

reliant

Reliant Account: 1 623 930 - 3

Billing Date:
May 1, 2015

Account Information

Account #: 1 623 930 - 3

Invoice #: 135003687340

Customer Name: NITSCHE & SON UTILITY INC

Service Address:
4115 NORTHLINE DR
HOUSTON TX 77037-3527

ESI ID: 1008901001184541720100

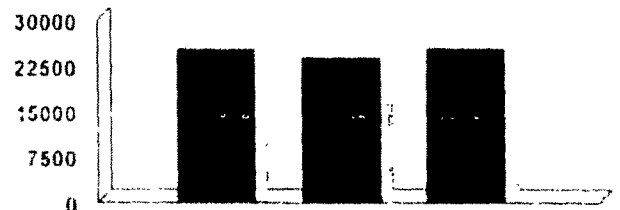
Date Due 05/18/2015	Amount Due \$ 74.67	After Due Date \$ 78.40
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Account Summary

Reliant Business Power Plus 36 plan	
Previous Amount Due	\$1,771.98
Payment	0.00
Balance Forward	1,771.98
Current Charges	1,846.65
Amount Due	\$74.67

Electricity Usage Summary

For more usage and temperature information
login to [reliant.com/myaccount](#)



Questions or Comments

Customer Service

reliant.com
Email us at business@reliant.com

713-207-5555 Mon-Fri 7am-4pm
1-866-660-4900 Mon-Fri 7am-4pm
TDD Device for Hearing Impaired
1-866-467-3542

Reliant Energy Retail Services Ltd
PUCOT Certificate 10007

Payment Address

RELIANT
PO BOX 450475
DALLAS TX 75265-0475

Billing Period	03/27/2015 04/26/2015	02/26/2015 03/27/2015	01/28/2015 02/26/2015
Billing Days	30	29	29
Electricity Used (kWh)	25320	23960	25440
Avg High Temperature*	81 F	69 F	68 F
Avg Daily Usage (kWh)	791	826	877

*Temperature Source: Texas Climate Center, Region: West Texas

**NITSCH & SON UTILITY COMPANY, INC.'S
RESPONSES TO COMMISSION STAFF'S
FOURTH REQUEST FOR INFORMATION
RESPONSE TO QUESTION NO. STAFF 4-11**

State Farm Mutual Automobile Insurance Company

P.O. Box 799100
Dallas, TX 75379-9100



AT2 A-6854 A
NITSCH & SON UTILITY CO INC
8131 NORTHLINE DR
HOUSTON TX 77037-3999

AUTO RENEWAL

AMOUNT DUE: \$1,566.18

Payment is due by September 11, 2016.

Your State Farm Agent

RANDY REEVES

Office: 281-370-1700

Address: 7702 LOUETTA RD

SPRING, TX 77379-7244

If you have a new or different car, have added any drivers, or have moved, please contact your agent.

Policy Number: 770 8295-C11-53E

Policy Period: September 11, 2016 to March 11, 2017

12:01 A.M. Standard Time at the address of the named insured as stated herein

Vehicles:

1 2007 FORD F150

2 2015 FORD F-150

CONVENIENT PAYMENT OPTION: To use State Farm's 50-50 payment plan, submit one half of your premium plus a \$2.00 handling charge. The balance will be due 60 days after your renewal date.

Form of Business: Other

When you provide a check as payment, you authorize us either to use information from your check to make a

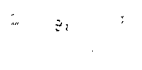
one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Policy Number: 770 8295-C11-53E
Prepared August 5, 2016
1004583

Page number 1 of 3

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143562 201 11-12-2014



Online
PC or
mobile devices



Mobile
Download our
Pocket Agent App



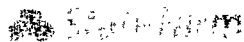
Mail
Send us
a check



Call your Agent 281-370-1700
Automated line: 1-800-440-0998
Key code 8577888330



Walk in
See your
State Farm Agent



Insured: NITSCH & SON UTILITY CO INC

Policy Number: 770 8295-C11-53E

Amount Due: \$1,566.18

Payment is due by September 11, 2016

Make payment to State Farm

2509610098

Insurance Support Center

P.O. Box 680001

Dallas, TX 75368-0001



For Office Use Only

AUTO REN	\$1,566.18	1009
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1-A1 A
APP DT 10-21-2016

6854-FB96
MUTL VOL

50078509 759625500156618 153100770829511125>

VEHICLE INFORMATION

Review your policy information carefully. If anything is incorrect, or if there are any changes, please let us know right away.

Vehicle	Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used?
1	2007 FORD F150	1FTRF12207NA24886	<i>For this commercial vehicle, contact your agent for a full review of drivers.</i>	<i>Vehicle Body Type: Pickup, Vehicle Use: Service/Contractors, Business Description: Water Mains or Connections Construction, Radius of Operation: 50 miles, Annual Distance Driven: 15000 miles, Gross Vehicle Weight, Manufacturer's Suggested Retail Price</i>
2	2015 FORD F-150	1FTEX1CFXFKD96071	<i>For this commercial vehicle, contact your agent for a full review of drivers.</i>	<i>Vehicle Body Type: Pickup, Vehicle Use: Service/Contractors, Business Description: Water Mains or Connections Construction, Radius of Operation: 100 miles, Annual Distance Driven: 15000 miles, Gross Vehicle Weight, Manufacturer's Suggested Retail Price</i>

Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience

annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

COVERAGE PREMIUMS. See your policy for an explanation of these coverages.

		Vehicle 1	Vehicle 2
A	Liability Bodily Injury 1,000,000/1,000,000	\$446.89	\$512.07
	Property Damage 1,000,000	Included	Included
P	Personal Injury Protection 5,000	\$17.69	\$19.46
D	500 Deductible Comprehensive	\$54.27	\$148.21
G	500 Deductible Collision	\$86.67	\$204.92

(continued on next page)

Policy Number: 770 8295-C11-53E
Prepared August 5, 2016

Page number 2 of 3

What You Know.

Your auto insurance premium is \$1,566.18.

Did you know you may qualify for a discount?
Call State Farm® Agent RANDY REEVES at
281-370-1700

First of its kind in the industry - State Farm's new auto insurance with the most in state.

UNINSURED/UNDERINSURED MOTORIST

		Vehicle 1	Vehicle 2
U	Uninsured/Underinsured Motorist:	\$38.00	\$38.00
	Bodily Injury 30,000/person, 60,000/accident	Included	Included
	Property Damage 25,000/accident (250 deductible)	Included	Included
Premium by Vehicle		\$643.52	\$922.66
Amount Due			\$1,566.18

These adjustments have already been applied to your premium.

		Vehicle 1	Vehicle 2
	Antitheft	\$6.03	\$16.47
Discounts by Vehicle		\$6.03	\$16.47
Total Discounts			\$22.50

COVERAGE AND ENDORSEMENTS

Your policy consists of this declarations page, the policy booklet - form 9643A, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

CAR 1, 2

4044A UNINSURED/UNDERINSURED MOTORISTS COVERAGE.

4820A PERSONAL INJURY PROTECTION COVERAGE.

Reporting New and Replacement Coverage to Your Agent

When you buy an additional car or one that replaces a car already on your policy, you need to report the change to your agent **promptly**. Even though the dealership you purchased the car from may offer to notify your agent or insurance company, you, as the named insured, are responsible for reporting all changes to your auto policy. By contacting your agent, you can help:

- avoid any complications or lack of coverage in the event of an accident or loss,
- avoid insurance verification problems with a lienholder, the police, or the department of motor vehicles, and
- ensure that you receive any new discounts you may be entitled to.

Your current State Farm policy automatically provides certain coverages for a new or replacement car for up to a specified, limited number of days after you take possession of the car. Please refer to your policy for the number of days that applies in your state. If you have any questions about coverage for a newly acquired car, please contact your State Farm agent.

Disclaimer: This message is provided for informational purposes only and does not grant any insurance coverage. The terms and conditions of coverage are set forth in your State Farm Car Policy booklet, the most recently issued Declarations Page, and any applicable endorsements.



