FOURTH AMENDED PARTNERSHIP AGREEMENT BETWEEN THE CHIEF ELECTED OFFICIALS A N D THE ALAMO WORKFORCE DEVELOPMENT, INC.

This Fourth Amended Partnership Agreement (the "Agreement") is between the Chief Elected Officials (the "CEO's") of the Alamo Workforce Development Area (the "AWDA") and the Alamo Workforce Development, Board ("AWDB") acting by and through its Board of Directors (collectively, the "Parties").

WHEREAS, the CEO's entered into an agreement dated August 26, 1996, (the "Interlocal Agreement") attached hereto as amended and incorporated herein as Attachment "A," for the formation of the AWDB; and

WHEREAS, AWDB, incorporated as Alamo Workforce Development Inc., ("AWD") a nonprofit corporation of Texas, was duly certified by the Governor of the State of Texas on November 7, 1996, is recognized as the entity in the AWDA, with the responsibility to provide policy planning, oversight, and evaluation for programs funded through the Texas Workforce Commission; and

WHEREAS, the CEO's and the AWDB entered into a partnership agreement in 1997 pursuant to federal and state laws setting forth the roles, responsibilities, relationships, and function of each party thereto and determining procedures for the development of the local workforce development plan; and

WHEREAS, the CEO's and AWDB desire to further amend the partnership agreement they entered into in 1997 and amended in 1998, 2003,2012, and 2014; and

WHEREAS, this Agreement supersedes any and all previous partnership agreements among the parties.

NOW, THEREFORE, IN CONSIDERATION OF THE ABOVE PREMISES, BE IT RESOLVED THAT THE PARTIES HERETO AGREE AS FOLLOWS:

I. DEFINITIONS

A. Administrative Entity: The entity designated to administer the local, workforce plan. The Administrative Entity is the AWDB.

Adopted by: Bexar County Commissioners Court — City of San Antonio City Council — AWD Board of Directors — Area Judges — 1

- B. Area Judges: The County judges of Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, and Wilson Counties, and McMullen County, upon certification by the Texas Workforce Investment Council.
- C. Alamo Workforce Development Area or AWDA: The local workforce development area designated by the State, consisting of Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, and Wilson Counties, and McMullen County, upon certification by the Texas Workforce Investment Council.
- D. Alamo Workforce Development Board or AWDB: The local workforce development board appointed by the Committee of 6, and certified by the Governor.
- E. Alamo Workforce Development, Inc.: The non-profit corporation approved for incorporation by the State, to provide workforce services in the AWDA.
- F. Chief Elected Officials or CEOs: The thirteen (or fourteen with the inclusion of McMullen County) chief elected officials of the AWDA. These consist of the eleven (or twelve with the inclusion of McMullen County) Area Judges, the Bexar County Judge, and the Mayor of San Antonio.
- G. Committee of Six: A committee made up of two representatives each from the City of San Antonio, Bexar County, and the Area Judges to represent them on issues relating to this Agreement.
- H. Fiscal Agent: The entity responsible and accountable for the management of all workforce development funds available to the AWDA. The Fiscal Agent is AWDB.
- I. Grant Recipient: The entity designated to receive and disburse all workforce development funds allocated or otherwise made available to the AWDA. The Grant Recipient is AWDB.
- J. Local Plan: The AWDA plan required by the Texas Workforce Commission for delivery of workforce services as required by State and/or Federal law.

II. PURPOSE

This Agreement establishes the authority, roles, and responsibilities of the CEOs and AWDB with regard to workforce development and related issues.

III. TERM

This Agreement shall commence when the last signature is affixed hereto and shall continue until terminated in accordance with this paragraph. This Agreement may be terminated without cause on June 30 of any year by any CEO with six months prior written notice to AWDB and the other CEOs. This termination right supersedes the obligation of the CEOs to pursue dispute resolution in Article XV below.

IV. RESPONSIBILITIES OF CHIEF ELECTED OFFICIALS

- A. The Chief Elected Officials designate the AWDB as the Grant Recipient and Administrative Entity and may designate the fiscal agent for categorical and block grant workforce development funding made available to the AWDB.
- B. An Interlocal Agreement between the Chief Elected Officials establishes a Committee of 6 which includes the Chief Elected Officials or their designee of the City of San Antonio, Bexar County, and the Area Judges, All official actions or requirements of the Chief Elected Officials in this agreement will be carried out by unanimous consent.
- C. The Committee of 6 shall fulfill those responsibilities required by applicable federal and state statutes, rules, policies, and procedures and agreed to in the Interlocal Agreement.
- D. The Committee of 6 shall review and comment upon the Local Plan and annual budget including any major modifications. Each member of the Committee of 6 will have their respective bodies approve the Local Plan and annual budget in a timely manner, according to State regulations and timelines.

V. RESPONSIBILITIES OF THE ALAMO WORKFORCE DEVELOPMENT BOARD

- A. Workforce development activities within the AWDA shall be overseen by the AWDB. Membership of the AWDB shall comply with State and Federal law.
- B. The responsibilities of AWDB include but are not limited to:
 - 1. Select and hire a Chief Executive Officer;
 - 2. Provide one position to provide staff support to the Committee of 6;
 - 3. Prepare the Local Plan required by applicable federal and state laws, rules and policies;

- 4. Provide policy guidance pertaining to the delivery of workforce development services;
- 4. Promote the cooperation, coordination, and leveraging of resources among public organizations, community organizations and private businesses involved in workforce development activities;
- 5. Procure and maintain assets, including but not limited to, office space, equipment, and expendable supplies necessary for operations;
- 6. Assist in soliciting nominations for AWDB membership;
- 7. Contract all services described in the Local Plan.
- 8. Facilitate input from the Committee of 6 staff on the budget and Local Plan in a timely manner prior to approval by the AWDB;
- 9. Direct program planning and budgeting and provide technical assistance;
- 10. Monitor and evaluate all contract services;
- 11. Ensure compliance with reporting requirements;
- 12. Develop local procedures and/or implement any state procedures to prevent misuse of funds by subcontractors, sub-grantees, and other recipients;
- 13. Audit funds required under law, to include the preparation of a United States Office of Management and Super Circular audit with management letter and responses, resolve any questions arising from said audits, and report all results of the audit to the Committee of 6 along with the Single Audit, management letter and responses;
- 14. Take action against subcontractors, sub-grantees, and other recipients to eliminate any abuses in their program and ensure that systems are serving eligible applicants in the eligible population;
- 15. Develop procedures for collection of any monies or funds from subcontractors, sub-grantees, and other recipients resulting from an audit disallowance as determined by state or federal agencies;
- 16. Approve all contracts in excess of amounts established by AWDB policy and resolution;
- 17. Any and all additional responsibilities required by AWDB and the Committee of 6; and
- 18. Removal of board members who are not in compliance with AWDB policy.
- G. The AWDB shall remain incorporated as a non-profit corporation.
- H. AWDB may provide programmatic services only if a waiver is first approved by the Committee of 6 and the Texas Workforce Commission. The Cities and Counties are not barred from providing programmatic services.
- I. AWDB shall arrange for the annual monitoring and independent auditing of all

funds and shall resolve any disallowed costs questions to the extent possible. The Committee of 6 shall receive copies of all monitoring reports, independent audits and any legal actions brought against the AWDB and shall also receive status reports concerning the resolution of any monitoring or audit findings or legal actions.

- J. AWDB shall be responsible for obtaining input from and shall regularly inform the Committee of 6 on workforce development issues through quarterly written reports and/or presentations including regular briefing meetings with Committee of 6 staff.
- K. An AWDB member shall notify the Committee of 6 when that member has a change in residency outside the AWDA or changes employment to the extent that he or she do not represent the category that he or she were appointed to represent.
- L. AWDB shall maintain both liability insurance coverage, and a fidelity bond in sufficient amounts and other insurances in coverage amounts as applicable to state and federal regulations.

VI. RESPONSIBILITIES SHARED BY CEOs AND AWDB

- A. Review and Approval of the Local Plan. In consultation with the Committee of 6 staff, the AWDB will engage in a collaborative planning process that provides input by the Committee of 6 or their staff for a review and update of the Local Plan. The Local Plan and any modifications shall be developed by the AWDB in accordance with guidelines issued by the Texas Workforce Commission (TWC) and goals and objectives established by the Texas Workforce Investment Council. The Committee of 6 and their respective bodies shall review, comment upon and approve the Local Plan in accordance with Article IV (D) and within TWC timelines.
- B. Approval of AWDB's Annual Budget. AWDB shall develop an annual budget including all revenues and expenditures, and the Committee of 6 and their respective bodies shall review, comment upon and approve AWDB's budget and any modifications thereto, to the extent required by federal and state legislation, rules, policies or procedures.
- C. Approval of the AWDB Chief Executive Officer

1. Prior to AWDB's initiation of a selection process, AWDB shall send a written notice to the CEO's describing the selection process and inviting the CEOs or their

designated representative to participate in the selection process for an Chief Executive Officer.

2. The AWDB shall solicit input/comment from the CEOs, or their designees, for the AWDBs use in evaluating the performance of the Chief Executive Officer.

VII. RESOURCE ALLOCATION

- A. All resource allocations within the AWDA shall, to the extent possible and practical and considering need, be based upon the federal and state formulas used to allocate funds to the AWDA.
- B. The AWDB shall establish a sufficient number of career centers within the AWDA to effectively carry out the intent of the above resource allocation paragraph.

