



# COLLIN COUNTY

Office of the Purchasing Agent  
2300 Bloomdale Road  
Suite 3160  
McKinney, Texas 75071  
www.collincountytx.gov

June 8, 2023

Austin Asphalt, Inc.  
6330 Commerce Dr., Suite 150  
Irving, TX 75063

**Re:** Contract Name: 2022-283 Road Materials, Asphaltic Concrete  
Contract Start Date: 10/01/2022  
Agreement Renewal Period: 10/01/2023 – 09/30/2024 (renewal 1 of 3)

Dear Mr. Waczak:

The aforementioned contract between Collin County and your company will expire on September 30, 2023. The Collin County Purchasing Department is requesting that your company renew this contract for an additional 12 month period to include terms, conditions and pricing set forth in the original contract award to include any previously executed amendments/change orders.

If you are interested in renewing the current contract, please complete the form below and return by **June 16, 2023**. If you desire to renew this contract, we will also need an updated insurance certificate.

Should you have any questions, please feel free to contact me [gzimmer@collincountytx.gov](mailto:gzimmer@collincountytx.gov)

Sincerely,

G. Zimmer, CPPB  
Buyer II

Please check one:

- Yes  I agree to renew the contract with Collin County at the prices established in the original solicitation to include any previously executed amendments/change orders.
- No  I cannot renew the contract.

If no, please state reason: \_\_\_\_\_

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

Print Name: BRIAN SALERNO

Title: VICE PRESIDENT

Date: 6/13/23

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HISTORICAL INFORMATION

Awarded by Court Order No. 2022-979-09-26

Renewal No. 1      Court Order No. \_\_\_\_\_  
Renewal No. 2      Court Order No. \_\_\_\_\_  
Renewal No. 3      Court Order No. \_\_\_\_\_

Change Order No. 1      Court Order No. 2022-1298-12-05      Summary Reaward line items  
Change Order No. 2      Court Order No. \_\_\_\_\_      Summary \_\_\_\_\_

Amendment No. 1      Court Order No. \_\_\_\_\_      Summary \_\_\_\_\_  
Amendment No. 2      Court Order No. \_\_\_\_\_      Summary \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/28/2022

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 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<br><br>WILLIS TOWERS WATSON INS. SERVICES WEST, INC.<br>500 NORTH AKARD STREET, SUITE 4300<br>DALLAS, TEXAS 75201<br>(972) 385-9800 / (800) 445-0115 | CONTACT NAME                              |                |
|   | PHONE (A/C, No, Ext):                     | FAX (A/C, No): |
|   | E-MAIL ADDRESS:                           |                |
|   | INSURER(S) AFFORDING COVERAGE             | NAIC #         |
|   | INSURER A: ACE AMERICAN INSURANCE COMPANY | 22667          |
| INSURED<br><br>AUSTIN ASPHALT, INC.<br>1199 SOUTH BELTLINE ROAD, STE 110<br>COPPELL, TEXAS 75019<br>(214) 596-7300 (OFFICE)                                   | INSURER B:                                |                |
|   | INSURER C:                                |                |
|   | INSURER D:                                |                |
|   | INSURER E:                                |                |
|   | INSURER F:                                |                |

COVERAGES                      CERTIFICATE NUMBER: 1077                      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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD | POLICY NUMBER                             | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |              |
|----------|--|-----------|----------|---|-------------------------|-------------------------|--|--------------|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC | X         | X        | HDO G47318282                             | 10/01/22                | 10/01/23                | EACH OCCURRENCE  | \$ 1,000,000 |
|          |  |           |          |   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)  | \$ 100,000   |
|          |  |           |          |   |                         |                         | MED EXP (Any one person)   | \$ 10,000    |
|          |  |           |          |   |                         |                         | PERSONAL & ADV INJURY  | \$ 1,000,000 |
|          |  |           |          |   |                         |                         | GENERAL AGGREGATE  | \$ 2,000,000 |
|          |  |           |          |   |                         |                         | PRODUCTS - COMP/OP AGG   | \$ 2,000,000 |
|          |  |           |          |   |                         |                         |  | \$           |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS  |           | X        | ISA H10713262                             | 10/01/22                | 10/01/23                | COMBINED SINGLE LIMIT (Ea accident)  | \$ 1,000,000 |
|          |  |           |          |   |                         |                         | BODILY INJURY (Per person)   | \$           |
|          |  |           |          |   |                         |                         | BODILY INJURY (Per accident)   | \$           |
|          |  |           |          |   |                         |                         | PROPERTY DAMAGE (Per accident)   | \$           |
|          |  |           |          |   |                         |                         |  | \$           |
|          | UMBRELLA LIAB  |           |          |   |                         |                         | EACH OCCURRENCE  | \$           |
|          | EXCESS LIAB  |           |          |   |                         |                         | AGGREGATE  | \$           |
|          | DED  |           |          |   |                         |                         |  | \$           |
|          | RETENTION \$   |           |          |   |                         |                         |  | \$           |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N  | X        | WLR C50687144 (AOS)<br>SCF C5068720A (WI) | 10/01/22<br>10/01/22    | 10/01/23<br>10/01/23    | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |              |
|          |  |           |          |   |                         |                         | E.L. EACH ACCIDENT   | \$ 500,000   |
|          |  |           |          |   |                         |                         | E.L. DISEASE - EA EMPLOYEE   | \$ 500,000   |
|          |  |           |          |   |                         |                         | E.L. DISEASE - POLICY LIMIT  | \$ 500,000   |

