sision is contact the same a sision is contact the same a sisions is contact the same a sister than a si	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY NS OF THIS A BROCHURE MOON LIMITATION IN Size A OMISSION Size A OMISSION IN SIZE A	uch employ It work or OF AMERIAPPLICATI UST BE N N AND PI Are you In Policy?
P C M B S N A awear	andindent some and indent some	JCE Septimize S	hospital or institution carly on the no cation and agree to ADMINISTRA' UNDERSTAND FOR COVERAGE OUIBRMENTS VIOLENTAND COMMENT OF COM	ds and again on is such empirical activition or is such empirical activition of the thing of the	grees that if unable to coloyee or delites of a per by the terms APPROVE E EMPLOYIN EFFECT. AVE BEEN IN STATE INSUITABLE	placed in lo I, on the effectory on the property of the prope	information dividual proped in detail ive date pro	lained. an employee is notice of an individual verage in accordation good health) ined therein. I unit an effective and interest in good health) ined therein. I unit an effective and interest in the properties of the state in which is a second in the contained in the coverage to ovision for employments.	al in good health in the possible possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions is contact the same a sision is contact the same a sision is contact the same a sisions is contact the same a sister than a si	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY INS OF THIS A SHOCHURE MON LIMITATION IN NO Size Company as a Omission size of my kalion). I have explaine	uch employ It work or OF AMERIAPPLICATI UST BE N N AND PI Are you In Policy?
is reported to the second of t	andindent some and indent some	JCE Septimize S	hospital or institution carly on the no cation and agree to ADMINISTRA' UNDERSTAND FOR COVERAGE OUIBRMENTS VIOLENTAND COMMENT OF COM	ds and again on is such empirical activition or is such empirical activition of the thing of the	grees that if unable to coloyee or delites of a per by the terms APPROVE E EMPLOYIN EFFECT. AVE BEEN IN STATE INSUITABLE	placed in lo I, on the effectory on the property of the prope	pective date, incormal activity date, incormal activity date for co age and seven age	lained. an employee is notice of an individue verage in accordate in good health) inted therein. I until ARTICIPATION THAN THAN THAN THAN THAN THAN THAN THA	al in good health in the possible with the possible possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions is contact the same a sision is contact the same a sision is contact the same a sisions is contact the same a sister than a si	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY NS OF THIS A BROCHURE MOON LIMITATION IN Size A OMISSION Size A OMISSION IN SIZE A	uch employ It work or OF AMERIAPPLICATI UST BE N N AND PI Are you In Policy?
is reported to the second of t	andindent some and indent some	JCE Septimize S	hospital or institution carly on the no cation and agree to ADMINISTRA' UNDERSTAND FOR COVERAGE OUIBRMENTS VIOLENTAND COMMENT OF COM	ds and again on is such empirical activition or is such empirical activition of the thing of the	grees that if unable to coloyee or delites of a per by the terms APPROVE E EMPLOYIN EFFECT. AVE BEEN IN STATE INSUITABLE	placed in lo I, on the effectory on the property of the prope	pective date, incormal activity date, incormal activity date for co age and seven age	lained. an employee is notice of an individue verage in accordation accordati	al in good health in the possible with the possible possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions is contact the same a sision is contact the same a sision is contact the same a sisions is contact the same a sister than a si	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY NS OF THIS A BROCHURE MOON LIMITATION IN Size A OMISSION Size A OMISSION IN SIZE A	uch employ It work or It work or OF AMERIA APPLICATI UST BE M IN AND PE Are you In Policy?
is reported to the second of t	andindent some and indent some	JCE Septimize S	hospital or institution carly on the no cation and agree to ADMINISTRA' UNDERSTAND FOR COVERAGE OUIBRMENTS VIOLENTAND COMMENT OF COM	ds and again on is such empirical activition or is such empirical activition of the thing of the	grees that if unable to coloyee or delites of a per by the terms APPROVE E EMPLOYIN EFFECT. AVE BEEN IN STATE INSUITABLE	placed in lo I, on the effectory on the property of the prope	pective date, incormal activity date, incormal activity date for co age and seven age	lained. an employee is notice of an individue verage in accordate in good health) inted therein. I until ARTICIPATION THAN THAN THAN THAN THAN THAN THAN THA	al in good health in the possible with the possible possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions is contact the same a sision is contact the same a sision is contact the same a sisions is contact the same a sister than a si	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY NS OF THIS A BROCHURE MOON LIMITATION IN Size A OMISSION Size A OMISSION IN SIZE A	uch employ It work or It work or OF AMERIA APPLICATI UST BE M IN AND PE Are you In Policy?
