

CONTRACT ROUTING FORM

Contract No. 19-0015-SC-R4 Project No. _____ Bid No. _____ RFP No. _____

☐ New Contract ☒ Renewal ☐ Change Order ☐ Amendment ☐ Assignment ☐ Other

NAME OF CONTRACTOR: Pedro SS Services, Inc

CONTRACT DESCRIPTION: Electrical Underground Construction Maintenance

CONTRACT VALUE: \$ 2,000,000.00 (NTE)

GL ACCOUNT NO: _____

GRANT FUNDED: ☒ NO ☐ YES If YES, Grant No. _____

SIGNATURES RECOMMENDING APPROVAL

Denise Gilmore, CTCD/CTCM - Buyer
PURCHASING/CONTRACT COORDINATOR

8-12-2022
DATE

LEGAL DEPARTMENT

DATE

[Signature]
DIRECTOR ADMINISTERING CONTRACT
(greater than \$10,000)

8/16/2022
DATE

APPROVED and EXECUTED

DIRECTOR ADMINISTERING CONTRACT
(\$10,000 or less)

DATE

CITY MANAGER/ASST CITY MANAGER
(\$50,000 or less)

DATE

MAYOR/CITY SECRETARY ATTESTS (if applicable)

DATE

FINAL PROCESSING

PURCHASING

DATE

for Purchasing Use Only

Insurance Certificates:
Performance Bond:
Payment Bond:
Form 1295: 9-2-21

For City Secretary Use Only

Originals sent to CSO:
Scanned into Laserfiche/Global:
Council Date: _____ Item No.: _____

**Fourth Renewal
of the Agreement between
Pedro SS Services, Inc.
and the
City of Georgetown, Texas**

This Fourth Renewal Agreement (the "Fourth Renewal") is entered into by and between CITY OF GEORGETOWN, a Texas Home-Rule Municipal Corporation (the "City"), and PEDRO SS SERVICES, INC. (the "Contractor"), (collectively the "Parties"), which agree as follows:

WHEREAS, the Parties entered into an Agreement on October 23, 2018 for Annual Electric System Underground Construction and Maintenance, ITB No. 201836, Contract No. 19-0015-SC, (the "Original Agreement"); and,

WHEREAS, the Original Agreement provided an initial term of one (1) year and provided for four (4) additional one (1) year renewal terms; and,

WHEREAS, the Parties renewed the Original Agreement on September 26, 2019 for a first renewal term, on January 22, 2021 for a second renewal term, and on September 28, 2021 for a third renewal term; and,

WHEREAS, the Parties desire to renew the Original Agreement for a fourth renewal term in accordance with the terms of the Original Agreement as well as any terms provided herein.

NOW THEREFORE, in consideration of the mutual covenants contained herein, the Parties agree as follows:

1. The Parties agree to renew the Original Agreement for an additional term which will begin immediately upon the expiration of the third renewal term and will end on September 30, 2023, this being the fourth renewal term.
2. During the fourth renewal term, the not to exceed amount shall be two million dollars and no/100 (\$2,000,000.00).
3. All other terms of the Agreement not inconsistent with this Fourth Renewal shall apply. Except as expressly modified by this Fourth Renewal, the Original Agreement, as amended by the first, second, or third renewals, remains unchanged and in full force and effect, subject to its terms.
4. This Fourth Renewal is effective on the date executed by the City.

BY THE SIGNATURES affixed below, this Fourth Renewal is hereby incorporated into and made a part of the above-referenced Original Agreement.

[Signature page to follow]

PEDRO SS SERVICES, INC.

CITY OF GEORGETOWN

By: _____

By: _____

Printed Name: _____

Printed Name: Josh Schroeder

Title: _____

Title: Mayor

Date: _____

Date: _____

ATTEST:

Robyn Densmore, City Secretary

APPROVED AS TO FORM:

Skye Masson, City Attorney



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/11/2022

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

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

PRODUCER
Frost Insurance Agency
401 Congress Ave., #1400
Austin TX 78701

CONTACT NAME: Todd Durst
PHONE (A/C, No, Ext): 512-473-4520
FAX (A/C, No):
E-MAIL: tdurst@frostinsurance.com
ADDRESS:

INSURED
Pedro SS Service Inc.
403 Springdale Rd.
Austin TX 78702

PEDRSSS-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Continental Insurance Company	35289
INSURER B: Texas Mutual Insurance Co.	22945
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 945474905

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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: EBL \$3M Agg		7015138847	7/15/2022	7/15/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		7015138833	7/15/2022	7/15/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		7015138850	7/15/2022	7/15/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	<input checked="" type="checkbox"/> 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 Y N/A	0001308325	7/15/2022	7/15/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

General Liability & Auto policy includes Blanket Additional Insured provision and General Liability. Auto & Worker's Compensation policies include Blanket Waiver of Subrogation provision, only if there is written contract between the Named Insured & Certificate Holder requiring such status. Umbrella follows form.

CERTIFICATE HOLDER

City of Georgetown
PO Box 409
Georgetown TX 78627

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

Suzanne Tomney

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FORM 1295

1 of 1

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2021-797988

Date Filed:
09/02/2021

Data Acknowledged:
9/8/2021

Underground Construction & Maintenance of Electric Distribution Lines

☒

Signature of authorized agent of contracting business entity
(Required)

Sent 9-2-21 to