VIII. INSURANCE AND LIABILITY

- A. AWDB shall maintain the required insurance (including the bond) during the term of this Agreement in accordance with the following:
 - 1. Under this Agreement, AWDB shall furnish a completed Certificates of Insurance to the Committee of 6, which shall be completed by an agent authorized to bind the named underwriter(s) and their company to the coverage, limits, and termination provisions shown thereon, and which shall furnish and contain all required information referenced or indicated thereon. The CEOs shall have no liability to pay or perform under this Agreement until such certificates are delivered and no CEO shall have the authority to waive this requirement.
 - 2. During the effective period of this Agreement, any increase in risk as defined by insurance provider and contractual obligations or increase in funds administered by AWDB will require AWDB to increase its insurance coverage.
 - 3. AWDB's financial integrity is of interest to the CEOs therefore, subject to AWDB's right to maintain reasonable deductibles, AWDB shall obtain and maintain in full force and effect for the duration of this Agreement, and any extension hereof, at AWDB's sole expense, insurance coverage written on an occurrence or claim made basis, by companies authorized and admitted to do business in the State of Texas and rated A or better by

Adopted by: Bexar County Commissioners Court — City of San Antonio City Council — AWD Board of Directors — Area Judges — A.M. Best Company and/or otherwise acceptable to the Committee of 6, in the types of amounts shown as Attachment "C".

- 4. The Committee of 6 shall be entitled, upon request and without expense, to receive copies of the policies and all endorsements thereto as they apply to the limits required by the, and may make a reasonable request for deletion, revision, or modification of particular policy terms conditions, limitations or exclusions (except where policy provisions are established by law or regulation binding upon either of the parties hereto or the underwriter of any such policies). Upon such request by the Committee of 6, the AWDB shall exercise reasonable efforts to accomplish such changes in policy coverage, and shall pay the cost thereof.
- 5. AWDB agrees that with respect to the required insurance, all insurance contracts and Certificate(s) of Insurance will contain the following required provisions:
 - a. Name the City of San Antonio, Bexar County and the Area Judges or their designated representatives as additional insureds as respects operations and activities of, or on behalf of, the named insured performed under contract with the City of San Antonio, Bexar County and the Area Judges, with the exception of worker's compensation and professional liability policies;
 - b. Provide for an endorsement that the "other insurance" clause shall not apply to the City of San Antonio, Bexar County, or Area Judges where the City of San Antonio, Bexar County, or Area Judges are additional insureds shown on the policy;
 - c. Workers' compensation and employers' liability policy will provide a waiver of subrogation in favor of the City of San Antonio, Bexar County and the Area Judges.
- 6. AWDB shall notify the Committee of 6 in the event of any notice of cancellation, non-renewal or material change in coverage and shall give such notices not less than thirty days prior to the change, or ten days notice for cancellation due to the non-payment of premiums, which notice must be accompanied by a replacement Certificate of Insurance.
- 7. If AWDB fails to maintain the aforementioned insurance, or fails to secure and maintain the aforementioned endorsements, the City of San Antonio, Bexar County, and Area Judges may obtain such insurance, and AWDB, upon request of the City of San Antonio, Bexar County or Area Judges,

shall reimburse the City of San Antonio, Bexar County or Area Judges for any and all reasonable costs incurred in obtaining such insurance; however, this is an alternative to other remedies the City of San Antonio, Bexar County or Area Judges may have and is not the exclusive remedy for failure of AWDB to maintain said insurance or secure such endorsements. In addition to any other remedies the City of San Antonio, Bexar County, or Area Judges may have, upon AWDB's failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, the City of San Antonio, Bexar County, or Area Judges shall have the right to exercise any powers they may have in terminating the existence of the AWDB. Nothing herein contained shall be construed as limiting in any way the extent to which AWDB may be held responsible for payments of damages to persons or property resulting from AWDB's or its subcontractors' performance of the work covered under this Agreement.

- B. Pursuant to this Agreement, to the extent possible and allowed by law, and to the extent that the purpose and the operation of the AWDB, programs are not substantially harmed, all liabilities and costs, disallowed costs, settlements, fines and judgments arising from or incurred by the City of San Antonio, Bexar County and Area Judges, for claims in excess of insurance limits and uninsured claims, related to the activities of AWDB shall be covered in the following manner:
 - 1. At the discretion of the City of San Antonio, Bexar County and the Area Judges, said claims will be defended by their respective legal counsels. AWDB will reimburse the City of San Antonio, Bexar County and the Area Judges for all attorneys' fees, whether staff attorneys or contract attorneys, and associated legal costs, disallowed costs, settlements, fines and judgments;
 - 2. As specified in VIII (B) above, disallowed costs shall be paid by the service provider(s) incurring the liability, then from the available insurance carrier or surety; and then from AWDB funds, any stand-in costs, or other funding sources.

C. All liabilities and costs accruing to the CEO's, including but not limited to, disallowed costs, settlements, attorneys' fees and court costs and judgements, which arise from or are related to activities covered by this agreement shall be covered as follows:

1. Recover funds from the service provider(s) and career center incurring the liability;

- 2. Recover funds from an insurance carrier or bond issuer;
- 3. To the extent allowed by law, cover liabilities from available AWDB funds; and
- 4. To the extent liability arises for the repayment of Grant Funds which exceeds the priority established in this Section VIII, Paragraph C, 1-3, liability for repayment of Grant Funds shall be apportioned as follows:

a. RURAL COUNTIES

In the event the liability for repayment of Grant Funds is directly attributable to services delivered to residents of the twelve (12) rural counties, the rural county in which services (benefits) were received shall assume liability for disallowance for those costs;

b. COUNTY OF BEXAR / CITY OF SAN ANTONIO

In the event the liability for misuse of Grant Funds is directly attributable to services delivered to residents of the City of San Antonio or County of Bexar, the City and County shall each be liable for fifty percent (50%) of all costs;

c. ADMINISTRATIVE OR NON-ATTRIBUTABLE

In the event the liability for misuse of Grant Funds is administrative or otherwise is not attributable in accordance with D.1 or D.2, above, the City of San Antonio shall be liable for forty percent (40%) of all costs, County of Bexar for forty percent (40%) of all costs and the twelve (12) rural counties shall be collectively liable for the remaining twenty percent (20%) of all costs.

IX. ENTIRE AGREEMENT

This Agreement represents the entire agreement by the parties. Any supplemental agreements or amendments must be evidenced in writing, and approved and executed in the same manner as this Agreement.

X. SEVERABILITY

Should any part of this Agreement be invalidated or otherwise rendered null and void, the remainder of this Agreement shall remain in full force and effect.

XI. CERTIFICATION

By adopting this Agreement, the parties also accept, and agree to the state required certification appended to this Agreement as Attachment "D" and incorporated herein by reference.

XII. ASSIGNMENT

No party may assign, sublet, subcontract, or transfer any interest in this Agreement without the written consent of the other parties.

XIII. NO OTHER OBLIGATIONS CREATED

By entering into this Agreement, the parties do not create any obligation, express or implied, other than those set forth herein, and this Agreement shall not create any rights in parties not signatories hereto.

XIV. IMMUNITY

It is expressly understood and agreed that in the execution of this Agreement, the parties do not waive, nor shall they be deemed to waive, any immunity or defense that would otherwise be available to each against claims arising in the exercise of governmental powers and functions.

XV. DISPUTES

Any disputes between or among the Principals and/or the AWDB shall be settled informally through mutual discussion and negotiation. In the event that a dispute arises which cannot be settled informally, a mediator shall be engaged to resolve the dispute. The mediator shall be any mutually acceptable individual. If a mediator cannot be agreed upon, then the Bexar County Dispute Resolution Center shall assign the mediator.

XVI. PRE-EMPTION

To the extent allowed by federal and state rules and regulations, all bylaws, rules, regulation, policies, and procedures adopted by AWDB shall be consistent with this Agreement. In the event any such action causes irreconcilable conflict with this agreement then this agreement binds and controls.

XVII. NOTICE

All notices required or permitted hereunder shall be in writing and shall be given to the following and addressed as follows:

City of San Antonio CEO:

with a copy to:

Adopted by: Bexar County Commissioners Court — City of San Antonio City Council — AWD Board of Directors — Area Judges — 10

Mayor, City of San Antonio P. O. Box 839966 San Antonio, TX 78283-3966

City Clerk, City of San Antonio P. O. Box 839966 San Antonio, TX 78283-3966

Director of Economic Development P. O. Box 839966 San Antonio, TX 78283-3966

Bexar County CEO:

County Judge, Bexar County Bexar County Courthouse San Antonio, TX 78205

Area Judges:

Chair Area Judges 8700 Tesoro Drive, Suite 700 San Antonio, TX 78217

If to AWD, send notices to:

Board Chair Alamo Workforce Development, Inc. 115 E. Travis St., Suite 220 San Antonio, TX 78205

with a copy to:

Economic Development Department Bexar County 101 West Nueva Street, Suite 944 San Antonio, Texas 78205

with a copy to:

Vice-Chair Area Judges 8700 Tesoro Drive, Suite 700 San Antonio, TX 78217

with a copy to:

Executive Director Alamo Workforce Development Inc. 115 E. Travis St., Suite 220 San Antonio, TX 78205

XVIII. AUTHORITY

The undersigned officers are authorized to execute the Agreement on behalf of their unit of local government, and each certifies to the others that any necessary resolutions extending such authority have been duly passed and are now in full force and effect.