P CLO A C M Bi S Ni A arriver ar	andindent some and indent some	JCE Septimize S	hospital or institute of a deferred until or carry on the no cation and agree in ADMINISTRA' UNDERSTAND FOR COVERAGE OUIBRMEN'S V (OWNER O LEAR OF THE ACT	ds and again or is such employer to abide to abide to TOR CAN THAT: THE TO BE INVIER OR OFFICER: TION: CURITY: Who is the total of the question of the questi	grees that if unable to coloyee or delites of a perities o	placed in lo I, on the effectory on the property of the prope	pective date, incormal activity date, incormal activity date for co age and seven age	lained. an employee is notice of an individue verage in accordate in good health) inted therein. I until ARTICIPATION THAN THAN THAN THAN THAN THAN THAN THA	al in good health in the possible with the possible possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions is contact the same a sision is contact the same a sision is contact the same a sisions is contact the same a sister than a si	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY NS OF THIS A BROCHURE MOON LIMITATION IN Size A OMISSION Size A OMISSION IN SIZE A	uch employ it work or
P. C. M. B. S. N. Aarwick	andindent some and indent some	JCE Septimize S	hospital or institute of the carry on the no cation and agree in ADMINISTRA' UNDERSTAND OF REAL OF THE STATE COUNTY OF	ds and again on its such empirical activities to abide to abide to TOR CAN THAT THE TO BE INVIECT TO	grees that if unable to coloyee or delites of a period	placed in lo long placed in lo long placed in lo long placed in long long placed in long placed	celive date, incormal activity date, incormal activity date and several activity date and several activity. The consequence of	lained. an employee is notice of an individue verage in accordate in good health) inted therein. I until ARTICIPATION IT AND THAT THAND THAT THE COMMENT OF THE CONTROL	al in good health in the possible with the possible possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions is contact the same a sision is contact the same a sision is contact the same a sisions is contact the same a sister than a si	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY NS OF THIS A BROCHURE MOON LIMITATION IN Size A OMISSION Size A OMISSION IN SIZE A	uch employ it work or it OF AMERIA APPLICATI UST BE M N AND PF Are you in Policy?
PCL MB S Ni A arwive ar	andindent sand dent sand dent sand the	JCE Septimize S	hospital or institute of the carry on the no cation and agree in ADMINISTRA' UNDERSTAND OF REAL OF THE STATE COUNTY OF	ds and again on its such employee to abide to abide to abide to to abide to ab	grees that if unable to coloyee or delites of a period	placed in lo long placed in lo long placed in lo long placed in long long placed in long placed	celive date, incormal activity date, incormal activity date and several activity date and several activity. The consequence of	lained. an employee is notice of an individue verage in accordate in good health) inted therein. I until ARTICIPATION THAN THAN THAN THAN THAN THAN THAN THA	al in good health in the possible with the possible possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions is contact the same a sision is contact the same a sision is contact the same a sisions is contact the same a sister than a si	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY NS OF THIS A BROCHURE MOON LIMITATION IN Size A OMISSION Size A OMISSION IN SIZE A	uch employ at work or t work or t or AMERICATIO OF AMERICA
PCL MB S Ni A arwive ar	andindent sand dent sand dent sand the	JCE Septimize S	hospital or institution called the carry on the no called and agree to ADMINISTRA UNDERSTAND FOR COVERAGE OUIBRMENTS VIOLENTAND OF THE STATE COUNTY OF I HE STATE COUNTY OF I HE DULY RECO	ds and again on its such employee to abide to abide to abide to to abide to ab	grees that if unable to coloyee or delites of a period	placed in lo	cutive date, incommal activity date, incommal activity date for co age and separate according to the control of	lained. an employee is notice of an individue verage in accordation accordation good health) interest the state in the state in the state in while the state in while the state in while the state in while the state in the coverage to ovision for employees an activate the coverage to ovision for employees an activate the state in the state i	al in good health in the possible with the possible possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions is contact the same a sision is contact the same a sision is contact the same a sisions is contact the same a sister than a si	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY NS OF THIS A BROCHURE MOON LIMITATION IN Size A OMISSION Size A OMISSION IN SIZE A	uch employ it work or it OF AMERIA APPLICATI UST BE M N AND PF Are you in Policy?
PCL MB S Ni A arwive ar	andindent sand dent sand dent sand the	JCE Septimize S	hospital or institution called the carry on the no called and agree to ADMINISTRA UNDERSTAND FOR COVERAGE OUIBRMENTS VIOLENTAND OF THE STATE COUNTY OF I HE STATE COUNTY OF I HE DULY RECO	ds and again on its such employee to abide to abide to abide to to abide to ab	grees that if unable to coloyee or delites of a period	placed in lo	celive date, incormal activity date, incormal activity date and several activity date and several activity. The consequence of	lained. an employee is notice of an individue verage in accordation accordation good health) interest the state in the state in the state in while the state in while the state in while the state in while the state in the coverage to ovision for employees an activate the coverage to ovision for employees an activate the state in the state i	al in good health in the possible with the possible possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions is contact the same a sision is contact the same a sision is contact the same a sisions is contact the same a sister than a si	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY NS OF THIS A BROCHURE MOON LIMITATION IN Size A OMISSION Size A OMISSION IN SIZE A	uch employ at work or t work or t or AMERICATIO OF AMERICA
