

**RESPONDENT NAME**

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**INVITATION FOR BID 2025-INS-01**

**DUE DATE: Friday, June 13, 2025  
BY 2:00 p.m.**

**Hill County  
80 N. Waco St  
Hillsboro, TX 76645  
254-582-4060  
[www.co.hill.tx.us](http://www.co.hill.tx.us)**

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**\*NOTE: THESE PAGES MUST BE RETURNED WITH PROPOSAL.** This Table of Contents is intended as an aid to Proposers/Bidders and not as a comprehensive listing of the bid package. Respondents are responsible for reading the entire bid package and complying with all specifications.

## NOTICE TO PROPOSERS

HILL COUNTY will receive sealed bids (proposals) for insurance coverage for the period July 1, 2025 through July 1, 2026 **until 2 p.m. Friday, June 13, 2025.**

All proposals must list itemized and aggregate costs and must be submitted on the enclosed proposal sheet. Proposals are to be submitted in a sealed envelope addressed to:

### INSURANCE PROPOSAL

Mailing Address:

SHANE BRASSELL, COUNTY JUDGE  
P. O. Box 457  
Hillsboro, TX 76645

Physical Address:

Co Judge, Shane Brassell  
80 N. Waco St, 1<sup>st</sup> Floor  
Hillsboro, Texas 76645

Envelopes should be clearly marked “INSURANCE PROPOSAL”. Proposals may be mailed or hand delivered but must be received in the County Judge’s office before the stated deadline.

All sealed bids (proposals) will be opened Friday, June 13, 2025 at 2:45 p.m. in the County Judge’s office. Proposals will be awarded prior to July 1, 2025.

Hill County reserves the right to reject any or all proposals, waive formalities, and to make such awards of contracts as may be deemed in the best interest of the taxpayers. Hill County may negotiate with bidders as deemed advisable or necessary. No proposal may be withdrawn within thirty days after the bid opening.

Hill County desires proposals for insurance coverage that is equally as “broad” (or broader) than similar to the coverage now in force. Proposers are encouraged to offer deductible levels similar to the deductibles found in the expiring policies. Additional coverage may be proposed as well as multiple deductible levels.

Questions should be addressed to:

Susan Swilling  
County Auditor  
Insurance Pool Coordinator  
[auditor@co.hill.tx.us](mailto:auditor@co.hill.tx.us)  
254-582-4060

Submit all questions in writing so that they may be distributed to all responders.

Information to be provided upon request includes loss runs for all policies, most recent auto liability and physical damage auto listings, current property schedules, and a February 2025 appraisal performed by Centurisk at the request of Texas Association of Counties. Upon receipt of a confidentiality statement, a password protected Driver’s Listing file will be provided upon request.

## **REQUIREMENTS**

- Complete Hill County Property & Liability Proposal based on the deductibles provided and attach explanations where coverage proposed has been modified.
  - Copy and submit a separate Proposal for different deductible amounts along with explanations where coverage proposed has been modified from current coverage.
  - Include a true and exact copy of the policy language, which is being proposed (including all endorsements, terms and conditions)
  - Quoted premiums must include any applicable surplus lines and/or fees
  - When available, please attach copies of the underwriter's "quote" sheet(s).
  - All proposals must be able to be billed by auto, by property, by equipment, etc.
  - Quote each policy individually and also in groups according to related coverages.
- Hill County Commissioners' Court will have ultimate authority to award proposals to one or more companies as they determine to be in the best interest of the County.

Company/companies awarded business must provide loss runs when requested within 15 business days.