FOR THE ALAMO WORKFORCE DEVELOPMENT BOARD:

Rudy Garza

Date

11

Adopted by: Bexar County Commissioners Court -City of San Antonio City Council -AWD Board of Directors -Area Judges ----

AWD Board Chair

FOR THE CHIEF ELECTED OFFICIALS

Hon. Ivy Taylor Mayor, City of San Antonio

Hon. Nelson Wolff, Bexar County Judge

Date

Hon. Richard Evans, Bandera County Judge Chair, Area Judges Date

Date

ATTACHMENT A – Interlocal Agreement ATTACHMENT B – Conflict of Interest Disclosure and Declaration Policy ATTACHMENT C – Insurance Coverage ATTACHMENT D – State Required Certification

Adopted by: Bexar County Commissioners Court — City of San Antonio City Council — AWD Board of Directors — Area Judges — 12

ATTACHMENT "A"

Interlocal Agreement

INTERLOCAL AGREEMENT

FOR THE

ALAMO WORKFORCE DEVELOPMENT AREA (Third Amendment)

This Interlocal Agreement is among the City of San Antonio and Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina and Wilson Counties, and McMullen County, upon certification by the Texas Workforce Investment Council.

For the purpose of this agreement the three Chief Elected Officials ("*CEO*"s) are; 1) City of San Antonio; 2) County of Bexar; and 3) the Judges who represent the following counties: Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina and Wilson Counties and McMullen County, upon certification by the Texas Workforce Investment Council ("*Area Judges*").

WHEREAS, the State of Texas has authorized the formation of interlocal cooperation agreements between and among governmental entities; and

WHEREAS, the Governor of the State of Texas has established a single Workforce Development Area ("*WDA*") covering the thirteen (13) county "Alamo" region; and

WHEREAS, the CEOs are required to adopt an Interlocal Agreement in order to retain local control of workforce development design management and funding decisions; and

WHEREAS, at least three-fourths of the chief elected officials in the WDA who represent units of general local government must agree to the creation of the board, including all of the CEOs who represent units of general local government having populations of at least twohundred thousand (200,000). The elected officials agreeing to the creation of the board must represent at least seventy-five percent (75%) of the population of the workforce development area.

WHEREAS, the CEOs wish to appoint and empower a Local Workforce Development Board ("*LWDB*"); and

WHEREAS, the CEOs find that adoption of this agreement is in their common interest;

NOW, THEREFORE, and in consideration of the terms herein, the CEOs hereby agree as follows:

I. <u>PURPOSE</u>

The purpose of this agreement is to establish a unified workforce development system throughout the "Alamo" WDA. This Agreement also establishes the rights and responsibilities of the City of San Antonio, County of Bexar, and Area Judges.

ATTACHMENT "B"

Conflict of Interest Disclosure and Declaration Policy



WORKFORCE SOLUTIONS- ALAMO POLICY LETTER

ID NO:	Board 9, C1 E	EFFECTIVE DATE: January 1, 2015
TO:	Workforce Solutions-Alamo Boa	rd of Directors
FROM:	Rocky Marshall, Chair Board of	Directors An
SUBJECT:	Conflict of Interest	

Purpose:

The purpose of this policy is to inform Board members about conflict of interest and the appearance of conflict of interest.

Bold typeface indicates new or clarified language. A strikethrough indicates language has been deleted.

A Board member of the Alamo Workforce Development, Inc., d.b.a. Workforce Solutions Alamo (Board) shall **not** cast a vote Θ_{7} , nor participate in₇ any decision by the Board regarding the provision of goods and services by such member₇ or any organization which that member directly represents, or on any matter which would provide direct financial benefit to that member or immediate family member, or any organization which that member directly represents.

A Board member may not directly or indirectly influence, encourage, or lobby any person, including **another** Board member or Board staff, regarding any matter in which the member or immediate family member, or the organization, which the member represents, has a substantial interest **in** or from which the member would receive financial benefit. A Board member may not participate in any procurement activities, including the development of a solicitation for any matter in which the member or immediate family member, or the organization, which the member or immediate family member, or the organization, which the member represents, has a substantial interest of a solicitation for any matter in which the member or immediate family member, or the organization, which the member represents, has a substantial interest or from which would receive financial benefit.

In the event that a Board member or immediate family member has a substantial interest or representational interest in a business entity or organization that would be affected by Board action, that member will shall disclose the nature and, extent of the interest

before any discussion or decision and will shall abstain from voting or in any other way participating on that matter. All abstentions shall be recorded and reflected in the minutes of the meeting.

For purposes of this policy:

- 1. A substantial interest is defined as:
 - a. ownership of ten percent (10%) or more of the voting stock or shares of the a business entity or ownership of either ten percent (10%) or more of than fifteene thousand dollars (\$15,000) or more of the fair market value of the business entity; or
 - b. receipt of ten percent (10%) or more of gross income during the previous year from the business entity or organization; or
 - c. ownership in real property, if the interest is an quitable or legal ownership with a fair market value of two thousand five hundred dollars (\$2,500) or more.

A Board member is **also** considered to have a substantial interest if an immediate family member of the Board member has a substantial interest in the business entity or organization, **as defined above**.

2. An immediate family member is defined as any person related within the first or second degree of affinity (marriage) or within the third degree of consanguinity (blood) to the member. The prohibited relations are summarized below:

First degree of affinity: **Spouse (married or Common Law), committed partner or civil union,** Husband or wife, their parents, children and children's spouses.

Second degree of affinity: Spouse's grandfather or grandmother, spouse's brother or sister.

First degree of consanguinity: Parent or child

Second degree of consanguinity: Grandfather, grandmother, brother, sister, grandson, and granddaughter.

Third degree of consanguinity: Great-grandparent, uncle or aunt who is brother/sister of a parent of the individual, brother or sister's son or daughter.

- 3. A representational interest is defined as:
 - a. employed by the business or organization; and/or
 - b. a member of the board of directors, commission, council or other direct governing body of the business or organization.

4. The term "business entity" shall mean a sole proprietorship, partnership, firm, corporation, holding company, joint-stock company, receivership, trust, or any other business entity recognized by law.

5. The term "organization" shall mean a non-public entity that includes non-profits.

A member of the Board shall avoid even the appearance of conflict of interest. To this end, members of the Board shall, prior to taking office, declare in writing all substantial business interests and representational interests that they or their immediate family members have with a business or organization which has received, currently receives, or is likely to receive a contract or funding which falls under the purview of the Board.

The Board shall maintain on file and make available for public inspection, written declarations from each Board member disclosing all substantial business interests or relationships they, or their immediate families family (as defined) have with all business or organizations which have received, currently receive, or are likely to may receive contracts of funding any form of financial compensation from the Board. For purposes of this policy, this disclosure and any subsequent disclosure is based on information available to the Board member at the time of the declarations. These disclosure statements shall be updated within thirty (30) days to reflect any changes in business interests or relationships as circumstances require. Board members who directly violate this policy may be subject to penalty, sanction or other disciplinary action, as determined appropriate by the Board. Such actions may include Board member participation in training, temporary suspension of voting rights, or removal from the Board. The Board secretary shall routinely review the disclosure information and advise the Board Chair and appropriate members of potential conflicts.

For purposes of facilitating disclosure, a list of organizations and businesses being considered for funding and/or contracts at any Board or committee meeting shall be forwarded to the Board members no less than three (3) calendar days before said meeting. Disclosure of financial or representational interest shall be made at the beginning of each Board or committee meeting, along with agenda item number from which the Board member is abstaining. Board action may then be approved upon the affirmative vote of a majority of the disinterested members, even though the disinterested members may be less than a quorum. Such interested members may be counted in determining the presence of a quorum at the meeting at which such issue is considered.

WORKFORCE SOLUTIONS ALAMO

BOARD of DIRECTORS and PARTNERS

Declaration of Substantial Business Interests and Relationships

Members Name:	Date:
of the relationship that you and or your organization that has received, currently re	representational interests, including the nature immediate family has with any business or ceives, or is likely to receive workforce funds s 'substantial business interest' and 'immediate lict of Interest Policy.
Business/Organizational Interest	Nature of Relationship

I,_____, hereby declare and represent that the above information is true and correct to the best of my knowledge and belief. I agree that I will revise this declaration within thirty days of the date of any change in these interests.

