



- 1. Company Narrative**
- 2. Justification**
- 3. Logistics/Staffing**
- 4. Projects**
- 5. Major Sub Contractors**
- 6. Litigation History**
- 7. Conflicts of Interest**
- 8. Vendor Qualifications**
- 9. Debarment & Suspension**
- 10. Credit Line**
- 11. Insurance Docs / Bonding**



Section 1: Company Narrative Page

Absolute Concrete and Titan Foundation are a new alliance that brings more than half a century of experience to the state of Texas. By joining forces, Absolute and Titan form a strategic alliance that offers a superior full, turnkey Elevation Team that strives on safety, quality and on-time delivery. Together, they can handle even the most difficult elevations in Guadalupe County, and across Texas.

Absolute Concrete manager, John Heaner, has been in the Houston market for more than 20 years. He started Absolute in 2011. He has managed over four million square feet of concrete foundations and more than five million square feet of paving across Houston, Dallas, San Antonio, Corpus Christi and Austin.

Absolute's extensive knowledge of managing large work crews and handling concrete in the Texas climate, coupled with Titan's resume of being one of the best, and most efficient, elevation companies in the country set them apart from the field.

Heaner's knowledge, personnel and connections across Texas are second to none. With Absolute's work force, the Titan/Absolute partnership will have over 100 direct workers at its disposal, ready to handle the large amount of concrete work required in high elevation projects required in Guadalupe County.

Titan Foundation & Elevation is a home elevation team serving the Gulf, Midwest and Eastern Regions of the United States. Titan offers over 50 years of combined experience in elevation and general contracting across the country – from Katrina damaged homes to the Jersey Shore, throughout Texas and across the Midwest.

Bobby Fischer purchased Titan in 2013. Titan house raising history dates back to 2008 in New Orleans, raising slabs and pier and beam homes in the HMGP Grant. Fischer has worked in the Construction Business his entire life. Bobby started working in his family's Material Supply and Ready-Mix business. He worked in the residential, commercial and highway concrete forming market through the 80's and 90's. From there, Bobby's career moved into Residential Development and Historical Rehabilitation. In 2009 he was hired by Patterson Shoring in New Orleans, where he first entered the Structure Elevation Market. With his background and strong knowledge of foundation carpentry, home-building and rehabilitation, he made the perfect candidate for Project Management in the Elevation Industry. While working for Patterson Shoring, then Expert House Movers and Ducky Johnson, Bobby was the Lead Project Manager for hundreds of Turnkey elevation projects. This included

overseeing the entire process, including; Proposals, Estimating and Design. Titan house raising history dates back to 2008 in New Orleans, raising slabs and pier and beam homes in the HMGP Grant.

Titan's Team can handle any type of structure: Slabs, Pier and Beam, Slab Separation, Full Block Homes and Full Brick Homes; we can elevate any structure from one foot to 20-feet. This includes multiple additions and multiple slabs. Titan uses state-of-the-art unified generating equipment. It isn't just the equipment, it is the knowledge of knowing how much pressure to use, combining that with the exact amount of piers to lift any structure, smoothly and quickly by mastering the Unified Jacking System.

Fischer continues to surround himself with the best balanced elevation teams in the industry. They understand the importance of every job they do. Our team's heavy background in Commercial and Heavy/Highway concrete is a big part of overall and foundation design to elevated structure, we take our experience over the past quarter century and use it to provide a superior end product.

Titan has offices in New Jersey – Missouri – Texas. Our Texas offices are located at 3311 Richmond Ave Houston TX 77098 and 201 Lakeside Ave Seguin TX.

HARRIS COUNTY APPRAISAL DISTRICT
REAL PROPERTY ACCOUNT INFORMATION
0650850050003

Tax Year: 2018



Owner and Property Information									
Owner Name & Mailing Address: AMENDED & RESTATED THOMAS WERTHEIM TRUST 70 S COPPER SAGE CIR THE WOODLANDS TX 77381					Legal Description: LTS 11 THRU 16 & TRS 3A 4A 5A & 6A BLK 5 MAYFAIR SEC 2 3311 RICHMOND AVE HOUSTON TX 77098				
State Class Code	Land Use Code	Building Class	Total Units	Land Area	Building Area	Net Rentable Area	Neighborhood	Map Facet	Key Map®
F1 -- Real, Commercial	8002 -- Land Neighborhood Section 2	E	0	51,657 SF	49,281	0	5904.01	5256D	492X

Value Status Information

Value Status	Notice Date	Shared CAD
Noticed	04/20/2018	No

Exemptions and Jurisdictions

Exemption Type	Districts	Jurisdictions	Exemption Value	ARB Status	2017 Rate	2018 Rate
None	001	HOUSTON ISD		Not Certified	1.206700	
	040	HARRIS COUNTY		Not Certified	0.418010	
	041	HARRIS CO FLOOD CNTRL		Not Certified	0.028310	
	042	PORT OF HOUSTON AUTHY		Not Certified	0.012560	
	043	HARRIS CO HOSP DIST		Not Certified	0.171100	
	044	HARRIS CO EDUC DEPT		Not Certified	0.005195	
	048	HOU COMMUNITY COLLEGE		Not Certified	0.100263	
	061	CITY OF HOUSTON		Not Certified	0.584210	
	598	UPPER KIRBY TIRZ (061)		Not Certified		
	850	HC ID 3		Not Certified	0.137500	
	992	UPPER KIRBY TIRZ (001)		Not Certified		

Texas law prohibits us from displaying residential photographs, sketches, floor plans, or information indicating the age of a property owner on our website. You can inspect this information or get a copy at [HCAD's information center at 13013 NW Freeway.](#)

Valuations

Value as of January 1, 2017			Value as of January 1, 2018		
	Market	Appraised		Market	Appraised
Land	4,390,845		Land	4,390,845	
Improvement	59,155		Improvement	175,474	
Total	4,450,000	4,450,000	Total	4,566,319	4,566,319

Land

Market Value Land												
Line	Description	Site Code	Unit Type	Units	Size Factor	Site Factor	Appr O/R Factor	Appr O/R Reason	Total Adj	Unit Price	Adj Unit Price	Value
1	8002 -- Land Neighborhood Section 2	4353	SF	51,657	1.00	1.00	1.00	Corner or Alley	1.00	85.00	85.00	4,390,845.00

Building

Building	Year Built	Type	Style	Quality	Impr Sq Ft	Building Details
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Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: \$750



**Application for
Registration of
a Foreign Professional
Limited Liability Company**

1. The entity is a foreign professional limited liability company. The name of the entity is:

Titan Lifetime Foundations LLC

Provide the full legal name of the entity as stated in the entity's formation document in its jurisdiction of formation.