P CL M B S NA Arwine ar	andindent sand dent sand dent sand the	JCE Septimize S	hospital or institution called the carry on the no called and agree to ADMINISTRA UNDERSTAND FOR COVERAGE OUIBRMENTS VIOLENTAND OF THE STATE COUNTY OF I HE STATE COUNTY OF I HE DULY RECO	ds and again on its such employee to abide to abide to abide to to abide to ab	grees that if unable to coloyee or delites of a period	placed in lo I, on the effectory on the improvement quarron of like Is and condition that and condition that and one in the courrently lice in the course	cutive date, incommal activity date, incommal activity date for co age and separate according to the control of	lained. an employee is notice of an individue verage in accordation accordation good health) interest the state in the state in the state in while the state in while the state in while the state in while the state in the coverage to ovision for employees an activate the coverage to ovision for employees an activate the state in the state i	al in good health in the possible with the possible possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions is contact the same a sision is contact the same a sision is contact the same a sisions is contact the same a sister than a si	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY NS OF THIS A BROCHURE MOON LIMITATION IN Size A OMISSION Size A OMISSION IN SIZE A	uch employ at work or t work or t or AMERICATIO OF AMERICA
PCL MB S Ni A arwive ar	andindent sand dent sand dent sand the	JCE Septimize S	hospital or institution called the carry on the no called and agree to ADMINISTRA UNDERSTAND FOR COVERAGE OUIBRMENTS VIOLENTAND OF THE STATE COUNTY OF I HE STATE COUNTY OF I HE DULY RECO	ds and again on its such employee to abide to abide to abide to to abide to ab	grees that if unable to coloyee or delites of a period	placed in lo I, on the effectory on the improvement quarron of like Is and condition that and condition that and one in the courrently lice in the course	celive date, incormal activity date, incormal activity date and sea contain according to the control of the con	lained. an employee is notice of an individue verage in accordation accordation good health) interest the state in the state in the state in while the state in while the state in while the state in while the state in the coverage to ovision for employees an activate the coverage to ovision for employees an activate the state in the state i	al in good health in the possible with the possible possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same a sisions is contact the same a sision is contact the same a sision is contact the same a sisions is contact the same a sister than a si	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY NS OF THIS A BROCHURE MOON LIMITATION IN Size A OMISSION Size A OMISSION IN SIZE A	uch employ at work or t twork or t t twork or t t t t t t t t t t t t t t t t t t t
P CL Mi Bi So Ni A arwive ar	andindent sand dent sand dent sand the	JCE Septimize S	hospital or institution called the carry on the no called and agree to ADMINISTRA UNDERSTAND FOR COVERAGE OUIBRMENTS VIOLENTAND OF THE STATE COUNTY OF I HE STATE COUNTY OF I HE DULY RECO	ds and again on its such employee to abide to abide to abide to to abide to ab	grees that if unable to coloyee or delites of a period	placed in lo I, on the effectory on the improvement quarron of like Is and condition that and condition that and one in the courrently lice in the course	celive date, incormal activity date, incormal activity date and sea contain according to the control of the con	lained. an employee is notice of an individue verage in accordation accordation good health) interest the state in the state in the state in while the state in while the state in while the state in while the state in the coverage to ovision for employees an activate the coverage to ovision for employees an activate the state in the state i	al in good health in the possible with the possible possi	th and of olicy provohe certific NLY SEC AIVE OR S AS OUT AINS A P Home Home Fax and Application of the firm endents is	the same a sisions (i.e., ate of insurum isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same isions (i.e., ate of insurum isions (i.e., ate of insurum isions). The same isions is contact the same is employed in the same is employed in the same at	ge and sex, the employed ance. INSURANCY PROVISION THE PLAN ING CONDITION TO THE PLAN ING CONDI	coverage for size is actively a size is actively a size COMPANY NS OF THIS A BROCHURE MOON LIMITATION IN Size A OMISSION Size A OMISSION IN SIZE A	uch employ it work or it OF AMERIA APPLICATI UST BE M N AND PF Are you in Policy?