Insurance Invoices should be addressed to: Hill County Auditor  
P. O. Box 783, Hillsboro, TX 76645  
Or Emailed to ap@co.hill.tx.us

### HILL COUNTY INFORMATION:

Population – 35,874 (2020 Census)                      Estimated Population 2024– 38,771

Full time employees, including elected officials – 219

Part-time – 4

Volunteers – Sheriff Reserve Officers – 1

Election Employees – varies by election

Latest Audited Financial Statement – 2023

### **Financial Information:**

	<u>Revenues – 9/2024</u>	<u>Expenditures – 9/2024</u>
Actual Including Transfers	\$30,869,648	\$30,263,439
Budgeted – Final – net of Transfers	\$30,050,299	\$32,292,615
Actual Excluding Transfers	\$29,929,643	\$29,109,934
Budgeted – Final – net of Transfers	\$29,110,294	\$31,139,110
Per Adopted Budget	<u>Revenues – 9/2025</u>	<u>Expenditures – 9/2025</u>
Budget with Transfers	\$30,553,619	\$32,923,049
Budget without Transfers	\$29,347,864	\$31,504,174

Specific information related to each type of coverage is attached followed by the related Declaration of Coverage.

Due care and diligence have been used in the preparation of these specifications; and the information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and the verification of all information presented herein shall rest solely on the proposer. Hill County and its representatives will not be responsible for any errors and omissions in the specifications nor for the failure on the part of the proposer to determine the full extent of the exposures.

(I)

AUTO LIABILITY COVERAGE

Current Deductible \$1,000

AUTO PHYSICAL DAMAGE

Current Renewal Policy Period – July 1, 2025 to July 1, 2026

Desired Policy Period – July 1, 2025 to July 1, 2026

Auto Liability Coverage Includes:

Auto Liability Coverage

Bodily Injury \$100,000/each person

Bodily Injury \$300,000/accident

Property Damage Liability \$100,000/accident

Personal Injury Protection Coverage - \$5,000 each person

Uninsured/Underinsured Motorists Coverage – Per Endorsement, \$250 deductible per occurrence, \$3,001 Contribution.

Property Damage \$25,000 each accident

Non-Owned and Hired Coverage

Official Use of Personally Owned Vehicles – sheriff, deputy, constables, road and bridge employees

Auto Physical Damage – Comprehensive/Collision – Actual Cash Value or cost of repair, whichever is less, minus \$1,000 Deductible for each covered Auto

A representative sample of automobiles included under our current auto liability and auto physical damage policies will be provided upon request.

(II)

LAW ENFORCEMENT LIABILITY COVERAGE                      \$5,000 Deductible

Current Renewal Policy Period – July 1, 2025 to July 1, 2026

Desired Policy Period – July 1, 2025 to July 1, 2026

**Will need endorsement or tail to include Full Prior Acts**

Limits of Liability:

For the sum of DAMAGES arising out of each CLAIM first made during the Coverage  
Document Period: \$2,000,000

Aggregate \$2,000,000

Punitive Damages Endorsement – Within LIMITS OF LIABILITY and shall not exceed  
\$1,000,000

Amendatory Endorsement – “In Futherance” and “Budgeting”

Amendatory Endorsement – District Judge – Within limits of liability

Amendatory Endorsement - Unmanned Aircraft (2)

Covered Law Enforcement Departments or Agencies:

Hill County Sheriff’s Office

Hill County Employees of the District Attorney’s Office

Hill County Attorney’s Office

Hill County Constables’ Offices

Hill County Juvenile Probation Department

(II) LAW ENFORCEMENT LIABILITY - continued  
HILL COUNTY LAW ENFORCEMENT  
Authorized employees per department:

Sheriff/ Deputies/	28	Constables & Deputy	5
Jailers/Transport Officer/RB	33	SO Admin Clerks	3
Jail – Maintenance	2	4 JPO @ .25	1
Bailiff	6	1 JPO (1/2)	5
Dispatch 10FT/1PT	11	Health & Safety Code -SO	1
Animal Control Officer	1	Jail Warrant Clerk	3
Reserves	1	DA Investigator	1
School Resource Officer	1		

SHERIFF DEPUTIES:

Continuing Education – TCOLE approved classes conducted by TCOLE approved training agencies.

Private or off-duty employment - Allowed only where the same duty would be imposed on the department (school and civic functions). Off duty must be approved by supervisor.