State Farm Mutual Automobile Insurance Company
 8900 Amberglen Boulevard
 Austin TX 78729-1110

19618-1-B

MUTL VOL

DECLARATIONS PAGE

PAGE 1 OF 2

NAMED INSURED
 AT3 53-6854-1 B A
 000625 0058
 NITSCH & SON UTILITY CO INC
 8131 NORTHLINE DR
 HOUSTON TX 77057-3999

POLICY NUMBER 319 9973-A16-53
 POLICY PERIOD JUL 16 2016 to JAN 16 2017
 12 01 A.M. Standard Time

AGENT
 RANDY REEVES
 7702 LOUETTA RD
 SPRING, TX 77379-7244

PHONE (281)370-1700

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
 IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2016	FORD	FUSION	4DR	3FA6P0H90GR214284	6000050000

SYMBOLS COVERAGE & LIMITS PREMIUMS

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A	Liability Coverage	
	Bodily Injury Limits	\$179.77
	Each Person, Each Accident	
	\$1,000,000 \$1,000,000	
	Property Damage Limit	\$166.98
	Each Accident	
	\$1,000,000	
P	Personal Injury Protection Coverage	\$41.95
	Limit - Each Person	
	\$5,000	
D	Comprehensive Coverage - \$500 Deductible	\$98.57
G	Collision Coverage - \$500 Deductible	\$240.38
U	Uninsured/Underinsured Motorists Coverage	
	Bodily Injury Limits	\$30.90
	Each Person, Each Accident	
	\$30,000 \$60,000	
	Property Damage Limit	\$20.40
	Each Accident:	
	\$25,000	

Total premium for JUL 16 2016 to JAN 16 2017: \$778.95. This is not a bill.

IMPORTANT MESSAGES

INSURANCE WEBSITE NOTICE

To obtain price and policy form comparisons and other information relating to residential property insurance and personal automobile insurance, you may visit the Texas Department of Insurance/Office of Public Insurance Counsel website

www.helpinsure.com.

AVISO DEL SITIO WEB DE SEGUROS

Para obtener formas para la comparación de precios y póliza y para obtener otra información sobre el seguro de propiedad residencial y de seguro de automóvil personal, visite el sitio web del Departamento de Seguros de Texas/Oficina del Asesor Público de Seguros:

www.helpinsure.com.

The Auto(s) or Trailer(s) described in this policy is principally garaged at the address shown unless otherwise stated

New Policy Form

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports including credit history.

Credit information was obtained on GLENN NITSCH

Please refer to the enclosed insert(s) for additional information

CONTINUED

See Reverse Side

00393/00176

115X24 10100204

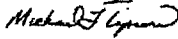
This policy is issued by State Farm Mutual Automobile Insurance Company.

MUTUAL CONDITIONS

- 1. Mutuels - Membership and Voting Notice.** The insured is notified that by virtue of this policy, he is a member of the State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, and is entitled to vote either in person or by proxy at any and all meetings of said company. The annual meetings are held in its home office, at Bloomington, Illinois, on the second Monday of June, in each year, at 10:00 o'clock A.M.
- 2. Mutuels - Participation Clause Without Contingent Liability. No Contingent Liability:** This policy is nonassessable. The policyholder is a member of the company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be executed and attested.


SECRETARY


PRESIDENT



State Farm Mutual Automobile Insurance Company

8900 Amberglen Boulevard
Austin TX 78729-1110

19618-1-B

MUTL VOL

DECLARATIONS PAGE

PAGE 2 OF 2

NAMED INSURED 000625 0058 53-6854-1 B A
NITSCH & SON UTILITY CO INC
8131 NORTHLINE DR
HOUSTON TX 77037-3999

POLICY NUMBER 319 9973-A16-53
POLICY PERIOD JUL 16 2016 to JAN 16 2017
12.01 A.M. Standard Time

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET -
FORM 9843A, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU
WITH ANY SUBSEQUENT RENEWAL NOTICE.
CREDITOR- FORD MOTOR CREDIT, PO BOX 390910, MINNEAPOLIS MN 55439-0910.
OWNED BY GLENN D NITSCH AND NITSCH & SON UTILITY CO INC.

Agent RANDY REEVES

Telephone (281)370-1700

Prepared JUL 25 2016 6854-B96

00394/00176

13570 (01a0254e)

(01a0254e)

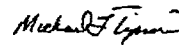
This policy is issued by State Farm Mutual Automobile Insurance Company.

MUTUAL CONDITIONS

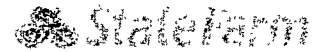
- 1. Mutuels - Membership and Voting Notice.** The insured is notified that by virtue of this policy, he is a member of the State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, and is entitled to vote either in person or by proxy at any and all meetings of said company. The annual meetings are held in its home office, at Bloomington, Illinois, on the second Monday of June, in each year, at 10:00 o'clock A.M.
- 2. Mutuels - Participation Clause Without Contingent Liability.** No Contingent Liability: This policy is nonassessable. The policyholder is a member of the company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be executed and attested.


SECRETARY


PRESIDENT

State Farm Mutual Automobile Insurance Company
P.O. Box 799100
Dallas, TX 75379-9100



AT3 A-6854 A
NITSCH & SON UTILITY CO INC
8131 NORTHLINE DR
HOUSTON TX 77037-3999

PREMIUM NOTICE AND POLICY OFFER

AMOUNT DUE: \$857.05

Your State Farm Agent

RANDY REEVES

Office: 281-370-1700

Address: 7702 LOUETTA RD

SPRING, TX 77379-7244

If you have a new or different car, have added any drivers, or have moved, please contact your agent.

Policy Number: 084 1274-D13-53C

Policy Period: October 13, 2016 to April 13, 2017

12:01 A.M. Standard Time at the address of the named insured as stated herein

Vehicles:

- 1 2002 FORD F500
- 2 1989 BRUTUS

OFFER BEING MADE

Offer of Our New State Farm® Business Car Policy

State Farm is now offering our new Business Car Policy in Texas. Your new policy will be issued as soon as you accept this offer.

The Business Auto Policy is being discontinued and will no longer be available to you or our other customers in Texas. Your current Business Auto Policy will not be renewed. The coverage it provides will expire on October 13, 2016 12:01 a.m.

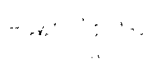
(continued on next page)

Policy Number 084 1274-D13-53C
Prepared September 7, 2016
1004583

Page number 1 of 6

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143562 201 11-12-2014



Online
PC or
mobile devices



Mobile
Download our
Pocket Agent App



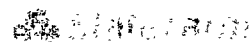
Mail
Send us
a check



Call your Agent 281-370-1700
Automated line: 1-800-440-0998
Key code: 8570061798



Walk in
See your
State Farm Agent



Insured: NITSCH & SON UTILITY CO INC

Policy Number: 084 1274-D13-53C

Amount Due: \$857.05

Make payment to State Farm

2503611101

Insurance Support Center
P.O. Box 660824
Dallas, TX 75266-0824



For Office Use Only

AUTO REN

\$857.05

1110

1-A1 A
APP DT 11-22-2016

6854-FB96
MUTL VOL

400871380085905 723628700085705 953100084127411125>

IMPORTANT NOTICE

If you want to continue to reject one or both of these coverages:

- Read the enclosed Texas Uninsured/Underinsured Motorists and Personal Injury Protection Coverages Acknowledgment of Coverage Rejection form (*rejection form*)
- Check box No. 1 on the *rejection form* to reject Uninsured/Underinsured Motorists Coverage for bodily injury and property damage.
- Check box No. 3 on the *rejection form* to reject Personal Injury Protection Coverage.
- Have a named insured sign and date the form.
- Return the completed *rejection form* in the envelope provided.

If you want Uninsured/Underinsured Motorists Coverage for bodily injury but not for property damage:

Contact your State Farm agent if you want Uninsured/Underinsured Motorists Coverage for bodily injury but want to reject Uninsured/Underinsured Motorists Coverage for property damage.

If you want a higher Personal Injury Protection Coverage limit:

Contact your State Farm agent if you want a higher Personal Injury Protection Coverage limit.

You may purchase Uninsured/Underinsured Motorists Coverage with limits up to your Liability Coverage limits.

You may purchase Uninsured/Underinsured Motorists Coverage with limits up to your Liability Coverage limits. Contact your State Farm agent if you want to purchase Uninsured/Underinsured Motorists Coverage at higher limits

THANK YOU FOR CHOOSING STATE FARM. WE APPRECIATE YOUR BUSINESS.

CONVENIENT PAYMENT OPTION: To use State Farm's 50-50 payment plan, submit one half of your premium plus a \$2.00 handling charge. The balance will be due 60 days after your renewal date.

Form of Business: Other

When you provide a check as payment, you authorize us either to use information from your check to make a

one-time electronic fund transfer from your account or to process the payment as a check transaction.

When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Review your policy information carefully. If anything is incorrect, or if there are any changes, please let us know right away.