2A. The name of the entity in its jurisdiction of formation does not contain the word "professional limited liability company" (or an abbreviation thereof). The name of the entity with the word or abbreviation that it elects to add for use in Texas is:

2B. The entity name is not available in Texas. The assumed name under which the entity will qualify and transact business in Texas is:

The assumed name must include an acceptable organizational identifier or an accepted abbreviation of one of these terms.

3. Its federal employer identification number is: [REDACTED]

☐ Federal employer identification number information is not available at this time.

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RECEIPT		DATE <u>8/2/16</u>	No. <u>175138</u>
RECEIVED FROM <u>Titan Foundations</u>		\$ <u>775.00</u>	
<u>Seven hundred seventy five</u> ⁰⁰ / ₁₀₀ — DOLLARS			
<input type="radio"/> FOR RENT		<input checked="" type="radio"/> FOR <u>Application for foreign registration</u>	
ACCOUNT		<input type="radio"/> CASH	RECEIVED
PAYMENT		<input checked="" type="radio"/> CHECK	
BAL. DUE		<input type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	
		FROM <u>A.O.</u>	AUG 02 2016
		BY	Secretary of State 3-11

8. The date on which the foreign entity intends to transact business in Texas, or the date on which the foreign entity first transacted business in Texas is: 8/15/2016
mm/dd/yyyy Late fees may apply (see instructions).

9. The principal office address of the limited liability company is:

<u>9957 Mahogany Ct</u>	<u>St Louis</u>	<u>MO</u>	<u>US</u>	<u>63123</u>
<small>Address</small>	<small>City</small>	<small>State</small>	<small>Country</small>	<small>Zip/Postal Code</small>



Section 2: Justification

The Scope of Services listed in the RFQ, represents the specific work that Titan and Absolute performs every day.

With the Absolute/Titan team we offer the ability and knowledge to handle any of the complex high slab elevation projects in Guadalupe. We are able to increase and strengthen our turnkey crews, as important as it is to get the house elevated, having the backup team to finish the work is more important. To have a successful turnkey elevation project, you must have a team/man power to work under the elevated home and finish on time.

When Titan owner Bobby Fischer first started in the home elevation business in 2009, his first projects were high slab elevation in Houma, LA ranging from 8' to 15' elevations. Fischer lifted the first FMA/SRL Slab Elevation Project in the State of Texas. He oversaw four homes in League City Texas that were all done at the same time over the summer of 2011. At the time, he was the project manager for Expert House Movers. Bobby has proven over the years to be one of the best in the industry.

The Absolute/Titan partnership was founded by individuals who approach projects from the perspective of a sophisticated general contractor, but one that takes pride in their work as if they were elevating their own home. Absolute/Titan provide self-performance and superior delivery of the most critical trade of structural elevation which distinguishes their candidacy for this project. Absolute/Titan have developed a process for FMA turnkey projects that we execute daily.

In addition to Absolute/Titan's internal qualifications, the partnership brings a vast knowledge of the specific projects and the local subcontracting base in Guadalupe County. Bobby Fischer has personally visited the subject houses in Seguin. He is well-versed with the subcontractors in Guadalupe County who are best suited to perform the trades beyond elevation. For the important role of design, Absolute/Titan has relationships with P.E.'s licensed in Texas and who understand how to produce designs that are best-suited for this specific type of residential elevation/rehabilitation project. All designs will meet TWIA & SFHA Criteria. Absolute/Titan's focus on quality and commitment to sustaining our reputation lets us be comfortable providing this Program's applicable five year warranty on workmanship and materials.

Absolute/Titan's extensive knowledge of the climate, concrete foundations and superior unified elevation process, in addition to our expert construction management knowledge, makes us particularly qualified to excel in this FMA Program Home

Elevation Services. Absolute/Titan aspires to be a valuable contributor to this program in Guadalupe County and an ongoing asset to the Texas Water Development Board.



Section 3: Logistics/Staffing Profile PAGE 1-3 ###

Primary Company Contact 1

BOBBY FISCHER, Titan Foundations Owner/President

Titan was purchased by Bobby Fischer in 2013 Titan house raising history dates back to 2008 in New Orleans raising slabs and pier and beam homes in the HMGP Grant ,

To date, Fischer has completed over \$30 million dollars worth of completed elevation projects across the United States.

Some of the areas in which he has elevated or built projects include: New Orleans, **Louisiana**, Houma, New Iberia, Erath, Lake Charles, Lafitte, Burus, Cameron, Morgan City **Texas** League City, Friendswood, Dickinson, San Leon, Galveston, Houston, **Missouri** Saint Louis, Clayton, St Charles, Wentzville. **New Jersey**, Bayville, Lavallette, Point Pleasant, Seaside Park, Bayhead, Union Beach, Brick , Rumson, Port Monmouth, Atlantic City, **South Carolina**. Columbia

Bobby lifted the first FMA/SRL Slab Elevation Project in the State of Texas – four homes in League City Texas were all done at the same time over the summer of 2011.

Bobby has been working in the Construction Business his entire life. Bobby started working in his family's Material Supply and Ready-Mix business. He worked in the residential, commercial and highway concrete forming market through the 80's and 90's. From there, Bobby's career moved into Residential Development and Historical Rehabilitation. In 2009 he was hired by Patterson Shoring in New Orleans, where he first entered the Structure Elevation Market. With his background and strong knowledge of foundation carpentry, home-building and rehabilitation, he made the perfect candidate for Project Management in the Elevation Industry. While working for Patterson Shoring, then Expert House Movers and Ducky Johnson, Bobby was the Lead Project Manager for the Turn-Key elevation projects. This included overseeing the entire process, including; Proposals, Estimating and Design,

3311 Richmond Ave Houston Texas - 1800-885-LIFT

201 Lakeside Drive – Seguin Texas 314-489-8587

Bobby@titanfoundations.com 314-489-8587

Primary Company Contact 2

JOHN HEARNER ABSOLUTE CONCRETE

John Heaner, has been in the Texas market for more than 20 years. He started Absolute in 2011. He has managed over four million square feet of concrete foundations and more than five million square feet of paving across Houston, Dallas, San Antonio, Corpus Christi and Austin.

