



Tri-City Monument Company

We serve those who love and remember

March 25, 1991

Glenwood Cemetery, Inc.
2525 Washington Avenue
Houston, Texas 77007

Dear Sir:

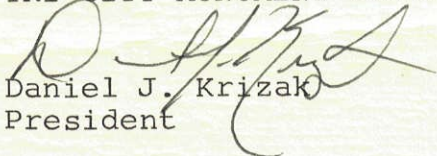
Enclosed you will find a proposal for reseting, cleaning and reerecting memorials damaged by vandalism. The detailed list of memorials to be repaired are on a separate sheet.

Also enclosed are copies of our Workers Compensation and Employers Liability Insurance Policy.

This job will be completed with our usual high quality standard of workmanship that we have been providing for the past seventy years. We should be able to complete all work within 10 working days. If you have any questions concerning any of the enclosed materials, please do not hesitate to call me. My phone number is 426-3555. Thank you for your consideration taken on my proposal.

Most sincerely,

TRI-CITY MONUMENT COMPANY


Daniel J. Krizak
President

DJK:lmk

Enclosures



Tri-City Monument Company

March 25, 1991

Memorial Repair Proposal

CAMPBELL - Size: 3-0 X 1-0 X 3-0
Reset, rejoin and clean

DICKERSON - 5' Angle
Reset, rejoin and repair one small chip on right side
of lower bottom of Angle, and clean (can be repaired on
job site)

TAYLOR - Size 4-6 X 0-8 X 2-4
rejoin and clean

WHARTON - Column Marble Memorial (6 Pieces)
Disassemble, reassemble and clean

SLATAPER - Size 4-0 X 1-4 X 0-10 Granite Cross
Reset, rejoin and clean

GRAY - Size 2-6 X 0-10 X 6-0
Reset, rejoin and clean

RITZ - Size 3-0 X 1-0 X 4-0
Reset, rejoin and clean

SAWYER - Size 2-8 X 1-0 X 3-6
Reset, rejoin and clean

HINDMAN - Size 3-2 X 1-0 X 4-0
Reset, rejoin and clean
Repair chip on lower right hand corner (can be repaired on
job site)

WILSON - Size 2-0 X 0-8 X 3-0
Reset, rejoin and clean

HATHAWAY - Marble Memorial (three pieces)
Reset, rejoin and clean

NOTE: SETTING COMPOUND TO BE USED IS SETTING COMPOUND BBB NON-OIL
STAINING

TOTAL PRICE FOR ALL WORK PERFORMED - \$9,951.37

TERMS: ½ DOWN WITH CONTRACT \$4,975.68

½ DUE UPON COMPLETION OF JOB \$4,975.69

No. 05 TWC 1025300-00

9000230

AGENT'S NO.

Houston General
INSURANCE COMPANY
4055 INTERNATIONAL PLAZA
FORT WORTH, TEXAS 76109

ASSIGNED RISK

Producer of Record:



1. The Insured/Mailing address: SEE ATTACHED NAMED INSURED SCHEDULE

P.O. BOX 326

HIGHLANDS, TX 77562

DON HAMMOCK INSURANCE AGENCY

P.O. BOX 9683

HOUSTON, TX

77213

(713) 453-3591

(713) 426-3555

☒ Individual ☒ Partnership ☒ Corporation or

Other workplaces not shown above: SEE ATTACHED OTHER WORKPLACES SCHEDULE

2. Policy Period: The policy period is from 01/31/91 to 01/31/92 12:01 A.M. Standard Time, at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the States listed here: TX.

- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident \$ 500,000 each accident

Bodily Injury by Disease	\$ 500,000	each accident policy limit
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Bodily Injury by Disease	\$ 500,000	policy limit each employee
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- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
NONE

4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Entries in this item, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.				
SEE ATTACHED CLASSIFICATION OF OPERATIONS				\$ 12,689
ARTICLE 5.75-1 OF THE TEXAS INSURANCE CODE REQUIRES THAT YOUR INSURANCE COMPANY PROVIDE AND MAINTAIN ACCIDENT PREVENTION FACILITIES TO YOU THE POLICYHOLDER. CONTACT YOUR INSURANCE COMPANY FOR FURTHER INFORMATION.				
I.D. No. 253449				
Expense Constant				140
Minimum Premium \$ 500	Deposit Premium \$	3,314	Total Estimated Annual Premium \$	12,829

Minimum Premium \$	500
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Deposit Premium \$

3,314

Total Estimated Annual Premium \$

12,829

Premium Adjustment Period: ☐ Annual; ☐ Semiannual; ☐ Quarterly; ☒ Monthly

This policy includes these endorsements and schedules:

WC000202 WC420301C WC000308 WC000402 7260005 WC420405 7400003

02/08/91

Pool Acct. No. 0000303635

Countersigned By

Authorized Representative

JDL6400(O)X
9-84

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

Copyright 1982, 1983 National Council on Compensation Insurance

WC 00 00 01

INSURED ORIGINAL

ACORD. INSURANCE BINDER

ISSUE DATE (MM/DD/YY)

3/18/91

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER

Don Hammock Insurance Agency
P. O. Box 9683
Houston, Texas 77213

COMPANY

Transamerica

BINDER NO.

DATE	EFFECTIVE	TIME	EXPIRATION	TIME
3/18/91	12:01	X AM PM	4/18/91	12:01 AM NOON

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:

CODE

644437

SUB-CODE

INSURED

White Cemetery, Inc.
P. O. Box 325
Highlands, Texas 77562

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
PROPERTY CAUSES OF LOSS				
BASIC BROAD SPEC.	See schedule attached			

GENERAL LIABILITY

☒ COMMERCIAL GENERAL LIABILITY
CLAIMS MADE ☒ OCCUR
OWNER'S & CONTRACTOR'S PROT.

Per expiring policy TC14273529

RETRO DATE FOR CLAIMS MADE:

GENERAL AGGREGATE	\$ 2,000,000
PRODUCTS — COMP/OP AGG.	\$ Included
PERSONAL & ADV. INJURY	\$ 1,000,000
EACH OCCURRENCE	1,000,000
FIRE DAMAGE (Any one fire)	\$ 50,000
MED. EXPENSE (Any one person)	\$ 5,000

AUTOMOBILE LIABILITY

☒ ANY AUTO
ALL OWNED AUTOS
SCHEDULED AUTOS
HIRED AUTOS
NON-OWNED AUTOS
GARAGE LIABILITY

Per expiring policy - BA14272445

COMBINED SINGLE LIMIT	\$ 1,000,000
BODILY INJURY (Per person)	\$
BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE	\$
MEDICAL PAYMENTS	\$
PERSONAL INJURY PROT.	\$ 5,000
UNINSURED MOTORIST	\$ 1,000,000

AUTO PHYSICAL DAMAGE DEDUCTIBLE

ALL VEHICLES

SCHEDULED VEHICLES

☒ COLLISION:
☒ OTHER THAN COL:

Per expiring Policy - BA14272445

☒ ACTUAL CASH VALUE
STATED AMOUNT \$
OTHER

EXCESS LIABILITY

☒ UMBRELLA FORM
OTHER THAN UMBRELLA FORM

Renewal of XLB 1301642

RETRO DATE FOR CLAIMS MADE:

EACH OCCURRENCE	\$ 2,000,000
AGGREGATE	\$ 2,000,000
SELF-INSURED RETENTION	\$ 10,000

WORKER'S COMPENSATION
AND
EMPLOYER'S LIABILITY

STATUTORY LIMITS
EACH ACCIDENT \$
DISEASE-POLICY LIMIT \$
DISEASE-EACH EMPLOYEE \$

SPECIAL CONDITIONS/OTHER COVERAGES

NAME & ADDRESS

MORTGAGEE

ADDITIONAL INSURED

LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE

Don Hammock