



**CONTRACTING SERVICES**

SDB, inc.  
4002 Beltline Road, Suite #110  
Addison, TX 75001  
(469)-619-3753

**CHANGE ORDER PROPOSAL**

CUSTOMER:	<u>Collin County</u>	CHANGE PROPOSAL NO.:	<u>1</u>
ADDRESS:	<u>900 East Park</u> <u>Plano, TX</u>	DATE SUBMITTED:	<u>8/18/2016</u>
JOB DESC.:	<u>Water Restoration</u>	SDB JOB NO.:	<u>66-0021</u>
CONTACT:	<u>JD Griffin</u>	COST CODE:	
CONTRACT #:		PROPOSAL TYPE.:	<u>Lump Sum</u>

We are pleased to propose the following:

Renewal of Owner/Contractor Insurance Policy for project. Contractor has not been able to perform work due to unforseen work and current policy has expired. Insurance Invoice attached for reference.

	SUB TOTAL	\$	1,500.00
TAX	0.00%	\$	-
	TOTAL	<u>\$</u>	<u>1,500.00</u>

**CLARIFICATIONS**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**EXCLUSIONS**

- 1) Permits \_\_\_\_\_
- 2) Premium time unless otherwise indicated \_\_\_\_\_
- 3) Removal of Hazardous Waste \_\_\_\_\_
- 4) \_\_\_\_\_

**PROJECT COST DATA**

The original Subcontract Sum (Guaranteed Maximum Cost) was:	<u>\$</u>	<u>174,142.00</u>
Net change by previously authorized Change Order's:	<u>\$</u>	<u>-</u>
The Subcontract Sum prior to this Change Order Proposal (COP):	<u>\$</u>	<u>174,142.00</u>
By this COP the Subcontract Sum will be: <input checked="" type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> unchanged	<u>\$</u>	<u>1,500.00</u>
The new Subcontract Sum including this Change Order will be:	<u>\$</u>	<u>175,642.00</u>
The Contract Time will be: <input type="checkbox"/> increased <input type="checkbox"/> decreased <input checked="" type="checkbox"/> unchanged	<u>0</u>	days.
The date of Substantial Completion as of the date of this Change Order is: _____		

SDB, inc.  
CONTRACTOR

Collin County  
OWNER / PRIME

Jason Gillespie      8-18-16  
SIGNATURE                                      DATE

\_\_\_\_\_  
SIGNATURE                                      DATE

Jason Gillespie      8-18-16  
REVIEWED BY



Artex Risk Solutions, Inc.  
Two Pierce Place  
Itasca, IL 60143

Phone: (630)694-5050

Fax: (630)285-4199

SDB, Inc.  
810 W. First Street  
Tempe, AZ 85281

CONTR1

<b>Invoice # 1715854</b>	Page 1 of 1
Account Number	Date
SDBINC0-02	4/11/2016
BALANCE DUE ON	
4/11/2016	
AMOUNT PAID	Amount Due
	\$1,500.00

Owners & Contractors Prote PolicyNumber: MWZY306824

Company: Old Republic Insurance Company

Effective: 12/23/2015 to 4/1/2016

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
9089776	12/23/2015	4/11/2016	NEWB	OCP for Collin County MWZY 306824	\$1,500.00
				OCP for Collin County MWZY 306824	

**Total Invoice Balance:**

**\$1,500.00**

**Good for the environment. Less paper for you!**

Our clients tell us that receiving both a statement and an invoice is duplicative. And we've listened.

Artex will only send you an invoice.

If at any time you need a statement, please contact your Client Service Team.

Please include invoice number with your remittance to expedite processing.

**Please send your remittance to:**

Artex Risk Solutions, Inc.  
39728 Treasury Center  
Chicago, IL 60694-9700