Vehicle	Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used?
1	2002 FORD F500	1FDAX56F02EB84057	For this commercial vehicle, contact your agent for a full review of drivers.	Vehicle Body Type: Flat Bed Truck, Vehicle Use: Service/Contractors, Business Description: Water Mains or Connections Construction, Radius of Operation: 50 miles, Annual Distance Driven: 15000 miles, Gross Vehicle Weight, Manufacturer's Suggested Retail Price
2	1989 BRUTUS	624020889	For this commercial vehicle, contact your agent for a full review of drivers.	Vehicle Body Type: Utility Trailer/Box Trailer, Vehicle Use: Service/Contractors, Business Description: Water Mains or Connections Construction, Radius of Operation: 40 miles, Annual Distance Driven: 0 miles, Gross Vehicle Weight, Manufacturer's Suggested Retail Price

Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience annually to determine which makes and models have

earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this Premium Notice and Policy Offer

See your policy for an explanation of these coverages

		Vehicle 1	Vehicle 2
A	Liability Bodily Injury 1,000,000/1,000,000	\$540.50	\$81.08
	Property Damage 1,000,000	Included	Included
P	Personal Injury Protection 5,000	\$14.49	—
D	500 Deductible Comprehensive	\$82.97	—
G	500 Deductible Collision	\$100.01	—
U	Uninsured/Underinsured Motorist:	\$38.00	—
	Bodily Injury 30,000/person, 60,000/accident	Included	—
	Property Damage 25,000/accident (250 deductible)	Included	—
Premium by Vehicle		\$775.97	\$81.08
Amount Due		\$857.05	

DECLARATIONS AND ENDORSEMENTS

Your policy consists of this declarations page, the policy booklet - form 9843U3, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

CAR 1,2

6943B AMENDATORY ENDORSEMENT.

6943BB AMENDATORY ENDORSEMENT -EFF APR 13 2012.

IL 00 21 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT BROAD FORM.

TE 00 39B AMENDATORY ENDORSEMENT: CHANGE CONDITIONS AND DEFINITIONS.

TE 00 40B AMENDATORY ENDORSEMENT-TEXAS: CHANGE TO CONDITIONS, PHYSICAL DAMAGE COVERAGE AND DEFINITION OF SECTION IV.

ITEM 2-SYMBOL 7 SPECIFICALLY DESCRIBED AUTOS.

TE 04 06B MEXICO COVERAGE-LIMITED.

CAR 1

TE 04 01C PERSONAL INJURY PROTECTION ENDORSEMENT-TEXAS (COVERAGE P).

TE 04 09D UNINSURED/UNDERINSURED MOTORISTS INSURANCE (COVERAGE U).

TE 99 60A SUPPLEMENTARY DEATH BENEFIT.

PO Box 799100
Dallas TX 75379

DECLARATIONS PAGE

NAMED INSURED

AT3 53-6854-1 A A

060123 0669
NITSCH & SON UTILITY CO INC
8131 NORTHLINE DR
HOUSTON TX 77037-3999

POLICY NUMBER 094 3745-A13-53B
POLICY PERIOD JUL 13 2016 to JAN 13 2017
12 01 A M Standard Time

AGENT
RANDY REEVES
7702 LOUETTA RD
SPRING, TX 77379-7244

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

PHONE (281)370-1700

FORM OF BUSINESS CORPORATION PARTNERSHIP INDIVIDUAL OTHER

YOUR CAR					
YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2006	FORD	F150	PICKUP	1FTRX12W56KB74131	Commercial

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A	Liability Coverage	
	Bodily Injury Limits	\$252.65
	Each Person, Each Accident	
	\$1,000,000 \$1,000,000	
	Property Damage Limit	\$136.93
	Each Accident	
	\$1,000,000	
P	Personal Injury Protection Coverage	\$15.99
	Limit - Each Person	
	\$5,000	
D	Comprehensive Coverage	\$130.65
G	Collision Coverage - \$1,000 Deductible	\$79.91
U	Uninsured/Underinsured Motorists Coverage	
	Bodily Injury Limits	\$26.76
	Each Person, Each Accident	
	\$50,000 \$100,000	
	Property Damage Limit	\$15.70
	Each Accident	
	\$25,000	

Total premium for JUL 13 2016 to JAN 13 2017: \$658.59 This is not a bill.

IMPORTANT MESSAGES

Replaced policy number 0943745-53A
New Policy Form

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET - FORM 9643A, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU WITH ANY SUBSEQUENT RENEWAL NOTICE.
4044A UNINSURED/UNDERINSURED MOTORISTS COVERAGE.
4820A PERSONAL INJURY PROTECTION COVERAGE.

Agent: RANDY REEVES
Telephone (281)370-1700
Prepared JUL 15 2016 6854-896

R

This policy is Issued by State Farm Mutual Automobile Insurance Company.


MUTUAL CONDITIONS

1. **Mutuals - Membership and Voting Notice.** The insured is notified that by virtue of this policy, he is a member of the State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, and is entitled to vote either in person or by proxy at any and all meetings of said company. The annual meetings are held in its home office, at Bloomington, Illinois, on the second Monday of June, in each year, at 10:00 o'clock A.M.

2. **Mutuals - Participation Clause Without Contingent Liability.** No Contingent Liability: This policy is nonassessable. The policyholder is a member of the company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be executed and attested.


SECRETARY


PRESIDENT



State Farm Mutual Automobile Insurance Company

PO Box 799100
Dallas TX 75379

93325-1-A

MUTL VOL

DECLARATIONS PAGE

NAMED INSURED
AT3 53-6854-1 A A

000123 0060
NITSCH & SON UTILITY CO INC
8131 NORTHLINE DR
HOUSTON TX 77037-3999

POLICY NUMBER 094 3745-A13-53B
POLICY PERIOD JUL 13 2016 to JAN 13 2017
12 01 A.M Standard Time

AGENT
RANDY REEVES
7702 LOUETTA RD
SPRING, TX 77379-7244

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

PHONE (281)370-1700

FORM OF BUSINESS CORPORATION PARTNERSHIP INDIVIDUAL OTHER

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2006	FORD	F150	PICKUP	1FTRX12W66KB74131	Commercial

SYMBOLS COVERAGE & LIMITS PREMIUMS

A	Liability Coverage	
	Bodily Injury Limits	\$252.65
	Each Person, Each Accident	
	\$1,000,000 \$1,000,000	
	Property Damage Limit	\$136.93
	Each Accident	
	\$1,000,000	
P	Personal Injury Protection Coverage	\$15.99
	Limit - Each Person	
	\$5,000	
D	Comprehensive Coverage	\$130.65
G	Collision Coverage - \$1,000 Deductible	\$79.91
U	Uninsured/Underinsured Motorists Coverage	
	Bodily Injury Limits	\$26.76
	Each Person, Each Accident	
	\$50,000 \$100,000	
	Property Damage Limit	\$15.70
	Each Accident	
	\$25,000	

Total premium for JUL 13 2016 to JAN 13 2017. \$658.59 This is not a bill.

IMPORTANT MESSAGES

Replaced policy number 0943745-53A
New Policy Form

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET - FORM 9643A, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU WITH ANY SUBSEQUENT RENEWAL NOTICE.
4044A UNINSURED/UNDERINSURED MOTORISTS COVERAGE.
4820A PERSONAL INJURY PROTECTION COVERAGE.

Agent RANDY REEVES
Telephone (281)370-1700
Prepared JUL 15 2016 6854-B96

R

00103/00062
155-3956 0TX 2 08-04-2014 (01a)250c
MS30N

See Reverse Side

(01a)250c


This policy is issued by State Farm Mutual Automobile Insurance Company.

MUTUAL CONDITIONS

1. **Mutuals - Membership and Voting Notice.** The insured is notified that by virtue of this policy, he is a member of the State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, and is entitled to vote either in person or by proxy at any and all meetings of said company. The annual meetings are held in its home office, at Bloomington, Illinois, on the second Monday of June, in each year, at 10:00 o'clock A.M.
2. **Mutuals - Participation Clause Without Contingent Liability.** No Contingent Liability: This policy is nonassessable. The policyholder is a member of the company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be executed and attested.


SECRETARY


PRESIDENT

HARCO INSURANCE SERVICES

10777 Northwest Frwy. Ste. 700
Houston, TX 77092-7313
www.harco-ins.com

Tel: 713-681-2500
Fax: 713-684-1600
harco@harco-ins.com



May 17, 2016

Nitsch & Son Utility Co., Inc.
Glenn D Nitsch, Individual
8131 Northline
Houston, TX 77037-3927

Policy Numbers: RHD486070623; CPS2375842; 0001047484
Type of Policy: Package; General Liability; Workers Compensation
Company: Hanover Ins Co; Scottsdale Ins Co; Texas Mutual Ins Co
Effective Date: 05/04/16

Dear Mr. Nitsch:

We would like to '**thank you**' for allowing us the opportunity to provide your insurance coverage.