Absolute's has extensive knowledge of managing large work crews and handling concrete in Texas

John will handle all the concrete crews, footings, grade beams, columns and flat work.

Along with managing concrete crews, John will manage all office duties related to projects AP/AR – Bonding – Sub Contracts – Billing, etc

3311 Richmond Ave Houston Texas - 214-717-9798

john@abscotx.com

GABE MATYIKO – SENIOR LIFT OPERATOR

Gabe, with Expert House Movers of Maryland, is our Sr. Lift Unified Operator. He does both lifting for us and consulting with the Titan Team on the proper methods to raise structures.

Gabe brings more than his family's name to Titan. He brings his family's history. The Matyiko family is legendary in the elevation industry. They have perfected proven methods of slab and masonry structure elevation across the world.

Matyiko family has elevated / moved / relocated more masonry structures than any company in the world.

Expert House Movers of Maryland is a Four-Generation Company that was founded by John Matyiko Sr. in Virginia Beach in 1954. Expert House Movers of Maryland is the only company in the world to successfully relocate five lighthouses from the eroding seashore back to safe pastures through the US Army Corps of Engineers. The Cape Hatteras light- house was deemed the Move of the Millennium by our peers and holds the World Record for the tallest structure moved at 21 stories tall and weighing in at 5,000 tons. All buildings were solid masonry construction. Expert gained knowledge from moving as well as raising homes and buildings.

ANDREW CATALANO, LEAD LIFT OPERATOR

Andrew Catalano has been with BHL since the fall of 2014, during which time he has lifted approximately 70 houses in New Jersey and New York. Before joining BHL, he served Orleans Shoring for eight years lifting and/or moving over 450 houses in and around New Orleans, Louisiana. Almost all of these houses required the elevation of the slab. Catalano also lifted and moved non-residential buildings, including the celebrated relocation of McDonogh 11 School – the largest structural relocation in the history of Louisiana. In addition to the relocation of the historical school building, the construction of a VA Hospital also required the relocation of 110 houses to other parts of New Orleans that had been damaged by flooding. At the project's peak, Catalano was overseeing multiple crews to lift two slab houses per day and move 13,000 square feet per week. He has the experience to carefully lift the most sensitive structures and the efficiency to manage significant volume. Prior to working for Orleans Shoring, he also worked for Patterson House Movers and Davie Shoring.

Alex Valra – Lead Piling Crew Leader

Mike Callahan – Project Manager

Jamie Najier - Concrete Foreman

Shelby Fischer - Elevation Coordinator

Estimator – Edward Stover



Texas FMA Elevation Program

Homeowner: Steve Lockhart

Address: 322 Empress Lane – League City TX

Contact# [REDACTED]

Project Manager Bobby Fischer – Expert House Movers

TWIA Project – Yes

SFHA Project – YES

Job Description – Full turn key slab elevation – engineering & design – permits – disconnects and house prep for elevation –push piers & tunneling - house lifted 6' - foundation removed – new concrete footing and cmu foundation walls – electric service raised and access to panel – plumbing and gas line reconnected – AC reconnect on new platform – staircases

Time Line 4 Months Completed

Project Cost \$200,000.00



Terrebonne Parish LA

Severe Repetitive Loss Elevation Program

Director: Jennifer Gerbasi Program Manager FPM

Homeowner: Multiple Projects 2009/2010/2011

Address: Houma LA – Chauvin LA – Montegut LA – Bourg LA

Contact# [REDACTED]

Project Manager Bobby Fischer – Patterson Shoring

TWIA Project – NO

SFHA Project – YES

Job Description – Full turn key slab elevation – engineering & design – permits – disconnects and house prep for elevation –push piers & tunneling - house lifted 8' to 14' - foundation removed – new concrete footing and cmu block columns – electric service raised and access to panel – plumbing and gas line reconnected – AC reconnect on new platform – pressure treated decks

Time Line Multiple Projects 2009/2010/2011

Project Cost \$160,000.00 thru \$280,000.00



RREM B

Homeowner: Sheryl Francisco

Address: 543 Sydney Union Beach NJ

Contact# 908-461-4407

Project Manager Bobby Fischer – Titan Foundations/McEvoy JV

TWIA Project – NO

SFHA Project – YES

Job Description – Full turn key slab separation elevation – engineering & design – permits – disconnects and house prep for elevation - house lifted 8'+ - foundation removed – new concrete footing and cmu foundation wall install with Smart Flood Vents – new sill plates – new subfloor – all new interior in affected areas, flooring, drywall/paint – trim electric and plumbing rough – electric service lowered – plumbing and gas line reconnected – AC reconnect on new platform

Time Line 6 months turn key - started in Jan 2015

Project Cost \$210,000.00





SBA & ICC & Homeowner Cash

Homeowner: Michael Picciallo

Address: 50 Caryle Bayville NJ

Contact# [REDACTED]

Project Manager Bobby Fischer – Titan Foundations

TWIA Project – NO

SFHA Project – YES

Job Description – Full turn key pier & beam elevation – engineering & design – permits – disconnects and house prep for elevation - house lifted 4'+ - foundation removed – new concrete footing and cmu foundation wall install with Smart Flood Vents – new sill plates – electric service lowered – plumbing and gas line reconnected – AC reconnect on new platform

Time Line 5 months turn key - started in December 2014 – had hard winter delayed project

Project Cost \$90,000.00



Morgan City LA

Project Contact: Gary McGoffin

Owner: Cajun Welcome Center

Address: Houma LA – Chauvin LA – Montegut LA – Bourg LA

Contact# [REDACTED]

Project Director/Manager Bobby Fischer – Expert House Movers

TWIA Project – NO

SFHA Project – NO

Job Description – Project had a catastrophic event two weeks before it was to open due to a engineering error designed that was not found till after the building collapsed the piles were put in at 50% less than design capacity once the building hit full load it sank almost 60 inches. The concrete masonry and steel framed building weighed over 1800 tons.

We were called in on a design basis to see if we could lift and repair the structure. Design was submitted, approved.

The project consisted of demo and prepping the building to cut and 50 access panels in the existing slab install 222 new steel push piers and elevating the structure back up to level. Once the building was level we were contracted to completely finish the Cajun center which consisted of interior and exterior finish work, inspections, permitting, and final inspections to acquire a certificate of occupancy.