No law enforcement officer, office, department or agency for which coverage is applied is under any criminal or administrative investigation.

Written policies are in place governing the following:

Use of force, Firearms & Less than lethal weapons, Vehicular pursuits, Patrol driving and response, Transportation of prisoners

DISPATCH:

Hill County Sheriff's Office handles dispatch for the County as well as for other entities. Incoming calls are recorded and maintained in accordance with local and state laws of retention.

(II) LAW ENFORCEMENT LIABILITY - continued

JAIL INFORMATION:

*Hill County does not have a County Bail Bond Board*

Hill County operates one correctional facility. We do not operate a Holding Facility or Juvenile Detention Center. We are not accredited by American Correctional Association

**HILL COUNTY CORRECTIONAL CENTER**

Type of Facility – Maximum

State Authorized Capacity 203

Number of Cells - 40

Average Daily Population 155-187 Capacity/Cell – Varies – See Below

A-1 (24)

A-2 (24)

B-1 (8)

B-2 (8)

C-1 (8)

C-2 (8)

D-1 (8)

D-2 (8)

E-1 (8)

E-2 (8)

F-1 thru F-14 (1) Each

G-1 thru G-5 (1) Each

H-1 (8)

H-2 (8)

I-1 (8)

I-2 (8)

J-1 (8)

J-2 (8)

Trustee Dorm (24)

Detox-1

Detox-2

Hold-1

Hold-2

Hill County has entered into an agreement with County Correctional Healthcare, LLC dba Cardinal Correctional Care to take care of the medical needs of the inmates. Nurses and doctors are staffed per the contract.

Written Policies were Revised 8-19-03 and include:

Use of Force, Restraints, Inmate Classification, Strip Searches, Medical Treatment, Suicide Prevention, Emergency Evacuation, Key Control and Security, Inmate Transportation, Discipline and Grievance Procedures

The jail surveillance system is managed through DW Spectrum software. We have 3 dedicated servers that save the footage for up to 3 months.

Date of Last Inspection:

March 12, 2025



(III)

PROPERTY COVERAGE

\$25,000 Deductible

MOBILE EQUIPMENT

\$ 2,500 Deductible

Current Renewal Policy Period – July 1, 2025 to July 1, 2026

Desired Policy Period – July 1, 2025 to July 1, 2026

Property Coverage includes Building & Contents, Equipment Breakdown Schedule, and Mobile Equipment for example (Motor graders, Mowers, tractors, etc.).

Please see attached Policy Declaration of Coverage.

Hill County had its buildings appraised by Centurisk at the request of Texas Association of Counties Risk Management Pool. An inventory and valuation was conducted of certain designated assets at Hill County owned facilities located throughout Hill County. Other non-owned buildings are listed on the TX Association of Counties Building and Contents Schedule. This appraisal includes Property Coverage and Mobile Equipment.

Schedules of Covered Items are available upon request.

(IV)

GENERAL LIABILITY

\$Zero Deductible

**REQUEST Quotes for \$2500/ \$5000 Deductibles**

Current Renewal Policy Period – July 1, 2025 to July 1, 2026

Desired Policy Period – July 1, 2025 to July 1, 2026

LIMITS OF LIABILITY:

Bodily Injury - \$100,000 per person / \$300,000 per occurrence

Property Damage - \$100,000

Damage to Premises Rented to Named Member - \$50,000

Personal and Advertising Injury Liability - \$100,000/person \$300,000/Offense

Employee Benefits Liability - \$500,000 - \$1000 Deductible/Occurrence

Medical Payment per Person - \$1,000

Garage Keeper's Legal Liability - \$50,000 - \$1000 Deductible/Occurrence

(V)

PUBLIC OFFICIALS LIABILITY COVERAGE

\$2,500 Deductible

Current Renewal Policy Period – July 1, 2025 to July 1, 2026

Desired Policy Period – July 1, 2025 to July 1, 2026

**Address need to endorse Prior Acts – May need endorsements or tail**

Current Coverage is retroactive to 07/11/1988 with exception of:

District Judge – retro to 07/11/2003

Takings, Back Wages, District Attorney – retro to 07/01/2012

LIMITS OF LIABILITY:

For the sum of DAMAGES arising out of each CLAIM first made during the Coverage Document Period \$2,000,000

AGGREGATE: \$2,000,000; plus CPOL/CCE&O Endorsement: \$500,000; plus CPOL/DCE&O Endorsement: \$650,000

Punitive or Exemplary Damages – not to exceed \$1,000,000 is included within the policy limits, and is not in addition to the Limits of Liability

Amendatory Endorsement - “In Furtherance” and “Budgeting”

Amendatory Endorsement – District Judge

Amendatory Endorsement- District Attorney

Amendatory Endorsement – County Attorney – Malicious Prosecution

Does not include endorsement for back wages

Current Public Officials Liability Includes up to \$2,000,000 coverage for

Cyber Liability Coverage for data breach and privacy response, including  
 Credit Monitoring- Optional monitoring offered to individuals  
 Forensic investigations – Investigation into cause of the data breach  
 Public relations – Assistance with communications  
 Legal Fees - Attorney, court and other fees related to data breach  
 Regulatory proceeding and penalties

DISTRICT CLERK – Marchel Eubank	TX Govt Code 51.302(c)
DEPUTY CLERKS:	
Yesenia Atchison	Samantha Garcia
Brenda S. Bartlett	Veronica Trejo
Mary Mullins	Brittney Mitchell
Kelsey Pierce	
2024 County Fees Collected \$687,596	Max Liability Required \$700,000
 COUNTY CLERK – Nicole Tanner	 TX Local Govt Code 82.003
DEPUTY CLERKS:	
Martha E. Brackin	Emily Durham
Lilia Castandea	Madison Perry
Tara Renee Bassett	
2024 County Fees Collected \$521,341	Max Liability Required \$500,000
 HILL COUNTY JUVENILE BOARD:	 Annual Budget \$18,150
District Judge – Justin Lewis	
County Court-at-Law Judge – Matt Crain	
County Judge – Shane Brassell	

(VI)

CRIME COVERAGE

\$1,000 Deductible

Current Renewal Policy Period – July 1, 2025 to July 1, 2026

Desired Policy Period – July 1, 2025 to July 1, 2026

Deductible

	Limits	Per Occurrence
Form O – Employee Dishonesty	\$100,000	\$1,000
Form B – Forgery	\$20,000	\$1,000
Form C – Theft, Disappearance & Destruction	\$20,000	\$1,000
Form D – Robbery and Safe Burglary-Other Than Money & Securities	\$20,000	\$1,000
Form R – Counterfeit Currency	\$20,000	\$1,000

Annual audits are performed by a CPA independent of our organization.

Reports are rendered to Commissioners' Court.

Employees who reconcile bank accounts may also handle deposits (Assistant Treasurer). All checks are signed by Treasurer and County Auditor. Jury duty was converted to a cash jury pay system in January 2019. District Clerk Registry checks are signed by representative of District Clerk's office and Auditor's office. County Auditor reviews all bank statements prepared by the Treasurer. Auditor prepares or assists District Clerk with Registry bank reconciliations.

There is a complete physical inventory of materials and equipment performed annually.

Securities are subject to joint control. Investments are recommended by Investment Committee to Commissioners' Court.

Locations:

Hillsboro – Jail, Courthouse, Juvenile Probation, Treasurer, Tax Office, District and County Clerk, JP Office

Itasca – JP Office

Malone – JP Office

Whitney – JP Office

While open for business, cash can range from \$500 to \$500,000. (High collections are found primarily in the tax office during November through February)

Tax office has highest collections. The tax office has a detailed auditing system that includes checks and balances and their employee policy states that employees are personally liable for all shortages.