. .;

Texas Department of Criminal Justice Pardons and Paroles Division



PRISONER CUSTODY AGREEMENT

This Prisoner Custody Agreement ("AGREEMENT") is entered into as of ______ County ("COUNTY") and the Texas Department of _____ Criminal Justice, Pardons and Paroles Division.

RECITALS

WHEREAS, the Texas Department of Criminal Justice, Pardons and Paroles Division ("TDCJ-PPD") has an agreement with a private organization to operate an intermediate sanction facility ("FACILITY") as a correctional center for certain persons described herein who are under the jurisdiction of TDCJ-PPD and in the custody of COUNTY under the jurisdiction of the terms and/or conditions of authorities, and who have violated the terms and/or conditions of their parole:

WHEREAS, TDCJ-PPD and the COUNTY desire to enter into this AGREEMENT to which the State of Texas will assume responsibility for the physical custody and care of certain prisoners previously incarcerated by COUNTY pursuant to the COUNTY's authority to detain prisoners in a detention facility operated by a private organization under Local Government Code Section 351.101: under Local Government Code Section 351.101;

- 1. ASSUMPTION OF CUSTODY. In accordance with and subject to the terms of this AGREEMENT, TDCJ-PPD shall assume physical custody, care and control of certain Blue Warrant Prisoners (as hereinafter defined) with constructive custody maintained by the COUNTY. Except as otherwise set forth herein, TDCJ-PPD shall bear all expenses associated with such physical custody. Care and control of these as otherwise set forth herein, TDCJ-PPD shall bear all associated with such physical custody, care and control Blue Warrant Prisoners transferred to a FACILITY.
- ELIGIBILITY REQUIREMENTS. Prisoners eligible for transfer to the FACILITY shall be limited to technical parole violators inco the ractuit shall be limited to technical parole violators in carcerated by COUNTY who are under the jurisdiction of TDCJ-PPD by virtue of having had issued against them a Blue Warrant, which shall virtue of having had issued against them a Blue Warrant, which shall remain in officer and who (2) have violated their parole. (b) are in virtue of having had issued against them a blue warrant, which shall remain in effect, and who (a) have violated their parole, (b) are in reasonably good health, with no current and/or existing medical problem that could cause hospitalization, and (c) have had a specified time of confinement authorized by TDCJ-PPD as a condition of the continuance of their parole. Such persons are referred to herethe continuance of their parole. Such persons are referred to herein as "BLUE WARRANT PRISONERS". TDCJ-PPD or its designee shall be authorized to referred to result for the state of the referred to In as "BLUE WARRANT PRISONERS". TDCJ-PPD or its designee shall be authorized to refuse to accept for incarceration, or after incarceration shall be authorized to return to the physical custody of the ation shall be authorized to return to the physical custody of the COUNTY at COUNTY's expense, any prisoner who does not meet the eligibility requirements for incarceration at the FACILITY as set forth in this paragraph 2.