Time Line 20 months

Project Cost \$3,400,000.00

DURIO, McGOFFIN, STAGG & ACKERMANN

ATTORNEYS AND COUNSELORS AT LAW
PROFESSIONAL CORPORATIONS

220 HEYMANN BOULEVARD
LAFAYETTE, LOUISIANA 70503

P.O. BOX 51308
LAFAYETTE, LOUISIANA 70505-1308
337-233-0300
FAX 337-233-0694
DMSFIRM.COM

ADMITTED TO PRACTICE BEFORE THE U.S. PATENT OFFICE

STEVEN G. DURIO
GARY McGOFFIN
WILLIAM W. STAGG
JEFFREY ACKERMANN
JAMES R. SHELTON
RANDY M. GUIDRY

RYAN M. GOUELOCKE
TRAVIS J. BROUSSARD
JONATHAN R. VILLIEN
DANIEL J. PHILLIPS

December 16, 2013

Mr. Bobby Fischer
Titan Foundation
1184 Fischer Boulevard
Toms River, NJ 08753

Dear Bobby:

It was great catching up with you last week. Congratulations on founding Titan Foundation. I have no doubt of your success based upon our experience together resurrecting the Cajun Coast Welcome Center facility in the Lake Palourde swamp adjoining Morgan City, Louisiana.

The technical and logistical demands of reconstructing a two-story building with a three-sided glass atrium following the catastrophic failure of its 57 concrete pile foundation were phenomenal. But that paled when compared to the human issues. The Commissioners were devastated and the community was reeling.

Your assured presence and tireless performance gave everyone, including me, the confidence that this could be done. And, it was. The final finishing work on the first floor and the roof replacement are almost complete. More importantly, the ten-year dream of the Commission is being realized. Everyone is proud. Hopefully, you will be able to join us for the grand opening.

Thank you, my friend. While it is unlikely that we will ever face a challenge of this magnitude again, I know who to call if such an occasion ever arises.

With best wishes for the Holiday Season, I am

Sincerely,



Gary McGoffin

SGM/ms



Section 5: Major Subs-Contractor/Suppliers

In addition to the requirements found in the Scope of Work Section, Respondent must identify any sub-contractors. Respondent intends to utilize in performing work under any contract ore work order resulting from this RFQ. Respondent must indicate whether or not Respondent holds any financial interest in any sub-contractor. As a condition of award, an authorized officer or agent of each proposed sub-contractor must sign a statement to the effect that the sub-contractor has read, and shall agree to abide by.

Respondent's obligations under any contract awarded pursuant to this RFQ, and must not conduct work activities inconsistent with the goals and objectives of the FMA Elevation Program.

Titan or Absolute has no financial interest/ownership/partnership with any sub-contractor listed below

 8-1-16
Bobby Fischer Titan Lifetime Date

John Heaner Absolute Date

Structural Engineering

- Hermie Cruz – Texas PE
- HC Engineering

Soil Engineering

- Intec of San Antonio
- 12028 Radium Street
- San Antonio TX - 210-344-8144

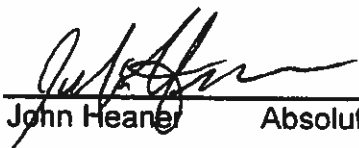


Section 5: Major Subs-Contractor/Suppliers

In addition to the requirements found in the Scope of Work Section, Respondent must identify any sub-contractors. Respondent intends to utilize in performing work under any contract ore work order resulting from this RFQ. Respondent must indicate whether or not Respondent holds any financial interest in any sub-contractor. As a condition of award, an authorized officer or agent of each proposed sub-contractor must sign a statement to the effect that the sub-contractor has read, and shall agree to abide by.

Respondent's obligations under any contract awarded pursuant to this RFQ, and must not conduct work activities inconsistent with the goals and objectives of the FMA Elevation Program.

Titan or Absolute has no financial interest/ownership/partnership with any sub-contractor listed below

Bobby Fischer	Titan Lifetime	Date
	Absolute	8-2-16

Structural Engineering

- Hermie Cruz – Texas PE
- HC Engineering

Soil Engineering

- Intec of San Antonio
- 12028 Radium Street
- San Antonio TX [REDACTED]

- Arias Geo Professionals
- 142 Chula Vista Drive
- San Antonio TX - [REDACTED]

Land Survey/Plot Plan & Elevation Certifications

- HMT
- 410 N Sequin Ave
- New Braunsfels - TX - [REDACTED]
- Christian Nichols / Mark F Colin PLS
- Dale Hardy PLS & PE
- 200 Houston Ave Unit B - League City TX - [REDACTED]

Piling Sub Contractors

- Savana Nitghs
- 7809 Arline Drive
- #301
- Metairie LA 70003
- [REDACTED]

- Hy-Tech
- 4321 Dayco Street
- Houston TX 77092
- [REDACTED] - Mike

Masonry & Piling Suppliers

- Headwaters Construction Materials
- Jim Anderson
- 7620 Washington Ave
- Houston TX 77407
- [REDACTED]

Construction Materials Suppliers - Rebar - Lumber - General Supplies

- Fabco
- 105 Humble Ave
- San Antonio TX 78225 - [REDACTED]
- Earl Fruge
- 84 Lumber
- 84 Woodcreek Cir, McQueeney, TX 78123

- [REDACTED]

Foundation/Masonry/Concrete Contractors

- Savana Nighths
- 7809 Arline Drive
- #301
- Metairie LA 70003
- [REDACTED]

- Arteuro Masonry
- Art [REDACTED]

- Aldretes Masonry
- Hugo Aldretes - [REDACTED]

Concrete Pumping Contractors

- Capital Pumping LP
- 4100 Acorn Hill
- San Antonio TX 78217

Electric Contractors

- Sunset Electric
- 4723 Cotton Belt Drive
- San Antonio TX 78219
- [REDACTED]

- Amp Electric
- 222 Seitz Road
- Sequin TX 78155
- [REDACTED]

Plumbing Contractors

- A1 Tri County Plumbing
- 101 Ermer Street
- Sequin TX 78155
- [REDACTED]
- Marlene

- ME Plumbing
- 925 S Austin Street

- Sequin TX
- [REDACTED]
- Mike & Jamie

HVAC Contractors

- Jon Wayne Heating & Air Conditioning
- 300 Turtle Lane
- Seguin TX
- [REDACTED]
- Tri County AC/Heating
- 510 N Austin St
- Seguin TX
- [REDACTED]
- Bubba

Redi Mix Suppliers

- Ingram Redi Mix
- 1316 N Bowie St
- Seguin TX 78155
- [REDACTED]