Your policies are enclosed which are effective as indicated above. Please review these policies to be sure they are correctly written. Should you require any changes or wish to discuss this further, please contact our office.

We sincerely appreciate the opportunity to service your insurance needs and will strive to provide you with the kind of service that will merit your continued confidence.

Your business is sincerely appreciated and we value you as our client.

Sincerely,
HARCO Insurance Services

Donna Reid, ACSR, CISR
Account Manager
Assisting Thomas L. Mraz
/lg

Enclosures



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/17/2016

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 HARCO Insurance Services 10777 Northwest Frwy., #700 Houston, TX 77092-7313	Phone: 713-681-2500 Fax: 713-684-1600	CONTACT NAME: Donna Reid PHONE (A/C, No, Ext): 713-681-2500 E-MAIL ADDRESS: dreid@harco-ins.com	FAX (A/C, No): 713-684-1600
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Nitsch & Son Utility Co., Inc. 8131 Northline Houston, TX 77037-3927	INSURER A: Scottsdale Insurance Company		41297
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X X	CPS2376842	05/04/2016	05/04/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	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	N/A			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

RE: 8131 Northline, Houston TX 77037

CERTIFICATE HOLDER National Oilwell Varco, L.P. Its affiliates & subsidiaries 7909 Parkwood Circle Drive Houston, TX 77036	NATIO02	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 <i>Wills J. Hargrave III</i>
---	----------------	--



RHD 4860706 23

The Hanover Insurance Company (A Stock Company)
440 Lincoln Street, Worcester, MA 01653-0002
Commercial Line Policy
Common Declarations

AE

Table with 4 columns: Policy Number, Policy Period (From/To), Coverage is Provided in the:, Agency Code. Row 1: RHD 4860706 23, 05/04/2016 to 05/04/2017, The Hanover Insurance Company, 1606135

Named Insured and Address :

Agent :

Table with 2 columns: Named Insured and Address, Agent. Row 1: NITSCH & SON UTILITY CO. AND GLENN D. NITSCH, INDIVIDUAL, 8131 NORTHLINE HOUSTON TX 77037; HARCO INSURANCE SERVICES, 10777 NORTHWEST FRWY #700 HOUSTON TX 77092

Branch : Dallas Branch Office
Policy Period : From 05/04/2016 To 05/04/2017
12:01 A.M. Standard Time at Your Mailing Address Shown Above.
Business Description: Utility Distributor
Legal Entity: Corporation

In Consideration of the premium, insurance is provided the Named Insured with respect to those premises described in the attached schedule(s) for which a specific limit of insurance is shown. This is subject to all terms of this policy including Common Policy Conditions. Coverage Parts, Forms and Endorsements may be subject to adjustment and/or a policy minimum premium.

Table with 2 columns: Coverage Type, Amount. Rows: Commercial Property Coverage (\$3,275.00), Commercial General Liability Coverage (Not Covered), Commercial Inland Marine Coverage (\$666.00), Commercial Crime Coverage (Not Covered), Commercial Auto Coverage (Not Covered), Total Surcharges Premium (N/A), Additional Premium For Policy Minimum (N/A), ** Total (\$3,941.00)

**INCLUDES PREMIUM, IF ANY, FOR TERRORISM; REFER TO DISCLOSURE NOTICE

Countersigned _____ By _____

Full Pay

Group Number ZJA

COMMON POLICY DECLARATIONS

Renewal of
CPS2166806



SCOTTSDALE INSURANCE COMPANY

Policy Number
CPS2375842

Home Office:
One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

ITEM 1. Named Insured and Mailing Address

NITSCH & SON UTILITY CO., INC.
8131 NORTHLINE
HOUSTON, TX 77037

Agent Name and Address

MYRON F. STEVES & CO.
3131 EASTSIDE, SUITE 600
P.O. BOX 4479
HOUSTON, TX 77098

Agent No.: 42008 Program No.: NONE

ITEM 2. Policy Period From: 05/04/2016 To: 05/04/2017 Term: 365 DAYS

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: UTILITY DISTRIBUTOR - WATER & SEWER

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	\$ <u>8,607</u>
Commercial Property Coverage Part	\$ <u>NOT COVERED</u>
Commercial Crime And Fidelity Coverage Part	\$ <u>NOT COVERED</u>
Commercial Inland Marine Coverage Part	\$ <u>NOT COVERED</u>
Commercial Auto Coverage Part	\$ <u>NOT COVERED</u>
Professional Liability Coverage Part	\$ <u>NOT COVERED</u>
	\$ _____
	\$ _____
Total Policy Premium:	\$ <u>8,607.00</u>
25% MINIMUM EARNED PREMIUM	\$ _____
FULLY EARNED POLICY FEE	\$ <u>200.00</u>
STATE TAX	\$ <u>427.14</u>
STAMPING FEE	\$ <u>13.21</u>
	\$ _____
	\$ _____
Policy Total:	\$ <u>9,247.35</u>

Form(s) and Endorsement(s) made a part of this policy at time of issue:
SEE SCHEDULE OF FORMS AND ENDORSEMENTS

ISSUED 05-10-2016 MSP/ACM

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH
THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY,
COMPLETE THE ABOVE NUMBERED POLICY.

**WORKERS' COMPENSATION AND
EMPLOYERS LIABILITY POLICY**

INFORMATION PAGE

Agent Copy

NCCI Carrier Code 29939

ITEM 1	NITSCH & SON UTILITY COMPANY INC 8131 NORTHLINE DR HOUSTON TX 77037-3927	POLICY NUMBER 0001047484																																												
INSURED NAME AND ADDRESS		Federal Tax ID 741867461 Bureau Number Branch HOUSTON Renewal of 0001047484 Entity CORPORATION																																												
PRODUCER 05192	HARCO INSURANCE SERVICES INC 10777 NORTHWEST FWY STE 700 HOUSTON TX 77092-7313	Interim Adjustment Annual Safety Group Certificate of Approval																																												
ITEM 2	The Policy Period is from 05-04-2016 To 05-04-2017 12.01 A.M. standard time at the insured's mailing address																																													
ITEM 3	A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: TEXAS B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. The Limits of our Liability under Part Two are. <table style="margin-left: 40px; width: 100%;"> <tr> <td>Bodily Injury by Accident</td> <td>\$1,000,000.00</td> <td>Each Accident</td> </tr> <tr> <td>Bodily Injury by Disease</td> <td>\$1,000,000.00</td> <td>Each Employee</td> </tr> <tr> <td>Bodily Injury by Disease</td> <td>\$1,000,000.00</td> <td>Policy Limit</td> </tr> </table> C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: NONE D. This policy includes these endorsements and schedules: see Schedule of Endorsements attached.		Bodily Injury by Accident	\$1,000,000.00	Each Accident	Bodily Injury by Disease	\$1,000,000.00	Each Employee	Bodily Injury by Disease	\$1,000,000.00	Policy Limit																																			
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Bodily Injury by Disease	\$1,000,000.00	Policy Limit																																												
ITEM 4	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. <table style="width: 100%; margin-top: 10px;"> <tr> <td>TOTAL ESTIMATED STANDARD PREMIUM</td> <td style="text-align: right;">\$6,241.00</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Factor</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>WAIVER OF SUBROGATION</td> <td></td> <td style="text-align: center;">0.020</td> <td style="text-align: right;">125.00</td> </tr> <tr> <td>INCREASED LIMITS 1000/1000/1000</td> <td></td> <td style="text-align: center;">0.014</td> <td style="text-align: right;">89.00</td> </tr> <tr> <td>EMPLOYER LIAB BALANCE TO MIN</td> <td></td> <td></td> <td style="text-align: right;">61.00</td> </tr> <tr> <td>HEALTH CARE NETWORK DISCOUNT</td> <td style="text-align: center;">(12.00%)</td> <td style="text-align: center;">0.880</td> <td style="text-align: right;">(782.00)</td> </tr> <tr> <td>PREMIUM DISCOUNT</td> <td style="text-align: center;">(1.20%)</td> <td style="text-align: center;">0.988</td> <td style="text-align: right;">(69.00)</td> </tr> <tr> <td>EXPENSE CONSTANT</td> <td></td> <td></td> <td style="text-align: right;">150.00</td> </tr> <tr> <td>TOTAL ESTIMATED ANNUAL PREMIUM</td> <td></td> <td></td> <td style="text-align: right;">\$5,815.00</td> </tr> <tr> <td>MINIMUM PREMIUM</td> <td style="text-align: right;">250.00</td> <td></td> <td></td> </tr> <tr> <td>DEPOSIT PREMIUM</td> <td style="text-align: right;">5,815.00</td> <td></td> <td></td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> Countersigned by </div>		TOTAL ESTIMATED STANDARD PREMIUM	\$6,241.00					Factor	Amount	WAIVER OF SUBROGATION		0.020	125.00	INCREASED LIMITS 1000/1000/1000		0.014	89.00	EMPLOYER LIAB BALANCE TO MIN			61.00	HEALTH CARE NETWORK DISCOUNT	(12.00%)	0.880	(782.00)	PREMIUM DISCOUNT	(1.20%)	0.988	(69.00)	EXPENSE CONSTANT			150.00	TOTAL ESTIMATED ANNUAL PREMIUM			\$5,815.00	MINIMUM PREMIUM	250.00			DEPOSIT PREMIUM	5,815.00		
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	Issue Date 05-04-2016	05/04/2016																																												
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Group Benefits Proposal

Designed For

Nitsch & Son Utility Co., Inc.