Signature

Date

ATTACHMENT "C"

Insurance Coverage

ACORD	

DATE (MM/DD/YYYY)

							9/8	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.								
the terms and conditions of the policy	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	20.1101		CONTACT Na	ancy Hu	utchison			
SWBC Insurance Services, Inc	•		PHONE (A/C, No, Ext):	(800)	499-7922	FAX (A/C, No):	(210) 52	5-0054
P O Box 791028			E-MAIL ADDRESS: nh	hutchi	son@swbc.	. com		
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	279		INSURER A :F	ederal	Insuran	ce Co.		
	_		INSURER B :					
Alamo Workforce Development, DBA: Workforce Solutions Ala		• ,	INSURER C :					
DBA: Workforce Solutions Ala 115 E Travis St. Ste. 220			INSURER D :					
San Antonio TX 78	205		INSURER E :					
		ATE NUMBER:D&O/EPL M				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES	S OF I	NSURANCE LISTED BELOW HA	VE BEEN ISS		THE INSURE	ED NAMED ABOVE FOR T		
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COMMERCIAL GENERAL LIABILITY					-	EACH OCCURRENCE DAMAGE TO RENTED	\$	
					F	PREMISES (Ea occurrence)	\$	
					-	MED EXP (Any one person)	\$	
					-	PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC					-	GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$\$	
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AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
						· · · · · · · · · · · · · · · · · · ·	\$	
ALL OWNED AUTOS SCHEDULED					-	· · /	\$	
HIRED AUTOS NON-OWNED AUTOS					r	PROPERTY DAMAGE (Per accident)	\$	
							\$	
					-	EACH OCCURRENCE	\$ \$	
DED RETENTION \$					-	AGGREGATE	\$ \$	
						PER OTH- STATUTE ER	¥	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				-	E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A Directors & Officers		8224-2202	8/10	0/2016	10/1/2017	\$5,000,000 limit		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Employment Practices Liability \$5,000,000 limit, Fiduciary \$2,000,000 Limit and Workplace Violence Coverage \$250,000 limit. Policy Number 8224-2202								
CERTIFICATE HOLDER			CANCELL	ATION				
Alamo Area Council of Governments Executive Director Diane Rath				PIRATION ANCE WIT	DATE THE	ESCRIBED POLICIES BE C/ REOF, NOTICE WILL E Y PROVISIONS.		
8700 Tesoro Dr. Ste.			AUTHORIZED	REPRESEN	ITATIVE			
San Antonio, TX 7821	.7		Gary Dud	lley/NA	NCY	Gany D	>	day
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ACORD	

DATE (MM/DD/YYYY)

							· •••	9/	/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.									
the terms a	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	noider in neu or such endors	ement(3)	•	CONTAC	T Nancy H	Iutchison			
	rance Services, Inc.			NAME: PHONE		499-7922	Ę	AX VC, No): ^{(210) 5}	25-0054
P O Box 7				É-MAIL	s. nhutchi	son@swbc	.com	wo, woj: • • • • •	
				ADDRES					NAIC #
San Anton	io TX 782	79		INSURF		l Insuran			
INSURED				INSURE					
Alamo Wor	kforce Development,	Inc.,		INSURE					
DBA: Work	force Solutions Alam	10		INSURE					
115 E Tra	vis St. Ste. 220			INSURE	RE:				
San Anton	io TX 782	05		INSURE	RF:				
COVERAGE			NUMBER:D&O/EPL Ma				REVISION NUME		
INDICATED. CERTIFICAT EXCLUSION	CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RE TE MAY BE ISSUED OR MAY F S AND CONDITIONS OF SUCH	QUIREME PERTAIN, POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN DED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH D HEREIN IS SUB	RESPECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	MERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre		
							MED EXP (Any one per		
							PERSONAL & ADV IN.	JURY \$	
GEN'L AGO	GREGATE LIMIT APPLIES PER:						GENERAL AGGREGA	TE \$	
POLIC	CY PRO- JECT LOC						PRODUCTS - COMP/C		
OTHE							COMBINED SINGLE L	\$	
	ILE LIABILITY						(Ea accident)	•	
ANY A	AUTO						BODILY INJURY (Per p		
AUTO	S AUTOS NON-OWNED						BODILY INJURY (Per a PROPERTY DAMAGE		
HIRED	AUTOS AUTOS						(Per accident)	\$	
UMBR									
	SS LIAB OCCUR CLAIMS-MADE						EACH OCCURRENCE	\$	
DED	RETENTION \$						ROOKEGATE	\$	
WORKERS	COMPENSATION						PER STATUTE	OTH- ER	
ANY PROPE	OYERS' LIABILITY RIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT		
OFFICER/MI (Mandatory	EMBER EXCLUDED?	N / A					E.L. DISEASE - EA EM		
If yes, descr	ibe under ON OF OPERATIONS below						E.L. DISEASE - POLIC		
	ors & Officers		8224-2202		8/10/2016	10/1/2017	\$5,000,000 limit		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Employment Practices Liability \$5,000,000 limit, Fiduciary \$2,000,000 Limit and Workplace Violence Coverage \$250,000 limit. Policy Number 8224-2202									
CERTIFICAT	E HOLDER			CANC	ELLATION				
Bexa Bexa	ar County ar County Economic id Marquez Executiv			SHO THE	ULD ANY OF	N DATE THE	ESCRIBED POLICIE EREOF, NOTICE Y PROVISIONS.		
	West Nueva Street			AUTHOP	RIZED REPRESE	NTATIVE			
	Antonio, TX 7820						Gam		2000
	Gary Dudley/NANCY								
					@ 10	00 0044 400			I

ACORD	

DATE (MM/DD/YYYY)

					9/	7/2016		
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 holde the terms and conditions of the polic								
certificate holder in lieu of such endo			CONTACT					
PRODUCER				And Tool	FAY			
SWBC Insurance Services, Inc	2.		PHONE (A/C, No, Ext): (800)	499-7922	FAX (A/C, No): (210) 52	25-0054		
P O Box 791028			E-MAIL ADDRESS: nhutchi					
San Antonio TX 78	279			. ,		NAIC #		
INSURED	- 1 3		INSURER A :Federa	insurar	ICE CO.			
Alamo Workforce Development	Inc.		INSURER B : INSURER C :					
DBA: Workforce Solutions Ala			INSURER D :					
115 E Travis St. Ste. 220			INSURER E :					
San Antonio TX 78	205		INSURER F :					
		TENUMBER:D&O/EPL Ma			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	EQUIREN PERTAIN POLICIE	IENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADDL SUE		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Fa occurrence) \$			
					PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$			
	-				PERSONAL & ADV INJURY \$			
GEN'L AGGREGATE LIMIT APPLIES PER:	-				GENERAL AGGREGATE \$			
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$			
OTHER:								
					COMBINED SINGLE LIMIT (Ea accident)			
ANY AUTO					BODILY INJURY (Per person) \$			
ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
HIRED AUTOS					(Per accident)			
					\$			
	_				EACH OCCURRENCE \$ AGGREGATE \$			
DED RETENTION \$	4				AGGREGATE \$			
WORKERS COMPENSATION					PER OTH-			
AND EMPLOYERS' LIABILITY Y/ ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT \$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$			
A Directors & Officers		8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Employment Practices Liability \$5,000,000 limit, Fiduciary \$2,000,000 Limit and Workplace Violence Coverage \$250,000 limit. Policy Number 8224-2202								
CERTIFICATE HOLDER			CANCELLATION					
Information only			SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE CY PROVISIONS.			
			AUTHORIZED REPRESE	NTATIVE				
			Gary Dudley/N		Gany Du	,		
			© 19	88-2014 AC	ORD CORPORATION. All rig	hts reserved.		

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DATE (MM/DD/YYYY)

							9/	7/2016	
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			policy(ies	s) must be	endorsed.	If SUBROGATION IS WA	AIVED,	subject to	
the terms and conditions of the policy	, certain	n policies may require an er							
certificate holder in lieu of such endorsement(s). PRODUCER CONTACT Nancy Hutchison									
SWBC Insurance Services, Inc	_		PHONE	(800)	499-7922	FAX (A/C, No):	210) 52	5-0054	
P O Box 791028	•		(A/C, No, Ex E-MAIL		son@swbc	(A/C, No): ` . COM	, 32		
			ADDRESS:					NAIC #	
San Antonio TX 78	279				L Insuran			HAIC #	
INSURED			INSURER B						
Alamo Workforce Development,	Inc.,	,	INSURER C						
DBA: Workforce Solutions Ala	mo		INSURER D):					
115 E Travis St. Ste. 220			INSURER E	:					
	205		INSURER F	:					
	-	TE NUMBER:D&O/EPL Ma		1001/55 ==		REVISION NUMBER:	15 5 5		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAIN POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY C DED BY TH E BEEN REI	CONTRACT IE POLICIE DUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	ст то	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL SUI		PC (MM	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;		
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$		
CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$		
							\$		
							\$		
							\$		
							\$ \$		
OTHER:						COMBINED SINGLE LIMIT	\$		
						(Ea accident)	\$		
ALL OWNED SCHEDULED						,	\$		
AUTOS AUTOS NON-OWNED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$		
							\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION \$							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE			
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
A Directors & Officers		8224-2202	8/	/10/2016	10/1/2017	\$5,000,000 limit			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Employment Practices Liability \$5,000,000 limit, Fiduciary \$2,000,000 Limit and Workplace Violence Coverage \$250,000 limit. Policy Number 8224-2202									
			CANCE	LLATION					
City of San Antonio Director for International & Economic Development				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Rene Dominguez PO Box 839966						Game	>.	20-	
San Antonio, TX 7828	3-996	56	Gary Dı	udley/NA		Gang D)	
				© 198	38-2014 AC	ORD CORPORATION. A	All riat	nts reserved.	