Carpenters

- Michael Wright Construction/Carpentry
- 16 Madison Ave – Toms River NJ 08753
- [REDACTED]
- El Paso
- Michael Wright
- Quality Custom Decks
- 11618 Nacogdoches Road
- San Antonio TX 78217
- Mike Jaskowski 210-875-1695
- Kelly Concrete & Contracting
- Pacific MO
- Benton Kelly – 636-675-2127

Dumpsters

- Pro Star Dumpsters

- 290 Engel Road
- New Braunfels TX 78132
- [REDACTED]

ADA Platforms

- Vertical Access
- 900 Hwy 258 South
- Snow Hill NC 28580
- Buzz Schackleford
- [REDACTED]

Spray Foam Insulators

- Brent Beicker Enterprises
- 757 N Hwy 123 Bypass
- Sequin TX 78155
- [REDACTED]



Section 6: Litigation History

Titan Lifetime Foundation LLC & Linda Heaner DBA Absolute Concrete has never been judged guilty or liable in any civil or criminal litigation or investigation,

Absolute has 2 open mediation on owed retainage payments

Absolute Concrete vs BBL – Retainage amount \$275,000.00

Absolute Concrete vs PDG - Retainage amount \$150,000.00



Section 7: Conflicts of Interest

Titan Lifetime Foundation LLC & Linda Heaner DBA Absolute Concrete does not have any potential conflicts of interest for this RFQ

CONFLICT OF INTEREST QUESTIONNAIRE**FORM CIQ****For vendor doing business with local governmental entity**

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.TITAN Lifetime Furniture LLC

2 ☐ Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.WLA NOVE
Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes☐ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7[Signature]
Signature of vendor doing business with the governmental entity8-1-16
Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

CONFLICT OF INTEREST QUESTIONNAIRE**FORM CIQ**

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.008(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.008(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.008, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

LINDA LEANETTE DBA Absolute Concrete2 ☐ Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

NONE
Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes☒ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes☒ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).7 Linda Leanette
Signature of vendor doing business with the governmental entity8-2-16
Date



Section 8: Vendor Qualification

Attached



County of Guadalupe
Environmental Health Department

FORM PEID: Request for Person-Entity identification Data

Instruction: Please type or print clearly and return completed form to:

Guadalupe County Environmental Health Dept.
2605 N. Guadalupe St.
Seguin, TX 78155
(830)303-8858 Office
(830)372-3961 Fax

Linda Heaver DBA

1. Business Name: Absolute Concrete
2. If the Business is incorporated, a limited partnership or partnership, L.L.C. etc., identify the state wherein the business was formed and the legal name of the business if different the No.1 above.
3. Local Address:

Address: 3311 Richmond Ave #230 State: TX Zip: 77098

Main Contact Person:	<u>John Heaver</u>
Main Phone Number:	<u>214-717-9798</u>
Fax Number:	
E-mail Address:	<u>John@absco.tx.com</u>

Areas below are for County use only.

Requested By:	Phone # & Ext:
Department:	Date:

Action Requested- Check One:	IFAS PEID Vendor Number:	
<input type="checkbox"/> Add New	<input type="checkbox"/> Change Data	<input type="checkbox"/> Re-Activate
<input type="checkbox"/> Inactive	<input type="checkbox"/> Employee	<input type="checkbox"/> Attorney
<input type="checkbox"/> landlord	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Refund
<input type="checkbox"/> One Time	<input type="checkbox"/> Foster Child	



County of Guadalupe
Environmental Health Department

FORM PEID: Request for Person-Entity Identification Data

Instruction: Please type or print clearly and return completed form to:

Guadalupe County Environmental Health Dept.
2605 N. Guadalupe St.
Seguin, TX 78155
(830)303-8858 Office
(830)372-3961 Fax

1. Business Name: Titan Lifetime Foundations LLC
2. If the Business is incorporated, a limited partnership or partnership, L.L.C. etc., identify the state wherein the business was formed and the legal name of the business if different the No.1 above.
3. Local Address: # 230

Address: 3311 Richmond Ave State: TX Zip: 77058

Main Contact Person:	<u>Bobby Fischer</u>
Main Phone Number:	<u>314-489-8587</u>
Fax Number:	
E-mail Address:	<u>bobboy@titanfoundations.com</u>

Areas below are for County use only.

Requested By:	Phone # & Ext:
Department:	Date:

Action Requested- Check One:	IFAS PEID Vendor Number:	
<input type="checkbox"/> Add New	<input type="checkbox"/> Change Data	<input type="checkbox"/> Re-Activate
<input type="checkbox"/> Inactive	<input type="checkbox"/> Employee	<input type="checkbox"/> Attorney
<input type="checkbox"/> landlord	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Refund
<input type="checkbox"/> One Time	<input type="checkbox"/> Foster Child	

Form

W-9(Rev. December 2014)
Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification****Give Form to the
requester. Do not
send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
LINDA H HEAEI2 dph.

2 Business name/disregarded entity name, if different from above
Absolute Concrete

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

☒ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☐ Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
3311 RICHMOND AVE STE 230

6 City, state, and ZIP code
HOUSTON, TX 77098

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person** **Linda H Heaei2** Date **8-1-16**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Titan Lifetime Foundations LLC		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) 9957 Mahogany Court		Requester's name and address (optional)
	6 City, state, and ZIP code St Louis MO 63123		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																																																								
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																								
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	
Sign Here	Signature of U.S. person ▶
	Date ▶

General Instructions

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An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

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- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
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By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

County of Guadalupe/FMA Elevation Program
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT,
AND OTHER RESPONSIBILITY MATTERS

RFQ: FWDB FMA Program Home Elevation Services

Respondent: Tito L. Hernandez Date of Certification: 8-1-16

Respondent CERTIFIES, to the best of its knowledge and belief, that Respondent and/or any of Respondent's Principals:

- 1.) Are NOT presently debarred, suspended, proposed for debarment, disqualified, excluded, or in any way declared ineligible for the award of contracts by any Federal agency or State agency;
- 2.) Have NOT, within a three-year period preceding the date of this Certification, nor within the three-year period preceding the submission of its proposal, been convicted of or had a civil judgment rendered against it or them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a Federal, state, or local government contract or subcontract; violation of a Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or any of the offenses listed in 2 C.F.R. Part 180, § 180.800;
- 3.) Are NOT presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in the above subdivision (subdivision (2));
- 4.) Have NOT, within a three-year period preceding the date of this Certification, nor within the three-year period preceding the submission of its proposal, had any Federal, state, or local transaction terminated for cause or default.