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

RE: Collin County - IFB 2022-283 Road Materials, Asphaltic Concrete

Where required by written contract, the Certificate Holder is an additional insured under the General Liability policy above and a waiver of subrogation is granted in favor of the Certificate Holder, its officials, employees, volunteers and officers for the policies above. 30 days' prior notice will be given to Certificate Holder of cancellation or non-renewal.

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>COLLIN COUNTY<br>OFFICE OF THE PURCHASING AGENT<br>2300 BLOOMDALE ROAD, SUITE 3160<br>MCKINNEY, TEXAS 75071 | <b>CANCELLATION</b><br><br>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<br><br>  |

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# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
 2023-1033614

Date Filed:  
 06/13/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Austin Asphalt, Inc.  
 Coppell, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Collin County, Texas

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

IFB 2022-283  
 Asphaltic Concrete

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|--------------------------|--|---------------------------------------|--------------|
|   |                          |  | Controlling                           | Intermediary |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
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|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Steve Waczak, and my date of birth is 09/28/1969.

My address is 1199 S. Belt Line Road, Suite 110, Coppell, TX, 75019, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Dallas County, State of Texas, on the 13th day of June, 2023.  
(month) (year)

  
STEVE WACZAK  
 Signature of authorized agent of contracting business entity  
 (Declarant)



## Request for Taxpayer Identification Number and Certification

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

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

|   |   |
|---|---|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>Austin Asphalt, Inc. (100% Owned by Austin Industries, Inc.)</b>  |   |
| 2 Business name/disregarded entity name, if different from above  |   |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><br><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Disregarded Entity (QSSS)</b> | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the U.S.)</i> |
| 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>1199 South Beltline Road #110</b>   | Requester's name and address (optional)   |
| 6 City, state, and ZIP code<br><b>Coppell, Texas 75019</b>  |   |
| 7 List account number(s) here (optional)  |   |

Print or type.  
See Specific Instructions on page 3.

|  |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |
|--|--|------------------------|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|--|--|--|---|---|--|---|---|---|---|---|---|
| <b>Part I Taxpayer Identification Number (TIN)</b>   |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |
| 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 <i>How to get a TIN</i> , later. |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |
| Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="9" style="text-align: center;">OR</td> </tr> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 25px; height: 25px;">7</td> <td style="width: 25px; height: 25px;">5</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;">2</td> <td style="width: 25px; height: 25px;">8</td> <td style="width: 25px; height: 25px;">4</td> <td style="width: 25px; height: 25px;">7</td> <td style="width: 25px; height: 25px;">6</td> <td style="width: 25px; height: 25px;">8</td> </tr> </table> | Social security number |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  | OR |  |  |  |  |  |  |  |  | Employer identification number |  |  |  |  |  |  |  |  | 7 | 5 |  | 2 | 8 | 4 | 7 | 6 | 8 |
| Social security number   |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |
|  |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |
| OR   |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |
| Employer identification number   |  |                        |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |
| 7  | 5  |                        | 2 | 8 | 4 | 7 | 6 | 8 |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |   |   |  |   |   |   |   |   |   |

|   |  |
|---|--|
| <b>Part II Certification</b>  |  |
| Under penalties of perjury, I certify that:   |  |
| 1. 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  |  |
| 2. 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   |  |
| 3. I am a U.S. citizen or other U.S. person (defined below); and  |  |
| 4. 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 II, later. |  |

|                  |                            |                        |
|------------------|----------------------------|------------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ <u>9/6/2022</u> |
|------------------|----------------------------|------------------------|

### 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).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*