ACORD [®] CERTIFICATE OF LIABILITY INSURANCE							E		(MM/DD/YYYY) /14/2016	
CI BI RI	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.									
th	IPORTANT: If the certificate ho e terms and conditions of the pe ertificate holder in lieu of such e	olicy, cer	tain p	oolicies may require an ei	ndorse	ment. A stat	tement on th			
PRO	DUCER				CONTA NAME:	CT Nancy H	Iutchison			
SWE	C Insurance Services,	Inc.			PHONE (A/C, N	(800)	499-7922	FAX (A/C No): (210) 5	25-0054
PC	Box 791028				E-MAIL	ss: nhutchi	son@swbc	. com		
								RDING COVERAGE		NAIC #
San	Antonio TX	78279			INSUR	RA:Federa				
INSU	RED				INSURE					
Ala	mo Workforce Developme	nt, Ind	c.,		INSURE					
	A: Workforce Solutions A	server de la compañía			INSURE					
115	E Travis St. Ste. 22)			INSURE					
San	Antonio TX	78205			INSURE					
		CERTIFI	CATE	E NUMBER:D&O/EPL Ma	statement of the local division of the local	the second s		REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POL			and the second			THE INSURE		THE POL	ICY PERIOD
IN CE	DICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR I (CLUSIONS AND CONDITIONS OF S	y requi May per	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	of an Ed by	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE					POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
LIK	COMMERCIAL GENERAL LIABILITY	INSL		TOLICT NUMBER				EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	s	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	PRO-							PRODUCTS - COMP/OP AGG		
	OTHER:							TRODUCTO - COMPACT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per acciden		
	AUTOS AUTOS NON-OWNEI	>						PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB									
		MADE						EACH OCCURRENCE	\$	
	CLAIMS-	VIADE						AGGREGATE	\$	
	DED RETENTION \$		-					PER OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N								
	OFFICER/MEMBER EXCLUDED?	N / A	4					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE		
-	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	Ð	
A	Directors & Officers			8224-2202		8/10/2016	10/1/2017	\$5,000,000 limit		
DESC	CRIPTION OF OPERATIONS / LOCATIONS /	/EHICLES	(ACOR	D 101, Additional Remarks Schedu	ile, may	be attached if mo	re space is requi	red)		
								second.		
000					CAN					
UE	RTIFICATE HOLDER				CAN	CELLATION				
	α. α				SHC	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE	CANCEL	LED BEFORE
	Arnulfo Luna				THE	EXPIRATION	DATE TH	EREOF, NOTICE WILL		
	Courty Judge Frio		Z		ACC	URDANCE WI	TH THE POLIC	CY PROVISIONS.		
	Frio County Courth				AUTUC		NTATIVE			
	500 East San Anton				AUTHO	RIZED REPRESE	ATTVE			
	Pearsall, TX 7806	T.			Garv	Dudley/N	ANCY	Gany	>~	day
					CONTRACTOR STREET	Contraction of the second s				

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		-		

DATE (MM/DD/YYYY)

		oronic	10	0/14/2016			
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 the terms and conditions of the policy, certain policies may require an e							
certificate holder in lieu of such endorsement(s).		*					
PRODUCER	CONTACT Nancy H	499-7922					
SWBC Insurance Services, Inc.	(A/C, No, Ext); (000)		(A/C, No); (210)	525-0054			
P O Box 791028	E-MAIL ADDRESS: nhutchi						
			RDING COVERAGE	NAIC #			
San Antonio TX 78279	INSURER A :Federa	l Insurar	nce Co.	-			
Alamo Workforce Development, Inc.,	INSURER B :						
DBA: Workforce Solutions Alamo	INSURER C :						
115 E Travis St. Ste. 220	INSURER D :						
San Antonio TX 78205	INSURER E :						
COVERAGES CERTIFICATE NUMBER:D&O/EPL M	INSURER F:		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		THE INSURE					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	O WHICH THIS			
INSR 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 \$				
CLAIMS-MADE OCCUR			DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
			MED EXP (Any one person) \$				
			PERSONAL & ADV INJURY \$				
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE \$				
POLICY PRO- JECT LOC			PRODUCTS - COMP/OP AGG \$				
OTHER:			\$				
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident)				
			BODILY INJURY (Per person) \$				
ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED			BODILY INJURY (Per accident) \$ PROPERTY DAMAGE				
HIRED AUTOS AUTOS			(Per accident)				
			\$				
UMBRELLA LIAB OCCUR			EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE			AGGREGATE \$				
DED RETENTION \$ WORKERS COMPENSATION			PER OTH-				
AND EMPLOYERS' LIABILITY Y / N			STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			E.L. EACH ACCIDENT \$				
(Mandatory in NH) If yes, describe under			E.L. DISEASE - EA EMPLOYEE \$				
DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$				
A Directors & Officers 8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit				
	ula mau be attache d'if		(read)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schede	uie, may de attached if mo	re space is requi	rea)				
CERTIFICATE HOLDER	CANCELLATION						
Chris Schuchart		N DATE TH	ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE E CY PROVISIONS.				
County Judge, Medina County Medina County Courthouse	AUTHORIZED REPRESE						
1100 16th St. Hondo, TX 78861	AV TIONIZED REPRESE						
Hondo, IX (0001	Gary Dudley/N	ANCY	Gany D.	deay			
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A	cord	CE	зті	FICATE OF LIA	RILI	TY INS		F	DATE	(MM/DD/YYYY)
T	HIS CERTIFICATE IS ISSUED AS									/14/2016
C B	ERTIFICATE DOES NOT AFFIRM ELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCEF	NATIVE INSUR	ELY C	R NEGATIVELY AMEND, E DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES
th	MPORTANT: If the certificate hol ne terms and conditions of the po ertificate holder in lieu of such en	licy, ce	ertain	policies may require an e						
-	DUCER	14			CONTA NAME:	CT Nancy H	lutchison			
	BC Insurance Services, I	nc.			PHONE (A/C, N	o, Ext); (800)	499-7922	FAX (A/C, No)	: (210)5	25-0054
P (0 Box 791028				ADDRE	ss: nhutchi				
Sai	n Antonio TX	78279	9		INCLIDE	INS RA:Federa				NAIC #
INSL	JRED				INSURE		1 11104141	100 00.		
Ala	amo Workforce Developmen	it, Ir	nc.,		INSURE					
	A: Workforce Solutions A				INSURE	RD:				
	5 E Travis St. Ste. 220 n Antonio	78205	5		INSURE					
				E NUMBER:D&O/EPL M	INSURE	and a state of the		REVISION NUMBER:		
T	HIS IS TO CERTIFY THAT THE POLIC	CIES OI	F INSL	JRANCE LISTED BELOW HAY	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR 1		
	NDICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR M									
E	XCLUSIONS AND CONDITIONS OF SU	JCH PO	LICIES	5. LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS		U ALL	THE TERMO,
INSR LTR			DL SUB		_	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
-	OTHER:		_					COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident	\$	
	AUTOS AUTOS HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
								(i or accordenty	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-M	IADE						AGGREGATE	\$	
	DED RETENTION \$							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N /	A					E.L. DISEASE - EA EMPLOYE		
	If yes, describe under DESCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT	\$	
A	Directors & Officers			8224-2202		8/10/2016	10/1/2017	\$5,000,000 limit		
DES	CRIPTION OF OPERATIONS / LOCATIONS / V	EHICLES	(ACO	RD 101, Additional Remarks Schedu	ule, may t	be attached if mor	e space is requi	red)		
CE					CANC					
	Darrel L. Lux County Judge, Kendall County Kendall County				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.					
	201 East San Antoni Suite 122	.0								A C
	Boorno TY 78006				Carri	Dudlow/N	NOV	Gange		allen

Boerne, TX 78006

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Gary Dudley/NANCY

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DATE (MM/DD/YYYY)

			and the second	/14/2016			
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							
certificate holder in lieu of such endorsement(s).	CONTACT Nancy H	utchicon					
SWBC Insurance Services, Inc.	PHONE (A/C, No, Ext): (800)	499-7922	FAX (A/C, No): (210)	525-0054			
P O Box 791028	E-MAIL ADDRESS: nhutchi	son@swbc.	(A/C, No); (220)	515 0054			
			DING COVERAGE	NAIC #			
San Antonio TX 78279	INSURER A :Federa			NAIO #			
INSURED	INSURER B :						
Alamo Workforce Development, Inc.,	INSURER C :						
DBA: Workforce Solutions Alamo	INSURER D :						
115 E Travis St. Ste. 220	INSURER E :						
San Antonio TX 78205	INSURER F :						
COVERAGES CERTIFICATE NUMBER:D&O/EPL 1			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 INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
COMMERCIAL GENERAL LIABILITY		_	EACH OCCURRENCE \$				
CLAIMS-MADE OCCUR			PREMISES (Ea occurrence) \$				
		-	MED EXP (Any one person) \$				
		-	PERSONAL & ADV INJURY \$				
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE \$				
		-	PRODUCTS - COMP/OP AGG \$				
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident) \$				
ANY AUTO		-	BODILY INJURY (Per person) \$				
ALL OWNED 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 \$ WORKERS COMPENSATION			PER 0TH-				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT \$				
OFFICER/MEMBER EXCLUDED?			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below		-	E.L. DISEASE - POLICY LIMIT \$				
A Directors & Officers 8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit				
	5/10/2010	10/1/201/	35,000,000 imit				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sche	dule, may be attached if man	e snace is moul-	red)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sche	dule, may be attached it mor	e space is requi	euj				
CERTIFICATE HOLDER	CANCELLATION						
James E. Teal - Vice Chairman County Judge, McMullen County McMullen County Courthouse		DATE THE	ESCRIBED POLICIES BE CANCEI REOF, NOTICE WILL BE DI Y PROVISIONS.				
PO Box 237	AUTHORIZED REPRESEN	NTATIVE					
Tilden, TX 78072	Gary Dudley/NA	Gary Dudley/NANCY Sang Dudley					

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DATE (MM/DD/YYYY)