The term "Principal" herein means i.) an officer, director, owner, partner, principal investigator, or other person within the participant (Respondent herein) with management or supervisory responsibilities related to a covered transaction; or ii.) a consultant or other person, whether or not employed by the participant or paid with Federal funds, who: is in a position to handle Federal funds; is in a position to influence or control the use of those funds; or occupies a technical or professional position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Respondent shall provide immediate written notice to the Guadalupe County Environmental Health Department at any time prior to award, if the Respondent learns that its certification was erroneous when submitted or that it has become erroneous by reason of changed circumstances. Respondent further agrees that if it is awarded a contract by Guadalupe County, that it shall immediately provide written notice to the Guadalupe County Environmental Health Department in the event any of the certifications listed herein become no longer accurate due to changed circumstances. Respondent further agrees that if it is awarded a contract by Guadalupe County, that it shall include these certification requirements in all contracts between itself and any subcontractors in connection with services performed under this FMA Elevation grant program.

Respondent acknowledges that this Certification is a material representation of fact upon which Guadalupe County relies when making award. If Respondent is awarded a contract by Guadalupe County and it is discovered that the facts certified to herein are not true, then Guadalupe County, in addition to other remedies, may terminate its agreement with Respondent for default.

Respondent represents and warrants that the individual executing this Certification on its behalf has the full power and authority to do so and to legally bind Respondent to the terms herein.

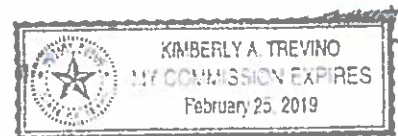
By: [Signature]
Signature

Robert Hecker
Printed name and title of person signing above for Respondent

Sworn to and Subscribed before me on this
day of August, 2016.

Kimberly Trevino
Notary Public in and for the State of Texas

My commission expires: 2/25/19



County of Guadalupe/FMA Elevation Program
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT,
AND OTHER RESPONSIBILITY MATTERS

RFQ: TWDB FMA Program Home Elevation Services

Respondent: Titan Water Fracks Date of Certification: 8-1-16

Respondent CERTIFIES, to the best of its knowledge and belief, that Respondent and/or any of Respondent's Principals:

- 1.) Are NOT presently debarred, suspended, proposed for debarment, disqualified, excluded, or in any way declared ineligible for the award of contracts by any Federal agency or State agency;
- 2.) Have NOT, within a three-year period preceding the date of this Certification, nor within the three-year period preceding the submission of its proposal, been convicted of or had a civil judgment rendered against it or them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a Federal, state, or local government contract or subcontract; violation of a Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or any of the offenses listed in 2 C.F.R. Part 180, § 180.800;
- 3.) Are NOT presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in the above subdivision (subdivision (2));
- 4.) Have NOT, within a three-year period preceding the date of this Certification, nor within the three-year period preceding the submission of its proposal, had any Federal, state, or local transaction terminated for cause or default.

The term "Principal" herein means i.) an officer, director, owner, partner, principal investigator, or other person within the participant (Respondent herein) with management or supervisory responsibilities related to a covered transaction; or ii.) a consultant or other person, whether or not employed by the participant or paid with Federal funds, who: is in a position to handle Federal funds; is in a position to influence or control the use of those funds; or occupies a technical or professional position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Respondent shall provide immediate written notice to the Guadalupe County Environmental Health Department at any time prior to award, if the Respondent learns that its certification was erroneous when submitted or that it has become erroneous by reason of changed circumstances. Respondent further agrees that if it is awarded a contract by Guadalupe County, that it shall immediately provide written notice to the Guadalupe County Environmental Health Department in the event any of the certifications listed herein become no longer accurate due to changed circumstances. Respondent further agrees that if it is awarded a contract by Guadalupe County, that it shall include these certification requirements in all contracts between itself and any subcontractors in connection with services performed under this FMA Elevation grant program.

Respondent acknowledges that this Certification is a material representation of fact upon which Guadalupe County relies when making award. If Respondent is awarded a contract by Guadalupe County and it is discovered that the facts certified to herein are not true, then Guadalupe County, in addition to other remedies, may terminate its agreement with Respondent for default.

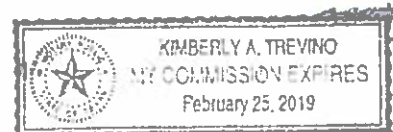
Respondent represents and warrants that the individual executing this Certification on its behalf has the full power and authority to do so and to legally bind Respondent to the terms herein.

By: [Signature]
Signature
Robert Fickel
Printed name and title of person signing above for Respondent

Sworn to and Subscribed before me on this
day of August, 2016.

Kimberly Trevino
Notary Public in and for the State of Texas

My commission expires: 2/25/19





Section 9: Debarment & Suspension

Titan Lifetime Foundations LLC & Linda Heaner DBA Absolute Concrete certifies that neither it nor any of its principals is ineligible for participation in federal or state assistance programs under Executive Order 12549, "Debarment and Suspension." Respondent certifies that neither it nor any of its principals are presently debarred, suspended, proposed for debarment, disqualified, excluded, or in any way declared ineligible for the award of contracts by any Federal agency or state agency. Respondent certifies that neither it nor any of its principals have, within a three-year period preceding the date of its submission of its SOQ, been convicted of or had a civil judgment rendered against it or them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a Federal, state, or local government contract or subcontract; violation of a Federal or state antitrust statutes relating to the submission of offers, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of the submission of offers, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or any of the offenses listed in 2 C.F.R. Part 180, & 180.800. Respondent certifies that neither it nor any of its principals are presently indicted for, or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses enumerated herein. Respondent certifies that neither it nor any of its principals, within a three-year period preceding the date of its submission of its SOQ, had any Federal, state, nor local transaction terminated for cause or default. Respondent further agrees to require and include this certification in all contracts between itself and any subcontractors in connection with services performed under any resultant contract with Guadalupe County. Respondent also certifies that it shall notify Guadalupe County in writing immediately if contractor is not in compliance with Executive Order 12549 or any of the offenses enumerated herein during the term of any payments made to it while ineligible. Respondent further agrees to complete and return the Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters with its packet.