Presented By:



Chris L. Goff, CIC, LUTCF
Harco Financial Services
10777 Northwest Freeway, Ste: 700
Houston, Texas 77092-7339
(713)681-2500

DISCLAIMER – The abbreviated outlines of coverage shown throughout this proposal are to be used only as an overview of each proposed or written policy and should not be used, nor is it intended to be used, as a substitute for the actual original policy terms, conditions and limitations. This overview has been prepared as a guide for quick reference only and not intended to express any legal opinion as to nature of coverage.

Using ADP or Paychex?

HARCO Insurance Services

Is proud to *introduce* our new Payroll & HR Partner



Simple Change. Huge Difference.

To our valued clients and partners, HARCO Insurance Services has partnered with PaySphere, a Texas owned and operated Payroll Outsourcing company. PaySphere is dedicated to providing cost effective, easy to use Payroll Services to employers as well as a wide array of HR, Time Keeping, & Benefits Administration services.

The Top 3 reasons so many companies are making the change

Savings: PaySphere's clients routinely save 35% or more when transitioning from the national payroll companies.

Service: PaySphere offers a dedicated local Account Manager, no case numbers, call centers, no long hold times & voicemails that go unanswered.

Solutions: Offering cutting edge technology, PaySphere gives their clients the flexibility and customization they need to run more efficiently.

For a free quote
call 877-542-3611 or visit
www.payspherepayroll.com



Why PaySphere?

- Enthusiastic Service
- Cost Savings
- Superior Technology
- HR Support
- Time Keeping

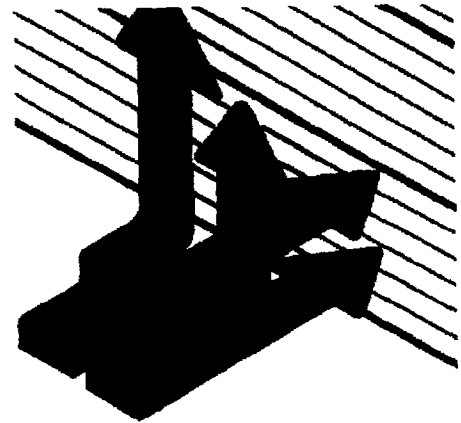


www.payspherepayroll.com

For a **FREE Quote**, call 1-877-542-3611 or email sales@payspherepayroll.com

How Do We Measure Up?

HARCO Insurance Services
Providing Innovative Services for Innovative Companies



Service	Description	Check here if your current broker offers this service
Insurance Market Access	We provide access to essentially all insurance and administration markets.	<input type="checkbox"/>
National Affiliations	In addition to our own talented professionals and specialized value-added services, we have a wealth of resources available to us through several national affiliations.	<input type="checkbox"/>
Strategic Planning	We develop a customized, comprehensive strategic plan for each of our clients that determines objectives and positions benefit strategies to work in support of the overall corporate direction. We provide detailed outlines of the actions needed to accomplish those goals. Once implemented, we review and refine the benefit plan regularly.	<input type="checkbox"/>
Five-star Service	We pride ourselves on the level of knowledge and service we bring to our clients. All of our clients are assigned a team of professionals dedicated to serving their needs. Each client can access our team through a single point of contact, making working with us seamless and easy.	<input type="checkbox"/>
Experience	We have proven dedication and a commitment to excellence in our service to the business community, as well as the institutional knowledge and resourcefulness to navigate any circumstances.	<input type="checkbox"/>
Technology	We use state-of-the-art technology to provide our customers with the latest data procurement and analysis techniques, as well as legislative resources and tools for communication and human resources administration.	<input type="checkbox"/>
Actuarial Services	When needed, we employ the services of professional actuaries to assist with calculations critical to your employee benefits plans.	<input type="checkbox"/>
Health Care Reform	Our agency offers hundreds of up-to-date, easy-to-understand documents explaining all aspects of health care reform to help both employers and employees understand the law and its implications.	<input type="checkbox"/>
Full-time Employee Tracking	We provide the tools you need to determine which variable-hour employees are considered full-time employees under the Affordable Care Act (ACA) and to know when they must be offered health coverage.	<input type="checkbox"/>
Legislative Briefs	We offer an exclusive <i>Legislative Brief</i> publication, which summarizes recent federal legislative developments involving insurance and employee benefits, to help you understand laws, including the ACA, COBRA, HIPAA, FMLA, ADA, GINA, Medicare Part D and more.	<input type="checkbox"/>
Client Portal	All of our clients receive access to a personalized website offering both customized and recommended resources to help fulfill unique administration, legislative compliance and communication needs.	<input type="checkbox"/>
Data Analysis	Using employee claims data from our client's carriers or TPA, the Internet-based Decision Master [®] Warehouse system analyzes your data and helps you discover how and where to adjust your plan design to save money. We can even model recommended changes to show you the potential savings.	<input type="checkbox"/>

Learn more at www.harco-ins.com

Custom Communication	We can assist you with all phases of employee communication, from employee meetings to payroll stuffers to informative brochures about employee benefits and wellness.	<input type="checkbox"/>
Human Resources Tools and Support	HRconnection [®] , a powerful employee communication portal, is available to you. This online tool helps you increase productivity, streamline processes, improve communication and save money.	<input type="checkbox"/>
Pharmacy Benefits Services	Through arrangements with two leading pharmacy benefits managers, we have access to national pharmacy networks, significant discounts, pharmacy benefits, modeling tools and more.	<input type="checkbox"/>
Voluntary Benefits	With the Voluntary Benefits Guide and related materials, we can help you understand, plan, implement and educate employees about this growing and important area of employee benefits.	<input type="checkbox"/>
HR Hotline	The HR Hotline gives you access to on-demand HR expertise and advice. HR professionals, available by phone or email, are ready to answer your HR-related questions.	<input type="checkbox"/>
Community	While partnering with us, you gain access to professionals from all over the country through the Community section of your client portal. An answer to a problem you have is just an email away.	<input type="checkbox"/>
Benefit Plan Analysis	We see a simplified way for you to approach the benefits plan design process. With PlanAdvisor [®] , we help you analyze your benefits plan costs against reliable benchmark information, project the impact of medical and dental plan design changes, estimate your renewal costs and streamline the plan selection process for your employees.	<input type="checkbox"/>
Wellness Programs	We provide you with months-long wellness programs to boost employee fitness and keep insurance costs down, complete with privacy and reward guidance.	<input type="checkbox"/>
Industry News	We provide detailed monthly and quarterly summaries of changes in federal benefits regulations.	<input type="checkbox"/>

Group Health

Nitsch & Son Utility Co., Inc.