(VII) Cyber Security Event Liability & Expense Coverage      \$5,000 Deductible  
Quote Limit of 500k/\$1Million/\$2Million

**Current Coverage Includes:**

	<b>Current Limit</b>
Privacy or Security Event Liability & Expense	\$500,000
Business Interruption	\$50,000/\$50,000
Electronic Equipment & Data Recovery	\$50,000/\$50,000
eCrime	\$25,000/\$25,000
Extortion	\$10,000/\$10,000

**HILL COUNTY  
PROPERTY AND LIABILITY PROPOSAL SHEET  
JULY 1, 2025 - JULY 1, 2026**

	Proposed Deductible	Premium
(I) Automobile Coverage (\$1,000)	_____	_____
(II) Law Enforcement Liability Coverage (\$5,000)	_____	_____
(III) Property Coverage (\$25,000)	_____	_____
(IV) General Liability (\$zero)	_____	_____
(IV) General Liability (\$2500)	_____	_____
(IV) General Liability (\$5000)	_____	_____
(V) Public Officials' Liability (\$2,500)	_____	_____
(VI) Crime Coverage (\$1,000)	_____	_____
(VI) Cyber Security Coverage (\$5,000)	_____	_____

Company \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

*Please quote with above deductibles. If you believe that Hill County would benefit from different deductibles, please present this separately.*

**HILL COUNTY  
PROPERTY AND LIABILITY PROPOSAL SHEET  
JULY 1, 2025 - JULY 1, 2026**

**Additions/Exceptions to current coverage included in proposal:  
Attach additional sheets if necessary.**

(I) Automobile Coverage (\$1,000)

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(II) Law Enforcement Liability Coverage (\$5,000)

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(III) Property Coverage (\$25,000)

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(IV) General Liability (\$zero)-Include Other Deductibles

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(V) Public Officials' Liability (\$2,500)

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(VI) Crime Coverage (\$1,000)

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(VI) Cyber Security Coverage (\$5,000)-Include Other Limits

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**CERTIFICATION OF ELIGIBILITY**  
**(This provision applies if the anticipated contract exceeds \$25,000)**

By submitting a Proposal in response to this solicitation, the Respondent certifies that at the time of submission, he/she is **NOT** on the **State of Texas** or the **Federal Government's** list of suspended, ineligible, or debarred proposers.

In the event of placement on the list between the time of Proposal submission and time of award, the Respondent will notify the Hill County Auditor. Failure to do so may result in terminating this contract for default.

Signature

X \_\_\_\_\_

Authorized Representative

# COMPLIANCE WITH FEDERAL AND STATE LAWS

## HB 1295

### CERTIFICATION OF ELIGIBILITY

By submitting a bid or proposal in response to this solicitation, the bidder/proposer certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors.

In the event of placement on the list between the time of bid/proposal submission and time of award, the bidder/proposer will notify the Hill County Purchasing Agent. Failure to do so may result in terminating this contract for default.

### DISCLOSURE OF INTERESTED PARTIES

By submitting a bid or proposal in response to this solicitation, the Bidder/Respondent agrees to comply with HB 1295, Government Code 2252.908. Bidder/Respondent agrees to provide the Hill County Auditor the "Certificate of Interested Parties," Form 1295 as required, within **ten (10)** business days from notification of pending award, renewal, amended or extended contract.

Visit [https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm) for more information.

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Signature

## VENDOR REFERENCES

Please list references of past and current customers who can verify the quality of service your company provides. The County prefers customers of similar size and scope of work to this proposal. ***THIS FORM MUST BE RETURNED WITH YOUR PROPOSAL.***

### REFERENCE ONE:

GOVERNMENT /COMPANY/BUSINESS NAME:	
ADDRESS/CITY/STATE/ZIP:	
CONTACT NAME/TITLE:	
BUSINESS PHONE/FAX:	
CONTRACT PERIOD:	SCOPE OF WORK:

### REFERENCE TWO:

GOVERNMENT /COMPANY/BUSINESS NAME:	
ADDRESS/CITY/STATE/ZIP:	
CONTACT NAME/TITLE:	
BUSINESS PHONE/FAX:	
CONTRACT PERIOD:	SCOPE OF WORK:

### REFERENCE THREE:

GOVERNMENT /COMPANY/BUSINESS NAME:	
ADDRESS/CITY/STATE/ZIP:	
CONTACT NAME/TITLE:	
BUSINESS PHONE/FAX:	
CONTRACT PERIOD	SCOPE OF WORK:

## Statement of No Bid

If you do not intend to bid, please return this form immediately to: [countyjudge@co.hill.tx.us](mailto:countyjudge@co.hill.tx.us) and [auditor@co.hill.tx.us](mailto:auditor@co.hill.tx.us)

We, the undersigned, have declined to bid on Bid/Proposal# \_\_\_\_\_

Reason:

\_\_\_ Specifications "too tight", geared toward one brand or manufacturer (explain)

\_\_\_ Insufficient time to respond

\_\_\_ Specifications unclear (explain)

\_\_\_ We do not offer this product or an equivalent

\_\_\_ Our product schedule does not permit us to perform

\_\_\_ Unable to meet specifications

\_\_\_ Unable to meet bond

requirements Remarks:

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We understand this if this "Statement of No Bid" is not executed and returned, our name maybe deleted from the list of qualified bidders.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

To: Responders of Hill County, Texas  
From: Shane Brassell, Hill County Judge  
Re: Conflict of Interest

Questionnaire Responder;

Attached, please find a Conflict of Interest Questionnaire. Please complete this form if you have an applicable Conflict of Interest with any Hill County Official, Employee, or Department. The questionnaire should reflect the name of the individual with whom the conflict of interest occurs. Please **DO NOT** complete this form if you do not have a viable conflict.

By submitting a response to this the request a responder represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code.

***Applicable Law***

Chapter 176 of the Texas Local Government Code requires that any responder or person considering doing business with a local government Hill County disclose in the Questionnaire Form CIQ, the responder or person's affiliation or business relationship that might cause a conflict of interest with a local government Hill County. By law, this questionnaire must be filed with the records administrator of Hill County no later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. Please see attached questionnaire.

Sincerely,

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Shane Brassell  
Hill County Judge

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

**FORM CIQ**

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

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

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

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

**OFFICE USE ONLY**

Date Received

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

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

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

\_\_\_\_\_  
Name of Officer

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

**7**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

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

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

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

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

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

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

\*\*\*

- (2) the vendor:

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

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

or

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

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

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

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

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

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

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

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

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

- (1) the date that the vendor:

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

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

- (2) the date the vendor becomes aware:

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

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

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

## Residence Certification

Pursuant to Texas Government Code § 2252.001 *st seq.*, as amended, Hill County requires a Residence Certification. § 2252.001 *et seq.* of the Texas Government Code provides some restrictions on the awarding of governmental contracts; pertinent provisions of § 2252.001 are stated below;

(1) "Nonresident bidder" refers to a person who is not a resident.

(2) "Resident Bidder" refers to a person whose principal place of business in this state, including a contractor whose ultimate parent company or majority owner has a principal place of business in this state.

☐ I certify that \_\_\_\_\_ is a Resident Bidder of Texas as defined in  
(company name)  
Texas Government Code §2252.001.

☐ I certify that \_\_\_\_\_ is a Nonresident Bidder as defined in Texas  
(company name)

Government Code § 2252.001 and our principal place of business is \_\_\_\_\_

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# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. _____	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

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

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

## Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here**

Signature of U.S. person

Date

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



## HB 89 COMPLIANCE

\_\_\_\_\_ verifies that (it/he/she) does not boycott Israel and will not boycott Israel during the term of this contract.

The term "boycott Israel" is as defined by Texas Government Code § 808.001 effective September 1, 2017.

\_\_\_\_\_  
(Company Name) (Address)

\_\_\_\_\_  
(Signature) (Title) (Date)

\_\_\_\_\_  
(Email) (Phone)