PROSPERITY BANK®

COMMITMENT LETTER

Effective Date: July 18, 2016

Linda Heaner dba Absolute Concrete
3311 Richmond Suite 230
Houston TX 77098

RE: Loan in the amount of \$250,000.00 by Prosperity Bank ("Bank") to Linda Heaner dba Absolute Concrete ("Borrower")

Dear Ms. Heaner:

I am pleased to inform you of the Bank's Commitment to lend Borrower a principal amount up to \$250,000.00 ("the Loan") for the purpose of Letter of Credit for FMA Program Home Elevation Services through Flood Mitigation Assistance Grant Program in Guadalupe County TX to Guadalupe County Environmental Health Department.. The Loan will include the basic terms and conditions set forth below. The following terms and conditions are not intended to be exhaustive since final documentation of the full terms and conditions will be in the loan documents.

BORROWER:	Linda Heaner dba Absolute Concrete
TYPE OF LOAN:	Letter of Credit
AMOUNT:	\$250,000.00
PURPOSE:	Letter of Credit for FMA Program Home Elevation Services through Flood Mitigation Assistance Grant Program in Guadalupe County TX to Guadalupe County Environmental Health Department.
COLLATERAL:	70% of Eligible Accounts < 60 days.
INTEREST RATE:	4.50% at WSJP + 1.00% Floating with Floor of 4.50%
PAYMENTS AND MATURITY:	Interest Monthly on Amount Drawn if LOC is ever advanced with principal due at maturity.
ORIGINATION FEE:	1% of Loan Amount (\$2,500)
GUARANTORS:	The loan will be guaranteed by N/A ("Guarantors"), jointly, severally and collectively.
EXPENSES:	Any and All Expenses related to the closing of the loan.
OTHER:	Renewable Letter of Credit with Stated Term (No Evergreen Clause). Origination fee to be collected at closing. Prosperity Bank will provide a letter showing an unused Line of Credit (LOC) to Guadalupe County

Environmental Health Dept. in amount of \$250,000 in the name of Linda Heaner dba Absolute Concrete. Quarterly Account Receivable Aging. Quarterly Borrowing Base Certificate. Interest monthly on amount drawn if LOC is ever advanced.

EXPIRATION AND ACCEPTANCE

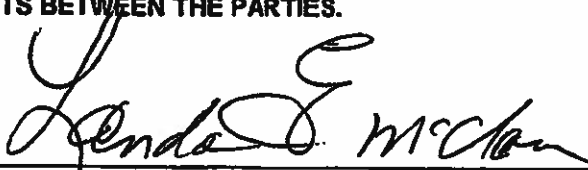
Please indicate your acceptance of this commitment letter by signing and returning to the Lender the enclosed copy of this letter. This commitment letter and the Lender's commitments hereunder, expire in 30 days from the effective date listed above unless the Lender extends commitment in writing.

By signing and accepting the terms of this letter, the Borrower and Guarantors represent that they are acting for their own accounts, and not as an agent, trustee or nominee for any other person, and agree to pay all closing costs and expenses including but not limited to the expenses listed above. This letter is not intended for the benefit of any other party other than the Borrower and may not be relied on by any other party. This letter is non-assignable.

THE TERMS AND CONDITIONS OF THE LENDER'S COMMITMENT HEREUNDER ARE NOT LIMITED TO THE ABOVE TERMS AND CONDITIONS AND THIS LETTER DOES NOT SET OUT IN FULL ALL OF THE REQUIREMENTS OF THE LENDER AS TO THE CONDITIONS TO MAKING THE CREDIT FACILITY AVAILABLE. THOSE MATTERS WHICH ARE NOT COVERED BY OR MADE CLEAR IN THE ABOVE OUTLINE ARE SUBJECT TO MUTUAL AGREEMENT OF THE PARTIES AND ALL MATTERS ARE SUBJECT TO AMPLIFICATION IN THE LOAN DOCUMENTS.

AT THE TIME OF CLOSING OF THE CREDIT FACILITY, OR ANY OF ITS COMPONENT PARTS, THERE MUST NOT BE: ANY RECEIVERSHIP OR INSOLVENCY PROCEEDING OF ANY KIND RELATING TO THE BORROWER OR GUARANTORS; ANY DEFAULT UNDER THE LOAN DOCUMENTS; OR ANY MATERIAL ADVERSE CHANGES WITH RESPECT TO THE COLLATERAL OR ANY OTHER INFORMATION OR DOCUMENTS SUBMITTED TO LENDER BY THE BORROWER OR GUARANTORS.

THIS WRITTEN COMMITMENT REPRESENTS THE FINAL AGREEMENT BETWEEN THE PARTIES AND MAY NOT BE CONTRADICTED BY EVIDENCE OR PRIOR, CONTEMPORANEOUS, OR SUBSEQUENT ORAL AGREEMENT OF THE PARTIES. THERE ARE NO UNWRITTEN ORAL AGREEMENTS BETWEEN THE PARTIES.


Landon G McClain, President

Agreed and accepted this _____ day of _____, 20__.

Linda Heaner dba Absolute Concrete



Financial Assurance, LLC
Risk Solutions

August 2, 2016

Guadalupe County Health Department

RE: Titan Lifetime Foundation, LLC's participation in the FMA SRL Home Elevation Grant Program

To Whom it May Concern,

Please accept this letter that Titan Lifetime Foundations, LLC will meet all of the pre-requisite insurance requirements for General Liability, Riggers, and Cargo coverage as it relates to the home elevation program as set forth by the Guadalupe County Health Department- FMA SRL Home Elevation Grant Program.

Our office has secured valid insurance quotations on behalf of Titan Lifetime Foundations, LLC that are simply awaiting their authorization to activate and put in place.

Should you or anyone at your office need to discuss these matters further please feel free to contact me direct at 504-846-3512.

Sincerely,

R. Scott Hogan
Insurance Agent
Financial Assurance, LLC



CERTIFICATE OF LIABILITY INSURANCE

TITAN-2 OP ID: JOHN

DATE (MM/DD/YYYY)

07/28/2016

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 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
Financial Assurance LLC
6620 Riverside Dr Ste 210
Metairie, LA 70003
Scott Hogan

CONTACT NAME: Scott Hogan
PHONE (A/C, No, Ext): 504-846-3500 FAX (A/C, No): 504-833-9010
E-MAIL ADDRESS:
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: First Mercury Insurance Co.