12/01/2015 Effective Date	BCBS PPO Platinum P601CHC Current	BCBS PPO Platinum P601CHC Renewal	BCBS PPO Gold G621CHC
Annual Deductible	\$1250 Ind / \$3750 Family	\$1250 Ind / \$3750 Family	\$3125 Ind / \$9375 Family
Co-Insurance	100% Net / 80% Non Net	100% Net / 80% Non Net	100% Net / 100% Non Net
Out of Pocket Max	\$1250 Ind / \$3750 Family	\$1250 Ind / \$3750 Family	\$3125 Ind / \$9375 Family
Inpatient Hospital	100% After Deductible & \$150 per admission deductible	100% After Deductible & \$150 per admission deductible	100% After Deductible
Outpatient Hospital	100% After Deductible	100% After Deductible	100% After Deductible
Office Visit	\$25 PCP & Other practitioner / \$45 Specialist	\$25 PCP & Other practitioner / \$45 Specialist	\$30 PCP & Other practitioner / \$50 Specialist
Emergency Room	100% After \$300 Copay	100% After \$300 Copay	100% After \$400 Copay
Urgent Care	\$75 Copay	\$75 Copay	\$75 Copay
Prescription Drug	\$0 / \$10 / \$35 / \$75 / Specialty \$150 Mandatory Generic	\$0 / \$10 / \$35 / \$75 / Specialty \$150 Mandatory Generic	\$10 / \$40 / \$60 Specialty \$10 / \$40 / \$60 Mandatory Generic
Mail Order RX	2 X Retail Copay Up to 90 Day Supply (30-day supply for Specialty Rx)	2 X Retail Copay Up to 90 Day Supply (30-day supply for Specialty Rx)	2 X Retail Copay Up to 90 Day Supply (30-day supply for Specialty Rx)
Preventative Care	100%	100%	100%
Mental Health	Inpatient & Outpatient Included	Inpatient & Outpatient Included	Inpatient & Outpatient Included
Maximum Lifetime Benefits	Unlimited	Unlimited	Unlimited
Network	Blue Choice	Blue Choice	Blue Choice
Website	BCBSTX.COM	BCBSTX.COM	BCBSTX.COM

Medical Premium Summary

		Current	Renewal	
Boyd, Gregory	E/O	\$935.01	\$1,085.99	\$926.38
Nitsch, Glenn	E/O	\$1,202.34	\$1,336.89	\$1,140.39
Presley, Zera	E/O	\$1,202.34	\$1,336.89	\$1,140.39
Ramirez, Christopher	E/O	\$655.27	\$760.24	\$621.51
Monthly Admin Fee		\$0.00	\$0.00	\$0.00
Total		\$3,994.96	\$4,520.01	\$3,828.67
<i>% difference fr Current</i>			13.1%	-4.2%
<i>\$ difference fr Current</i>			\$525.05	-\$166.29

Nitsch & Son Utility Co., Inc.

12/01/2015 Effective Date	BCBS PPO Platinum P601CHC Current / Renewal	Memorial Hermann PPO Select Gold 1500	Memorial Hermann PPO Select Gold 2000 - 3500
Annual Deductible	\$1250 Ind / \$3750 Family	\$1500 Ind / \$3000 Family	\$2000 Ind / \$6000 Family
Co-Insurance	100% Net / 80% Non Net	90% Net / 70% Non Net	100% Net / 70% Non Net
Out of Pocket Max	\$1250 Ind / \$3750 Family	\$6000 Ind / \$12000 Family	\$3500 Ind / \$10500 Family
Inpatient Hospital	100% After Deductible & \$150 per-admission deductible	90% After Deductible	100% After Deductible
Outpatient Hospital	100% After Deductible	90% After Deductible	100% After Deductible
Office Visit	\$25 PCP & Other practitioner / \$45 Specialist	\$25 PCP / \$50 Specialist 90% after Deductible for Other Practitioner	\$25 PCP / \$50 Specialist 100% after Deductible for Other Practitioner
Emergency Room	100% After \$300 Copay	90% after \$400 Copay	100% (Deductible Waived)
Urgent Care	\$75 Copay	\$50 Copay	\$50 Copay
Prescription Drug	\$0 / \$10 / \$35 / \$75 / Specialty \$150 Mandatory Generic	\$0 / \$30 / \$60 \$100 Specialty	\$0 / \$20 / \$35 50% Specialty
Mail Order RX	2 X Retail Copay Up to 90 Day Supply (30-day supply for Specialty Rx)	2.5 X Retail Copay Up to 90 Day Supply	2.5 X Retail Copay Up to 90 Day Supply
Preventative Care	100%	100%	100%
Mental Health	Inpatient & Outpatient Included	Inpatient & Outpatient Included	Inpatient & Outpatient Included
Maximum Lifetime Benefits	Unlimited	Unlimited	Unlimited
Network	Blue Choice	Memorial Hermann Select	Memorial Hermann Select
Website	BCBSTX.COM	MHHealthPlan.org	MHHealthPlan.org

Medical Premium Summary

		Renewal		
Boyd, Gregory	E/O	\$1,085.99	\$798.72	\$842.13
Nitsch, Glenn	E/O	\$1,336.89	\$798.72	\$842.13
Presley, Zera	E/O	\$1,336.89	\$798.72	\$842.13
Ramirez, Christopher	E/O	\$760.24	\$798.72	\$842.13
Monthly Admin Fee		\$0.00	\$0.00	\$0.00
Total		\$4,520.01	\$3,194.88	\$3,366.52
% difference fr Current		13.1%	-20.0%	-15.7%
\$ difference fr Current		\$525.05	-\$800.08	-\$626.44

Nitsch & Son Utility Co., Inc.

12/01/2015 Effective Date	BCBS PPO Platinum P601CHC Current / Renewal	United HealthCare PPO Silver AA-RV w/DT	United HealthCare PPO Gold AA-RO w/NS
Annual Deductible	\$1250 Ind / \$3750 Family	\$1500 Ind / \$4500 Family	\$1000 Ind / \$3000 Family
Co-Insurance	100% Net / 80% Non Net	80% Net / 50% Non Net	100% Net / 70% Non Net
Out of Pocket Max	\$1250 Ind / \$3750 Family	\$6350 Ind / \$12700 Family	\$6350 Ind / \$12700 Family
Inpatient Hospital	100% After Deductible & \$150 per-admission deductible	80% after \$250 Copay	100% after \$250 Copay
Outpatient Hospital	100% After Deductible	80% after \$250 Copay	100% after \$250 Copay
Office Visit	\$25 PCP & Other practitioner / \$45 Specialist	\$0 PCP (under age 19) / \$40 PCP / \$40 Designated Specialist / \$80 Specialist	\$0 PCP (under age 19) / \$40 PCP / \$40 Designated Specialist / \$80 Specialist
Emergency Room	100% After \$300 Copay	80% after \$400 Copay	100% after \$400 Copay
Urgent Care	\$75 Copay	\$100 Copay	\$100 Copay
Prescription Drug	\$0 / \$10 / \$35 / \$75 / Specialty \$150 Mandatory Generic	\$15 / \$40 / \$70 Specialty \$15 / \$100 / \$300 Mandatory Generic	\$10 / \$35 / \$60 Specialty \$10 / \$100 / \$300 Mandatory Generic
Mail Order RX	2 X Retail Copay Up to 90 Day Supply (30-day supply for Specialty Rx)	2.5 X Retail Copay Up to 90 Day Supply	2.5 X Retail Copay Up to 90 Day Supply
Preventative Care	100%	100%	100%
Mental Health	Inpatient & Outpatient Included	Inpatient & Outpatient Included	Inpatient & Outpatient Included
Maximum Lifetime Benefits	Unlimited	Unlimited	Unlimited
Network	Blue Choice	Choice Plus	Choice Plus
Website	BCBSTX.COM	UNITEDHEALTHCARE.COM	UNITEDHEALTHCARE.COM

Medical Premium Summary

		Renewal		
Boyd, Gregory	E/O	\$1,085.99	\$909.82	\$1,033.31
Nitsch, Glenn	E/O	\$1,336.89	\$909.82	\$1,033.31
Presley, Zera	E/O	\$1,336.89	\$909.82	\$1,033.31
Ramirez, Christopher	E/O	\$760.24	\$909.82	\$1,033.31
Monthly Admin Fee		\$0.00	\$0.00	\$0.00
Total		\$4,520.01	\$3,639.28	\$4,133.24
% difference fr Current		13.1%	-8.9%	3.5%
\$ difference fr Current		\$525.05	-\$355.68	\$138.28

Nitsch & Son Utility Co., Inc.