						10/	14/2016	
THIS CERTIFICATE IS ISSUED AS A IN CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INSU	VELY OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTER	ND OR ALT	ER THE CO	VERAGE AFFORDED BY THE	POLICIES	
REPRESENTATIVE OR PRODUCER, AN			1					
IMPORTANT: If the certificate holder i the terms and conditions of the policy, certificate holder in lieu of such endors	certain p	olicies may require an e						
PRODUCER			CONTAC NAME:	CT Nancy H	Iutchison			
SWBC Insurance Services, Inc.			PHONE (A/C, No	, Ext): (800)	499-7922	FAX (A/C, No): (210) 52	25-0054	
P O Box 791028			E-MAIL	ss: nhutchi	.son@swbc	. com		
	1000000			INS	URER(S) AFFOR	RDING COVERAGE	NAIC #	
San Antonio TX 782	79		INSURE	RA:Federa	l Insurar	nce Co.		
INSURED	Tra		INSURE	Non-Mark				
Alamo Workforce Development, DBA: Workforce Solutions Alam	8		INSURE					
115 E Travis St. Ste. 220			INSURE					
San Antonio TX 782	05		INSURER F :					
COVERAGES CER	TIFICATE	NUMBER:D&O/EPL M				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F	QUIREME	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT TO	WHICH THIS	
EXCLUSIONS AND CONDITIONS OF SUCH I		LIMITS SHOWN MAY HAVE					,	
	INSD WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
CLAIMS-MADE OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Fa occurrence) \$		
						PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$		
			*			PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER:			24			GENERAL AGGREGATE \$		
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$		
OTHER:						COMBINED SINGLE LIMIT		
						(Ea accident) \$ BODILY INJURY (Per person) \$		
ANY AUTO								
AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$		
HIRED AUTOS AUTOS						(Per accident) \$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$		
DED RETENTION \$						\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$		
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	the second second	
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$		
A Directors & Officers		8224-2202		8/10/2016	10/1/2017	\$5,000,000 limit		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (ACORE	0 101, Additional Remarks Sched	ule, may b	e attached if mo	re space is requi	red)		
CERTIFICATE HOLDER			CANC	ELLATION				
Jim O. Wolverton Commissioner Guadalupe County			THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CANCELI EREOF, NOTICE WILL BE DE EY PROVISIONS.		
Precinct 3 1101 Elbel Rd. Schertz, TX 78154			AUTHO	RIZED REPRESE	NTATIVE			
			Gary	Dudley/N	ANCY	Gang Du	day	

ACORD 25 (2014/01) INS025 (201401) The ACORD name and logo are registered marks of ACORD

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A	ORD	
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DATE (MM/DD/YYYY)

						107	14/2016
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 endors	 Martin Contraction States 						3
PRODUCER			TUNITE.		utchison	1	
SWBC Insurance Services, Inc.			PHONE (A/C, No, E)	XU.	499-7922	FAX (A/C, No): (210) 5:	25-0054
P O Box 791028			ADDRESS:	nhutchi	son@swbc	. com	
				INS	URER(S) AFFOF	DING COVERAGE	NAIC #
San Antonio TX 782	279		INSURER A	:Federa	l Insurar	ice Co.	
INSURED			INSURER B	3:			
Alamo Workforce Development,			INSURER C	:			
DBA: Workforce Solutions Alam 115 E Travis St. Ste. 220	10		INSURER D				
San Antonio TX 782	05		INSURER E				
		NUMBER:D&O/EPL M	INSURER F	:			
THIS IS TO CERTIFY THAT THE POLICIES				SSUED TO		REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIREMEI PERTAIN, POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY C DED BY THI E BEEN REL	CONTRACT	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	P (MI	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	
						PREMISES (Ea occurrence) \$	
						MED EXP (Any one person) \$	
GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$	
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$	
OTHER:						\$	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
ANY AUTO						BODILY INJURY (Per person) \$	
ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident) \$	
HIRED AUTOS						PROPERTY DAMAGE \$	
						\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
A Directors & Officers		8224-2202	8,	/10/2016	10/1/2017	\$5,000,000 limit	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
CERTIFICATE HOLDER			CANCEL	LLATION			
Mark Stroeher County Judge, Gillesp Gillespie County Cour			THE E ACCOR	XPIRATION	DATE THE	ESCRIBED POLICIES BE CANCELI EREOF, NOTICE WILL BE DE EY PROVISIONS.	
101 West Main St. Unit 9			AUTHORIZI	ED REPRESE	NTATIVE		100 Januari
Fredericksburg, TX 78624 Gary Dudley/NANCY						day	

ACORD 25 (2014/01) INS025 (201401) The ACORD name and logo are registered marks of ACORD

AC	CORD	CFF		ICATE OF LIA	BILI	TY INS	URANC	ЕГ		MM/DD/YYYY)
TI	HIS CERTIFICATE IS ISSUED AS									14/2016 .DER. THIS
B	ERTIFICATE DOES NOT AFFIRI ELOW. THIS CERTIFICATE OF EPRESENTATIVE OR PRODUCE	INSUR	ANCE	DOES NOT CONSTITUT						
th	PORTANT: If the certificate hol e terms and conditions of the po ertificate holder in lieu of such er	icy, ce	rtain p	oolicies may require an e						
-	DUCER		10110(0)		CONTA NAME:	CT Nancy H	Iutchison			
SWE	C Insurance Services, D	nc.			PHONE (A/C, N	(800)	499-7922	FAX (A/C, No):	(210) 52	5-0054
ΡC	Box 791028				E-MAIL	_{SS:} nhutchi	son@swbc	. com		
								DING COVERAGE		NAIC #
Sar	Antonio TX	78279)		INSURE	RA:Federa	l Insurar	ice Co.		
INSU	RED				INSURE	RB:				
	mo Workforce Developmen		.,		INSURE	RC:				
	: Workforce Solutions A	lamo			INSURE	RD:				
	E Travis St. Ste. 220		•)		INSURE	RE:				
	Antonio TX	78205		ENUMBER:D&O/EPL M	INSURE					
	/ERAGES IIS IS TO CERTIFY THAT THE POLI							REVISION NUMBER:		
IN	DICATED. NOTWITHSTANDING AN	REQU	IREME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO V	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR M (CLUSIONS AND CONDITIONS OF S) ALL T	HE TERMS,
INSR LTR	TYPE OF INSURANCE	AD				POLICY EFF (MM/DD/YYYY)		LIMIT	s	
LIK	COMMERCIAL GENERAL LIABILITY	INC		POLICI NUMBER				EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							COMPINED CINCLE LIMIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS AUTOS NON-OWNEE							BODILY INJURY (Per accident) PROPERTY DAMAGE		
	HIRED AUTOS							(Per accident)	\$ \$	
	UMBRELLA LIAB							EAGU OCOURDENOS		
	000000	405						EACH OCCURRENCE	\$ \$	
	DED RETENTION \$	ADE				1		AGGREGATE	\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	•	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	<u>(/N</u>						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N /	A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
А	Directors & Officers			8224-2202		8/10/2016	10/1/2017	\$5,000,000 limit		
DESC	CRIPTION OF OPERATIONS / LOCATIONS /	EHICLES	(ACOR	D 101, Additional Remarks Sched	ule, may	be attached if mo	re space is requi	red)		
CE	RTIFICATE HOLDER				CAN	CELLATION				
511							<u> </u>			
								ESCRIBED POLICIES BE C		
	Richard A. Evans							EREOF, NOTICE WILL I	SE DEL	IVERED IN
	County Judge Bande Bandera County Cou	thou	se							
	500 Main St.				AUTHO	RIZED REPRESE	NTATIVE			
	PO Box 877							Gange	>	2000
	Bandera, TX 78003				Gary	Dudley/N	ANCY	· · · · · · · · · · · · · · · · · · ·		7