W :: 298

- WARRANT PRISONERS for incarceration at the FACILITY, beginning on the date specified by notice which shall be given by the TDCJ-PPD to COUNTY at least seven (7) days in advance with the maximum number of prisoners to be designated by TDCJ-PPD subject to increase or decrease upon two (2) days notice to COUNTY.
- 4. JAIL STANDARDS. The FACILITY shall be operated and maintained in accordance with minimum jail standards of Texas Commission on Jail Standards ("COMMISSION"), including such variances from Jail Standards as may be approved by the COMMISSION. If the COMMISSION, at any time, determines that the FACILITY does not meet Jail Standards, either party may terminate this AGREEMENT without penalty, at which time all BLUE WARRANT PRISONERS shall be returned to the physical custody of COUNTY.
- from the county jail to the TRANSPORTATION SITE as designated by TDCJ-PPD. Upon COUNTY's request, the TDCJ-PPD's designee shall provide, at the TDCJ-PPD's or its designee's expense, transportation of all eligible BLUE WARRANT PRISONERS from a transportation site to the FACILITY and back to the TRANSPORTATION SITE.
- 6. RELEASE OF PRISONERS. BLUE WARRANT PRISONERS who are to be released from the FACILITY will be returned to the physical custody of the COUNTY at the TRANSPORTATION SITE for release or transfer to the Institutional Division of the Texas Department of Criminal Justice by the COUNTY that incarcerated the prisoner.
- 7. TERM. This AGREEMENT is effective as of the date first above written and shall continue until August 31, 1993, at which time it may be extended for additional one year periods upon the mutual agreement of TDCJ-PPD and COUNTY. Either party may cancel this AGREEMENT upon seven (7) days written notice to the other party, at which time TDCJ-PPD will return to the physical custody of the COUNTY each of its BLUE WARRANT PRISONERS.
- 8. NOTICE. All notices required to be given hereunder shall be effective upon receipt by the party to which notice is given. Notice shall be given, if to COUNTY, to:

Subine County Judge P.D. Box 116 Hemphill, TX 15448

and if to TDCJ-PPD to:

Bob Owens, Division Director Texas Department of Criminal Justice Pardons and Paroles Division P.O. Box 13401, Capitol Station Austin, Texas 78711

vol W pg 299

PRISONER CUSTODY AGREEMENT PAGE 3

- 9. ASSIGNMENT OF OBLIGATIONS. COUNTY acknowledges that it is aware that the TDCJ-PPD has contracted with the private organization to provide for the care, physical custody and control of prisoners at the FACILITY, and hereby consents to TDCJ-PPD's assignment to the private organization of all of its obligations hereunder with respect to the physical custody, care and control of COUNTY BLUE WARRANT PRISONERS.
- 10. TERMINATION AND RETURN OF PRISONERS. In the event that (a) TDCJ-PPD's contract with the private organization for the care and physical custody of prisoners at the FACILITY is terminated for any reason, or (b) TDCJ-PPD is for any reason prevented from using the FACILITY to house BLUE WARRANT PRISONERS, then this AGREEMENT shall terminate immediately and TDCJ-PPD or its designee shall return the BLUE WARRANT PRISONERS to the physical custody of the COUNTY at the TRANSPORTATION SITE, and COUNTY shall accept into its custody any BLUE WARRANT PRISONERS incarcerated at the FACILITY who were previously incarcerated by COUNTY.

Executed as of the date first above written.

TEXAS	DEPAR'	TMENT	OF
CRIMIN			

PARDONS AND PAROLES DIVISION

BY
BOB OWENS
DIVISION DIRECTOR

COMMISSIONERS	COURT	of
---------------	-------	----

FULL SIGNATURE NAME

PRINTED OR TYPED NAME

OUN TYPED NAME

PRINTED OR TYPED MAILING ADDRESS:

STREET.

STR

THE STATE OF TEXAS
COUNTY OF SABINE
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE FILED AND
DULY RECORDED IN THE COMMISSIONERS COURT MINUTES OF SABIBE
CQUNTY, TEXAS.

COUNTY COUNTY

NADINE GARY, COUNTY CLERK
by Jaunal Clark
DEPUTY

vol W Pg 300

B. Aro

voi W m 300 A