12/01/2015 Effective Date	BCBS PPO Platinum P601CHC Current / Renewal	Humana NPOS 14 Copay OPT 5 Silver 100/70 \$2000	Humana NPOS 14 Copay OPT 3 Silver 100/70 \$1500
Annual Deductible	\$1250 Ind / \$3750 Family	\$2000 Ind / \$4000 Family	\$1500 Ind / \$3000 Family
Co-Insurance	100% Net / 80% Non Net	100% Net / 70% Non Net	100% Net / 70% Non Net
Out of Pocket Max	\$1250 Ind / \$3750 Family	\$5000 Ind / \$10000 Family	\$6350 Ind / \$12700 Family
Inpatient Hospital	100% After Deductible & \$150 per-admission deductible	100% After Deductible	100% After Deductible
Outpatient Hospital	100% After Deductible	100% After Deductible	100% After Deductible
Office Visit	\$25 PCP & Other practitioner / \$45 Specialist	\$35 PCP / \$55 Specialist & Other Practitioner	\$30 PCP / \$65 Specialist & Other Practitioner
Emergency Room	100% After \$300 Copay	100% after \$300 Copay	100% after \$250 Copay
Urgent Care	\$75 Copay	\$100 Copay	\$100 Copay
Prescription Drug	\$0 / \$10 / \$35 / \$75 / Specialty \$150 Mandatory Generic	Copay applies after \$100 ded Ind / \$200 ded Family \$10 / \$45 / \$90 / 25% 35% Specialty	\$10 / \$45 / \$75 / 25% 35% Specialty
Mail Order RX	2 X Retail Copay Up to 90 Day Supply (30-day supply for Specialty Rx)	2.5 X Retail Copay Up to 90 Day Supply	2.5 X Retail Copay Up to 90 Day Supply
Preventative Care	100%	100%	100%
Mental Health	Inpatient & Outpatient Included	Inpatient & Outpatient Included	Inpatient & Outpatient Included
Maximum Lifetime Benefits	Unlimited	Unlimited	Unlimited
Network	Blue Choice	Choice Care	Choice Care
Website	BCBSTX.COM	HUMANA.COM	HUMANA.COM

Medical Premium Summary

		Renewal		
Boyd, Gregory	E/O	\$1,085.99	\$971.69	\$1,037.88
Nitsch, Glenn	E/O	\$1,336.89	\$1,196.17	\$1,277.65
Presley, Zera	E/O	\$1,336.89	\$1,196.17	\$1,277.65
Ramirez, Christopher	E/O	\$760.24	\$680.22	\$726.56
Monthly Admin Fee		\$0.00	\$0.00	\$0.00
Total		\$4,520.01	\$4,044.25	\$4,319.74
% difference fr Current		13.1%	1.2%	8.1%
\$ difference fr Current		\$525.05	\$49.29	\$324.78

Nitsch & Son Utility Co., Inc.

12/01/2015 Effective Date	BCBS PPO Platinum P601GHC Current / Renewal	Aetna TX Gold OAMC 1500 80/50 (2015)	Aetna TX Gold OAMC 2000 100/70 (2015)
Annual Deductible	\$1250 Ind / \$3750 Family	\$1500 Ind / \$3000 Family	\$2000 Ind / \$4000 Family
Co-Insurance	100% Net / 80% Non Net	80% Net / 50% Non Net	100% Net / 70% Non Net
Out of Pocket Max	\$1250 Ind / \$3750 Family	\$3500 Ind / \$7000 Family	\$2500 Ind / \$5000 Family
Inpatient Hospital	100% After Deductible & \$150 per-admission deductible	80% After Deductible	100% After Deductible
Outpatient Hospital	100% After Deductible	80% After Deductible	100% After Deductible
Office Visit	\$25 PCP & Other practitioner / \$45 Specialist	\$25 PCP / \$50 Specialist 80% after Deductible for other practitioner	\$30 PCP / \$50 Specialist 100% after Deductible for other practitioner
Emergency Room	100% After \$300 Copay	80% after \$250 Copay	100% after \$250 Copay
Urgent Care	\$75 Copay	\$75 Copay	\$75 Copay
Prescription Drug	\$0 / \$10 / \$35 / \$75 / Specialty \$150 Mandatory Generic	\$10 / \$50 / \$75 Spec 30% to \$300 max Mandatory Generic	\$10 / \$50 / \$75 Spec 30% to \$300 max Mandatory Generic
Mail Order RX	2 X Retail Copay Up to 90 Day Supply (30-day supply for Specialty Rx)	3 X Retail Copay Up to 90 Day Supply	3 X Retail Copay Up to 90 Day Supply
Preventative Care	100%	100%	100%
Mental Health	Inpatient & Outpatient Included	Inpatient & Outpatient Included	Inpatient & Outpatient Included
Maximum Lifetime Benefits	Unlimited	Unlimited	Unlimited
Network	Blue Choice	Open Access	Open Access
Website	BCBSTX.COM	AETNA.COM	AETNA.COM

Medical Premium Summary

		Renewal		
Boyd, Gregory	E/O	\$1,085.99	\$1,004.25	\$1,060.07
Nitsch, Glenn	E/O	\$1,336.89	\$1,235.84	\$1,304.54
Presley, Zera	E/O	\$1,336.89	\$1,235.84	\$1,304.54
Ramirez, Christopher	E/O	\$760.24	\$703.01	\$742.09
Monthly Admin Fee		\$0.00	\$0.00	\$0.00
Total		\$4,520.01	\$4,178.94	\$4,411.24
% difference fr Current		13.1%	4.6%	10.4%
\$ difference fr Current		\$525.05	\$183.98	\$416.28

2015 CENSUS

Nitsch & Son Utility Co., Inc.

8131 Northline Drive, Houston, TX 77037

SIC: 4941

EMPLOYEE CENSUS

	EMPLOYEE NAME	SEX	BIRTHDATE	AGE	STATUS	ZIP CODE	NOTES
		(M/F)	(M,D,YR)				
1	Boyd, Gregory	M	1/5/1958	57	EO	77070	
2	Nitsch, Glenn	M	10/7/1950	64	EO	77379	
3	Presley, Zera	F	5/7/1947	68	EO	77037	
4	Ramirez, Christopher	M	9/9/1966	49	EO	77060	
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Coverage Status

E/E = Employee Only
 E/C=Employee & Child(ren)
 E/S=Employee & Spouse
 E/F = Family

2015 Annual Client Review

Annual Client Review

Renewal Instructions:

Medical Plan Renewal

Renew Current Plan _____

Renew Alternate Plan _____

Any Census Changes? _____ If Yes, Please Update Census

Any Changes to Contribution Strategy or Waiting Periods?

Ancillary Lines Renewal

Renew Current Program _____

Renew Alternate Program _____

Any Census Changes? _____ If Yes, Please Update Census

Any Changes to Contribution Strategy or Waiting Periods?

Do You Offer Ancillary Coverage's? _____

Company? _____ Renewal Date? _____

Coverage's to Consider

Life AD&D

Dental

Vision

Short Term Disability

Long Term Disability

Long Term Care Insurance

Medicare Supplement Insurance

Voluntary Worksite Benefits

International Medical Insurance

Retirement Plan

Homeowners Insurance

Auto Insurance

May I contact your employees direct to discuss financial products?

Business Protection to Consider

Buy Sell / Business Continuation Commercial Insurance Program

Executive Bonus

Key Person Insurance

Business Overhead Expense

Producer Signature: _____ Date: _____

**NITSCH & SON UTILITY COMPANY, INC.'S
RESPONSES TO COMMISSION STAFF'S
FOURTH REQUEST FOR INFORMATION
RESPONSE TO QUESTION NO. STAFF 4-12**

NITSCH AND SON UTILITY CO., INC. VEHICLE POLICY

Overview

As an authorized driver of a company vehicle, you have been given certain privileges. You assume the duty of obeying all motor vehicle laws, maintaining the vehicle properly at all times and, otherwise, following the policies and procedures outlined in the following.

Vehicle Fleet Purpose

Company vehicles are provided to support business activities and are to be used only by qualified and authorized employees. They are not to be considered a part of an employee's compensation. In all cases, these vehicles are to be operated in strict compliance with motor vehicle laws of the jurisdiction in which they are driven and with the utmost regard for their care and cost efficient use

Driver Licensing

Anyone authorized to drive the company vehicles must have a valid driver's license issued in the state of residence for the class of the vehicle being operated and must be able to drive a vehicle. Obtaining a driver's license is a personal expense.

Driver Qualifications

Driver qualifications are as follows:

- Must be authorized employee of company.
- Must be at least 21 years of age.
- Must meet licensing requirements.
- Will not qualify for a company vehicle if, during the last 36 months, the driver had any of the following experiences:
 - Been convicted of a felony.
 - Been convicted of sale, handling or use of drugs.
 - Been convicted of an alcohol- or drug-related offense while driving.
 - Had driver's license suspended or revoked.
 - Been convicted of three or more speeding violations or one or more other serious violations.
 - Been involved in three or more chargeable accidents.

Personal Use

Company vehicles are provided primarily for business purposes, however, personal use is permitted while employee is on call. Personal use is a privilege extended only to the authorized employee. The privilege of personal use may be withdrawn at any time by the company.

Rules Applying to Use of Company Vehicles:

- Authorized employee must meet all driver qualifications and rules in this agreement.
- Personal trailers, including boat and recreational vehicles, are not to be pulled.
- Company vehicle is not to be driven while under the influence of alcohol or any controlled substance.