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THIS CERTIFICATE IN SUED AS A MATTER OF INFORMATION ONLY AND CONFIENS DO NIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DES NOT AFRINATUREL OR READING. EXTENDIO A LITER THE COVERAGE AFFORDED BY THE FOLCIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUNG INSURERS), ALTHORIZED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUNG INSURERS), ALTHORIZED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUNG INSURERS), ALTHORIZED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUNG INSURERS), ALTHORIZED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUNG INSURERS), ALTHORIZED BELOW. THIS CERTIFICATE INSURERS, AND THE CERTIFICATE HOLDER. THE INSURANCE INSURING INSURING INSURING INSURANCE DOES NOT CANADA BERNER INSURANCE DOES NOT AN ADDITIONAL INSURERS, ITEM ON CONTRACT BETWEEN INSURANCE INSURING INSURING INSURING INSURANCE DOES NOT ACCOUNT AND THE INSURE INSUREMENT FOR INSURANCE DOES NOT ACCOUNT AND THE INSURE INSUREMENT FOR INSURANCE DOES NOT AND THE INSURE INSUREMENT AND THE INSURE INSURANCE DOES NOT AND THE INSURE INSUREMENT AND THE INSURE INSURANCE DOES NOT AND THE INSURE INSURANCE DOES NOT AND THE INSURE INSUREMENT AND THE INSURE INSURANCE AND THE INSURE INSURA	Ą	CORD [®] C	ER	TIF	ICATE OF LIA	BILI	TY INS	URANC	E		MM/DD/YYYY)
PRODUCER Constrained Services, Inc. Constrained Services, Inc. P 0 Box 791028 San Antonio TX 78279 Max.egg, RobitServices, Inc., Inc	C B R IM th	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									
Induction State P O Box 791228 PAR MICENTICUT PAR MICENTICUT San Antonio TX 78279 INSURENT AFFECTER CONCERCE INSURENT AFFECTER CONCERCE INSURENT AFFECTER CONCERCE DBA: WorkForce Development, Inc., DBA: WorkForce Solutions Alamo INSURENT AFFECTER CONCERCE INSURENT AFFECTER CONCERCE INSURENT AFFECTER CONCERCE DBA: WorkForce Solutions Alamo INSURENT AFFECTER CONCERCE Solutions INSURENT AFFECTER CONCERCE INSURENT AFFECTER CONCERCE CONCERCE DATA TOTAL TY HAT THE INSURE OF CONCERCE SOLUTION OF ANY CONTRACT OR OTHER DOLUMER CONCERCE AND CONTRACT OR OTHER DOLUMER TO THE INSURE OF THE INSURE OF AND CONTRACT OR OTHER DOLUMER AND CONTRACT OR OTHER DOLUMER CONCERCE AND CONTRACT OR OTHER DOLUMER TO ALL THE TERMS. COVERACES CERTIFICATE NUMBER AFFECTOR ON HAT RETURN SUBJECT ON AND PARTACT TO ALL THE TERMS. THIS IS TO CERTIFY HAT THE INSURANCE UNTER DEVELOPMENT AND CONSTACT OR OTHER DOLUMER. INSURENT AFFECT TO ALL THE TERMS. COVERACES CERTIFICATE NUMBER AFFECTOR ON HAT RETURN SUBJECT TO ALL THE TERMS. COVERACE MARCES MARCES THIS IS TO CERTIFICATE NUMBER AFFECTOR ON HAT RETURN SUBJECT TO ALL THE TERMS. INTO THE AND CONSTACT OR OTHER DOLUMER. COVERACES CERTIFICATE NUMBER AFFECTOR ON HAT RETURN AND CONSTACT OR OTHER DOLUMER. INTO THE TERMS. THIS IS TO CERTIFICATE NUMBER AFFECTOR ON HAT RETURN AND CONSTACT OR OTHER ADD CONST	_		sem	ent(s)		CONTA	07				
P 0 Box 791028 INDUCTION DOT REAL INDUCTION DOT REAL INDUCTION DOT REAL San Antonio TX 78279 INDURER #Federal Insurance Co. INDURER #Federal Insurance Co. Name Workforce Development, Inc., INDURER #Federal Insurance Co. INDURER #Federal Insurance Co. DBA: Morkforce Solutions Alamo INDURER #Federal Insurance Co. INDURER #Federal Insurance Co. San Antonio TX 78279 INDURER #Federal Insurance Co. INDURER #Federal Insurance Co. San Antonio TX 78205 INDURER #Federal Insurance Co. INDURER #Federal Insurance Co. San Antonio TX 78205 INDURER #Federal Insurance Co. INDURER #Federal Insurance Co. This St Ocentry That The Follows Markee User Insure Markee Document To All The Follows Markee Insure Markee Competition of Ark Contract of Art The Insure Markee Proceed by The Follows Markee Document To All The Terms, Schulter And The Subject To All The Terms, Schulter And Terms, Schuter And Terms, Schulter And Terms, Schuter And Terms,						NAME:	Nancy				
BUBLERING AFTOROME COVERAGE NAUGE BUDGERING AFTOROME COVERAGE NUMBER D	849,2002		•			(A/C. N			(A/C, No): (210) 52	5-0054
San Antonio TX T8279 Humere A Federal I Insurance Co. Insurance Co. Name Maine Workforce Development, Inc., MuseRe: Insurance Co. Insurance Co. DBA: Workforce Solutions Alamo MuseRe: Insurance Co. Insurance Co. DBA: Workforce Solutions Alamo MuseRe: Insurance Co. Insurance Co. DBA: Workforce Solutions Alamo MuseRe: Insurance Co. Insurance Co. DBA: Workforce Solutions Alamo MuseRe: Insurance Co. Insurance Co. MuseRe: MuseRe: Insurance Co. Insurance Co. Insurance Co. San Antonio TX 78205 MuseRe: Insurance Co. Insurance Co. MUSCATE: COVERACE Co Counting OF Alamo MuseRe: Insurance Counting OF Alamo Insurance Counting OF Alamo MUSCATE: COVERACE Co Counting OF Alamo MuseRe: Insurance Counting OF Alamo Insurance Counting OF Alamo MUSCATE: MuseRe: MuseRe: Insurance Counting OF Alamo Insurance Counting OF Alamo Insurance Counting OF Alamo MUSCATE: MuseRe: MuseRe: Insurance Counting OF Alamo Insurance Counting OF Alamo Insurance Counting OF Alamo MUSCATE: MuseRe: MuseRe: MuseRe: Insurance Counting OF Alamo Insur	P										
Alamo Workforce Bovelopment, Inc., DBA: Workforce Bovelopment, Inc., DBA: Workforce Solution Alamo DBA: Workforce DBA: Workfor	Sar	Antonio TX 78	279			INSURE	RA:Federa	l Insurar	nce Co.		
DBA: WORKFORCE Solutions Aliano INSURER D: Insurer D: LIS E Travis St. St. 220 INSURER D: INSURER D: MADRIEL I. INSURER D: INSURER D: COVERAGES CERTIFICATE NUMBER/SO/ZPL Master REVISION NUMBER: COVERAGES CERTIFICATE NUMBER/SO/ZPL Master REVISION NUMBER: COVERAGES CERTIFICATE NUMBER/SO/ZPL Master REVISION NUMBER: VERSION CONTINUES OF SUCH PLOIDES OF NUMBER REVISION NUMBER: INTERNET TO ALL THE TEXNS, VERSION CONTINUES AND REVISION TO MARKER DESCRIPTION THE INSUEND TO THE INSUEND TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS, VERSION CONTINUES OF SUCH PLOIDES INTERNET TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS, VERSION CONTINUES CONTINUE ADD REVISION TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS, VERSION CONTINUES CONTINUE ADD REVISION TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS, VERSION ADD REVISION CONTINUES CONTINUE ADD REVISION TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS, ADD REVISION CONTINUES CONTINUE ADD REVISION TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS, ADD REVISION CONTINUES CONTINUE ADD REVISION TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS, INTERNET TO ALL THE TEXNS,	INSU	RED				INSURE	ER B :				
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ANY		Floresville, TX 7811	4			Gary	Dudley/N	ANCY	Gange	>~_	day

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C OEIXTITIOATE OF EIA				10/	14/2016		
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 BEDERSENTATIVE OF DEPOLICEE AND THE CERTIFICATE HOLDER.							
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	nelieu(iee) mu						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the the terms and conditions of the policy, certain policies may require an e certificate holder in lieu of such endorsement(s).							
PRODUCER		y Hutchison					
SWBC Insurance Services, Inc.	PHONE (A/C No Ext): (8	300)499-7922	FAX (A/C, No):	(210) 52	25-0054		
P O Box 791028	E-MAIL ADDRESS: nhut	chison@swbc					
		INSURER(S) AFFO			NAIC #		
San Antonio TX 78279	INSURER A :Fed	eral Insura	nce Co.				
INSURED	INSURER B :						
Alamo Workforce Development, Inc.,	INSURER C :						
DBA: Workforce Solutions Alamo	INSURER D :						
115 E Travis St. Ste. 220	INSURER E :						
San Antonio TX 78205	INSURER F :						
COVERAGES CERTIFICATE NUMBER:D&O/EPL M	laster		REVISION NUMBER:				
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			MED EXP (Any one person)	\$			
			PERSONAL & ADV INJURY	\$			
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A Directors & Officers 8224-2202	8/10/2	016 10/1/2017	\$5,000,000 limit				
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Robert L. Hurley County Judge Atascosa County Atascosa County Courthouse	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1 Courthouse Circel Dr. Suite 101	AUTHORIZED REP	RESENTATIVE	6				
Jourdanton, TX 78026	Gary Dudle	y/NANCY	Gango	>~	day		

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DATE (MM/DD/YYYY)