INSURER B: New Jersey Casualty

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED Titan Lifetime Foundations
117 State Hwy 35, Suite 7
Keyport, NJ 07735

COVERAGES

CERTIFICATE NUMBER:

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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>		11/04/2015	11/04/2016	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ Excluded
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
						\$
	DED RETENTION S					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N		11/23/2015	11/23/2016	<input checked="" type="checkbox"/> PER STATUTE OTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E L EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

See Page 2:

CERTIFICATE HOLDER

Guadalupe County Environmental Health
2605 N Guadalupe St
Seguin, TX 78155

CANCELLATION

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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NOTEPAD

INSURED'S NAME Titan Lifetime Foundations

TITAN-2
OP ID: JOHN

PAGE 2
Date 07/28/2016

Blanket Waiver of Subrogation and Blanket Additional Insured, on a Primary & NonContributory basis, are included with regards to General Liability as required by written contract. Forms available upon request



CERTIFICATE OF LIABILITY INSURANCE

ABSOL-5

OP ID: DG

DATE (MM/DD/YYYY)
07/28/2016

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 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 GSM INSURORS P O Box 1478 Rockport, TX 78382 Glass Sorenson & McDavid Inc	CONTACT NAME: Glass Sorenson & McDavid Inc	
	PHONE (A/C No. Ext): 361-729-5414	FAX (A/C No.): 361-729-3817
INSURED Absolute Concrete Linda and John Herner 3311 Richmond Ste 230 Houston, TX 77098	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Allstate County Mutual	NAIC # 29335
	INSURER B: Evanston Ins. Co.	35378
	INSURER C: Int'l Ins Co of Hanover	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY				07/20/2016	07/20/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Cont Lia						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COM/PROP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY				11/01/2016	11/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
B	UMBRELLA LIAB				04/20/2016	04/20/2017	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Guadalupe County Environmental
Health Dept.
2605 N Guadalupe St.
Sequin, TX 78155

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
Glass Sorenson & McDavid Inc

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. ☐ Specific Waiver

Name of person or organization

☒ Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations:

3. Premium

The premium charge for this endorsement shall be 0 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Incl.

Insured: PEO Risk Management, Inc.
Policy #: 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/28/2016

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PRODUCER TEE & GEE UNDERWRITING MANAGERS, LP 8131 LBJ FREEWAY SUITE 750 DALLAS, TX 75251	CONTACT NAME: SANDRA POLANCO PHONE (A/C, No, Ext): 956-928-0688 FAX (A/C, No): 956-928-0963 E-MAIL ADDRESS: SANDRA@CORPSOLPEO.COM INSURER(S) AFFORDING COVERAGE INSURER A: GREAT MIDWEST INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED PEO RISK MANAGEMENT, INC. 4040 BROADWAY, SUITE 103 SAN ANTONIO, TX 78209	NAIC # 18694

COVERAGES **CERTIFICATE NUMBER: 26** **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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY BFP (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
A	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 <input type="checkbox"/> N/A	Y	8/8/2015	8/8/2016	X 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)

COVERAGE IS EXTENDED TO THE LEASED EMPLOYEES OF ALTERNATE EMPLOYER (TEXAS OPERATIONS ONLY): ABSOLUTE CONCRETE

BLANKET WAIVER OF SUBROGATION APPLIES AS DEFINED BY THE ATTACHED ENDORSEMENT.

CERTIFICATE HOLDER GUADALUPE COUNTY ENVIRONMENTAL HEALTH DEPT. 2605 N GUADALUPE STREET SEGUIN, TX 78155	CANCELLATION 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 <i>Adam Goldberg</i>
---	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/27/2016

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 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 M&P Specialty Insurance 1179 Sunset Blvd. P O Box 4119 West Columbia SC 29171	CONTACT NAME: Melody Potts PHONE (A/C No. Ext.): (803) 936-1601 FAX (A/C No.): (803) 936-1366 E-MAIL ADDRESS: mpotts@mps specialty.com
INSURED Expert House Movers of MD, Inc. 508 Water Street PO Box 447 Sharptown MD 21861	INSURER(S) AFFORDING COVERAGE INSURER A: Houston Specialty Insurance Co. NAIC # 12936 INSURER B: Imperium Insurance Co. 35405 INSURER C: Tokio Marine Specialty Ins. Co. 23850 INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 15-16 REG

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			12/15/2015	12/15/2016	MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> X, C, & U					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Care, Custody & Control					GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					Care, Custody & Control \$ 1,000,000
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS			12/15/2015	12/15/2016	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					Uninsured Motorists \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 4,000,000
	DED RETENTION \$ NIL			12/15/2015	12/15/2016	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Job Address: 39 West Maryland Avenue, Beach Haven Terrace, NJ

CERTIFICATE HOLDER

CANCELLATION

bobby@titanlifetime.com

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

David McElrath/MP



CERTIFICATE OF LIABILITY INSURANCE

EXPEHOU-01 VDICKINSON

DATE (MM/DD/YYYY)

7/27/2016

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.

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PRODUCER The Insurance Market, Inc. P.O. Box 637 Laurel, DE 19958	CONTACT NAME: PHONE (A/C No., Ext.): (302) 875-7591 FAX (A/C No.): (302) 875-7541 E-MAIL ADDRESS: Info@insurancechoices.com
INSURED Expert House Movers of MD, Inc 508 Water Street Sharptown, MD 21861	INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****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.

INSUR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A		07/06/2016	07/06/2017	<table border="1"><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000
PER STATUTE	OTH-ER														
E.L. EACH ACCIDENT	\$ 500,000														
E.L. DISEASE - EA EMPLOYEE	\$ 500,000														
E.L. DISEASE - POLICY LIMIT	\$ 500,000														

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

Job Address: 39 West Maryland Ave., Beach Haven Terrace, NJ

CERTIFICATE HOLDER**CANCELLATION**

 Titan Foundations 1184 Fischer Blvd Toms River, NJ 08753	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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Policy Number: Specimen Certificate

Date Entered: 4/8/2016

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2016

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 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 Maloney & Company, LLC 1110 Boston Post Road Guilford, CT 06437	CONTACT NAME:		
	PHONE (A/C, No. Ext): (203) 458-4000 FAX (A/C, No.): (203) 458-4001 E-MAIL ADDRESS: mail@maloneyllc.com		
INSURED H.C. Engineering, Inc. 320 Broad Suite #7 Red Bank, NJ 07701	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Great American Insurance Co.		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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.

NSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)
						MED EXP (Any one person)
						PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG
	OTHER:					
	MOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB					EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				E.L. EACH ACCIDENT
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE
						E.L. DISEASE - POLICY LIMIT
1	PROFESSIONAL LIABILITY			4/5/2016	4/5/2017	LIMIT: \$1,000,000/ \$1,000,000

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

CERTIFICATE HOLDER	CANCELLATION
Specimen Copy	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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