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THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVELY C	OR NEGATIVELY AMEND, E DOES NOT CONSTITUT	EXTEN	D OR ALT	ER THE CO	VERAGE AFFORDED BY T	HE POLICIES
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PRODUCER			CONTAC NAME:	Mancy	Iutchison	FAY	
SWBC Insurance Services, Inc	•		PHONE (A/C, No.		499-7922	FAX (A/C, No): (210)	525-0054
P O Box 791028			ADDRES	s: nhutchi	son@swbc	. com	
				INS	URER(S) AFFOR	RDING COVERAGE	NAIC #
	279		INSURE	RA:Federa	l Insurar	nce Co.	
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Alamo Workforce Development,			INSURE	R C :			
DBA: Workforce Solutions Ala	no		INSURE	RD:			
115 E Travis St. Ste. 220	205		INSURE	R E :	Comment of the second		
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ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	
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A Directors & Officers		8224-2202		8/10/2016	10/1/2017	\$5,000,000 limit	
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CERTIFICATE HOLDER			CANC	ELLATION			
			-				
Tom Pollard SHOULD ANY OF THE ABOVE DES THE EXPIRATION DATE THER							
Tom Pollard Courty Judge, Kerr Co				Y PROVISIONS.			
Kerr County Courthous							
700 East Main St.	1.12		AUTHOR	ZED REPRESE	NTATIVE		
Kerrville, TX 78028				100 100 March		Game	-00-
		2	Gary	Dudley/N	ANCY	Gang D.	avery
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ACORD [®] CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 10/14/2016					
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												
	ertificate holder in lieu of such e					nuorse	ment. A sta	tement on th	ins certificate does not c	onter r	ights to the	
and the second division of the local divisio	DUCER	laoro				CONTA	CT Nancy I	lutchison				
SWE	C Insurance Services,	Inc.				NAME: PHONE	(900)	499-7922	FAX (A/C, No):	(210) 55	25-0054	
1000000000	Box 791028					(A/C, N E-MAIL	ss: nhutchi		. COM	(220) 52		
						ADDRE	1000	2.000/00/00/00/00/00/00/00/00/00/00/00/00	RDING COVERAGE		NAIO #	
Sar	Antonio TX	782	79			INCLIDE	RA:Federa	and a second			NAIC #	
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Ala	amo Workforce Developme	nt,	Inc	.,		INSURE						
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CI E>	DICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR I (CLUSIONS AND CONDITIONS OF S	NAY P	PERT	AIN, CIES.	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT TO	CT TO N D ALL T	WHICH THIS THE TERMS,	
INSR LTR	TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG	\$		
	OTHER:								COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY								(Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED								BODILY INJURY (Per person)			
	AUTOS AUTOS NON-OWNEI								BODILY INJURY (Per accident) PROPERTY DAMAGE			
	HIRED AUTOS AUTOS								(Per accident)	\$		
	UMBRELLA LIAB		_							\$		
									EACH OCCURRENCE	\$		
		VIADE							AGGREGATE	\$		
	DED RETENTION \$								PER OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	Y / N								6		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT			
A	Directors & Officers				8224 2202		0/10/2016	10/1/0017		Ψ		
Α	Directors & Officers				8224-2202		8/10/2016	10/1/2017	\$5,000,000 limit			
DESC	RIPTION OF OPERATIONS / LOCATIONS /	/EHICL	.ES (#	ACORE	101, Additional Remarks Schedu	ile, may t	e attached if mo	re space is requi	red)			
									o solio p.			
CEF	RTIFICATE HOLDER					CANC	ELLATION					
Walter Long					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
County Judge, Karnes County Karnes County Courthouse					700	CREANCE WI						
	120 W. Calvert	CHOC	126			AUTHO	RIZED REPRESE	NTATIVE				
	Suite 160										a	
Karnes City, TX 78118					Gary Dudley/NANCY Sang Dudley							

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CERTIFICATE OF LIADILITY INSURANCE									
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	CONTACT Nancy H	utchison							
SWBC Insurance Services, Inc.	PHONE (A/C, No, Ext): (800)	499-7922	FAX (A/C No)	(210) 52	25-0054				
P O Box 791028	E-MAIL ADDRESS: nhutchi	son@swbc.	com						
		Manual and the second	DING COVERAGE		NAIC #				
San Antonio TX 78279	INSURER A :Federal		11410 #						
INSURED	INSURER B :	2.110022011							
Alamo Workforce Development, Inc.,	INSURER C :								
DBA: Workforce Solutions Alamo	INSURER D :								
115 E Travis St. Ste. 220	INSURER E :								
San Antonio TX 78205	INSURER F :								
COVERAGES CERTIFICATE NUMBER:D&O/EPL M		-F	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	VE BEEN ISSUED TO OF ANY CONTRACT ED BY THE POLICIES	OR OTHER D S DESCRIBED	OCUMENT WITH RESPE	CT TO V	WHICH THIS				
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE									
LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	T					
COMMERCIAL GENERAL LIABILITY		-	EACH OCCURRENCE DAMAGE TO RENTED	\$					
CLAIMS-MADE OCCUR		-	PREMISES (Ea occurrence)	\$					
		-	MED EXP (Any one person)	\$					
	PERSONAL & ADV INJURY \$			\$					
GEN'L AGGREGATE LIMIT APPLIES PER		GENERAL AGGREGATE \$							
POLICY PRO- JECT LOC		-	PRODUCTS - COMP/OP AGG	\$					
OTHER:			COMBINED SINGLE LIMIT	\$					
AUTOMOBILE LIABILITY		-	(Ea accident)	\$					
ANY AUTO		-	BODILY INJURY (Per person)	\$					
AUTOS AUTOS NON-OWNED			BODILY INJURY (Per accident) PROPERTY DAMAGE						
HIRED AUTOS AUTOS		-	(Per accident)	\$					
				\$					
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE		_	EACH OCCURRENCE	\$					
CLAINIS-INADE		-	AGGREGATE	\$					
DED RETENTION \$ WORKERS COMPENSATION			PER OTH-	\$					
AND EMPLOYERS' LIABILITY Y / N		-	STATUTE ER						
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		-	E.L. EACH ACCIDENT	\$					
(Mandatory in NH)		-	E.L. DISEASE - EA EMPLOYEI						
DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT	\$					
A Directors & Officers 8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu	ule, may be attached if mor	re space is requir	ed)						
CERTIFICATE HOLDER	CANCELLATION			_					
Sherman Krause - Chairman County Judge Comal County Comal County Courthouse	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
150 North Seguin Ave.	AUTHORIZED REPRESENTATIVE								
New Braunfels, TX 78130									
	Gary Dudley/NANCY Gary Dudley								

CEDTIEICATE OF LIADILITY INCLIDANCE

DATE (MM/DD/YYYY)

ACORD

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ATTACHMENT "D"

TEXAS WORKFORCE COMMISSION BIENNIAL CERTIFICATION

Texas Workforce Commission

A Member of Texas Workforce Solutions

Andres Alcantar, Chairman Commissioner Representing the Public

Ronald G. Congleton Commissioner Representing Labor

Ruth R. Hughs Commissioner Representing Employers

Larry E. Temple Executive Director

December 18, 2015

The Honorable Richard A. Evans Bandera County Judge P. O. Box 877 Bandera, Texas 78003-0877

Dear Judge Evans:

We are pleased to inform you the office of the governor recertified the Workforce Solutions Alamo (Board) following a review by the Texas Workforce Commission (TWC), as required by the Workforce Innovation and Opportunity Act (WIOA).

WIOA requires that, once every two years, the governor certify one Local Workforce Development Board for each local workforce development area (workforce area) of the state. The state is required to complete your workforce area's certification process within a reasonable time following each two-year period.

To fulfill the requirement, TWC conducted a review of the following elements:

- **Board Composition**—Determined that the Board's composition was consistent with Texas Government Code §2308.256. The Board was required to bring its membership into compliance before certification was recommended.
- **Diversity Requirements**—Determined that the Board was in compliance with the ethnic and geographic diversity of the workforce area.
- **Industry Representation**—Determined whether private sector membership reasonably represented the industrial and demographic composition of the business community.
- **Bylaws**—Confirmed that a copy of the Board's current bylaws was on file with TWC, that the size and composition of the Board were consistent with its bylaws, and that a conflict of interest statement was included.
- **Partnership Agreement**—Confirmed that a copy of the current Partnership Agreement was on file with TWC and that it identified the grant recipient, administrative entity, and the process for developing the strategic and operational plan.
- Bylaws and Partnership Agreement—Confirmed that these instruments are consistent with each other.

101 E. 15th Street • Austin, Texas 78778-0001 • (512) 463-2222 • Relay Texas: 800-735-2989 (TDD) 800-735-2988 (Voice) • www.texasworkforce.org Equal Opportunity Employer / Program



The Honorable Richard A. Evans

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• WIOA Performance—Compared WIOA performance against required (i.e., contracted) targets and verified plans were in place and actions were underway to improve performance if performance was below expectations.

We appreciate the assistance that Board staff provided in completing this review. We look forward to continuing to work together to meet the needs of employers and job seekers in your community. If you have questions, please contact John H. Fuller, Director of Workforce and Board Support, at (512) 463-7459.

Sincerely,

teld she

Andres Alcantar, Chairman Commissioner Representing the Public

Ronald G. Congleton Commissioner Representing Labor

Ruth R. Hughs Commissioner Representing Employers

Enclosure

cc: Roscoe B. Marshall, Jr., Board Chair, Workforce Solutions Alamo Gail L. Hathaway, Executive Director, Workforce Solutions Alamo Larry E. Temple, Executive Director Reagan Miller, Director, Workforce Development Division

APPROVAL/DISAPPROVAL OF ACTION ITEM REQUEST FROM THE TEXAS WORKFORCE COMMISSION

ACTION ITEM: Re-certification of Workforce Boards under Workforce Innovation and Opportunity Act

Workforce Solutions Panhandle Workforce Solutions North Texas Workforce Solutions for Tarrant County Workforce Solutions Northeast Texas Workforce Solutions of West Central Texas Workforce Solutions Permian Basin Workforce Solutions for the Heart of Texas Workforce Solutions Rural Capital Area Workforce Solutions Deep East Texas Workforce Solutions Golden Crescent Workforce Solutions for South Texas Workforce Solutions Lower Rio Grande Valley Workforce Solutions Texoma Workforce Solutions Middle Rio Grande Workforce Solutions South Plains Workforce Solutions for North Central Texas Workforce Solutions Greater Dallas Workforce Solutions East Texas Workforce Solutions Borderplex Workforce Solutions Concho Valley Workforce Solutions Capital Area Workforce Solutions Brazos Valley Workforce Solutions Brazos Valley Workforce Solutions Alamo Workforce Solutions of the Coastal Bend Workforce Solutions of the Coastal Bend Workforce Solutions of Central Texas Workforce Solutions Gulf Coast

_____ Approval

Drew DeBerry Director of Policy Office of the Governor _____Disapproval

12.16.15 Date