- Possession, transportation or consumption of alcohol or illegal drugs by anyone in the vehicle is not allowed.
- Driver and all passengers must wear available personal restraints.
- Report any accident immediately to police and to Nitsch and Son Utility Co., Inc.(Nitsch)

Violation of these rules will result in disciplinary action from removal of driving privileges to termination of employment.

Maintenance

Authorized drivers are required to properly maintain their company vehicles at all times. Vehicles should not be operated with any defect that would inhibit safe operation during current and foreseeable weather and lighting conditions. Preventive maintenance such as, but not limited to regular oil changes, lubrication, tire pressure, tire replacement, brake pad & rotor replacement and fluid checks determine to a large extent whether you will have a reliable, safe vehicle to drive and support work activities. You should have preventive maintenance on your vehicle, as required in the owner's manual, performed by a certified dealer.

Traffic Violations

Fines for parking or moving violations, towing storage or impoundment are the personal responsibility of the assigned operator. The company will not condone nor excuse ignorance of any motor vehicle violations that result in court summons being directed to itself as owner of the vehicle.

Each driver is required to report all moving violations to Nitsch in a timely manner. This requirement applies to violations involving the use of any company vehicle while on company business. Failure to report violations will result in appropriate disciplinary action, including revoking of driver privileges and possible termination of employment.

Please be aware that motor vehicle violations incurred during non-business (personal use) hours will also affect your driving status as well and are subject to review.

Cellular/mobile phones

Cellular/mobile phones should not be used while operating a vehicle. Using a cell phone while driving leads to an increased risk of having an accident through a lack of attention to driving. Inattention is a major cause of vehicle accidents in America.

- Allow voice mail to handle your calls and return them at your safe convenience.
- If you need to place or receive a call pull off the road to a safe location
- ☐ Keep your hands on the wheel and your eyes and mind on the road while driving.

Accidents Involving Company Vehicles

In the event of an accident:

- **Call the police on all accidents and obtain a copy of the police report.**
- Do not admit negligence or liability.
- Do not attempt settlement, regardless of how minor.
- Get name, address and phone number of injured person and witnesses if possible.

- Exchange vehicle identification, insurance company name and policy numbers with the other driver.
- Take a photograph of the scene of accident if possible.
- Complete the accident report in your vehicle.
- Turn all information over to Nitsch as soon as possible.

Thefts

In the event of the theft of a company vehicle, notify local police and Nitsch as soon as possible.

Driver Responsibilities

Each driver is responsible for the actual possession, care and use of the company vehicle in their possession. Therefore, a driver's responsibilities include, but are not limited to, the following:

- Operation of the vehicle in a manner consistent with reasonable practices that avoid abuse, theft, neglect or disrespect of the equipment.
- Obey all traffic laws.
- The use of seat belts and shoulder harness is mandatory for driver and passengers.
- Adhering to manufacturer's recommendations regarding service, maintenance and inspection. Vehicles should not be operated with any defect that would prevent safe operation.
- Attention to and practice of safe driving techniques and adherence to current safety requirements
- Reporting the occurrence of moving violations.
- Accurate, comprehensive and timely reporting of all accidents by an authorized driver and thefts of a company vehicle to Nitsch.

Failure to comply with any of these responsibilities will result in disciplinary action, up to and including termination of employment.

Preventable Accidents

A preventable accident is defined as any accident involving a company vehicle – whether being used for company or personal use – or any vehicle while being used on company business that results in property damage and/or personal injury, and in which the driver in question failed to exercise every **reasonable precaution** to prevent the accident.

- **Safety Guidelines to Prevent Accidents**
 - Do Not Follow too close
 - Do Not Drive too fast for conditions
 - Do Not Fail to observe clearances
 - Do Not Fail to obey signs
 - Do Not Make Improper turns
 - Do Not Fail to observe signals from other drivers
 - Do Not Fail to reduce speed
 - Do Not Park improperly
 - Do Not Pass improperly
 - Do Not Fail to yield

- Do Not Back up improperly
- Do Not Fail to obey traffic signals or directions
- Do Not Exceed the posted speed limit
- Do Not Drive While Intoxicated (DWI) or Drive Under the Influence (DUI) or similar charges.

I have read and will abide by the conditions as stated in this document regarding the operation of any vehicle for company business.

Employee Name _____

Employee Signature _____

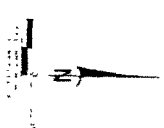
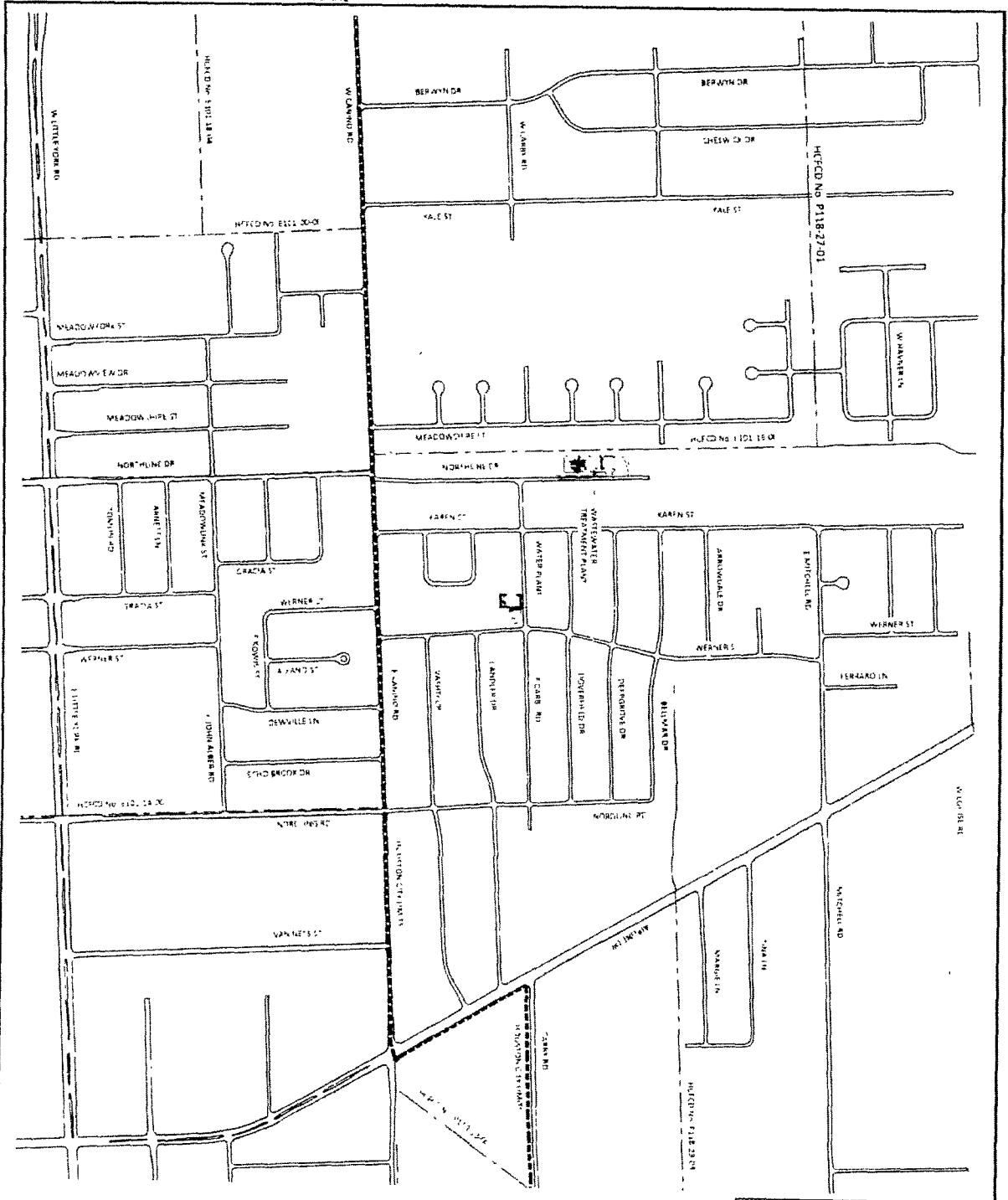
Company Representative Name _____

Company Representative Signature _____

Date _____

**NITSCH & SON UTILITY COMPANY, INC.'S
RESPONSES TO COMMISSION STAFF'S
FOURTH REQUEST FOR INFORMATION**

RESPONSE TO QUESTION NO. STAFF 4-15b



SAMPLING LOCATIONS	
5000	5000
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FACILITIES PLAN

NITSCH & SON UTILITY WATER SYSTEM
PWS ID NO. 1010145

WaterEngineers, Inc.
Water & Wastewater Treatment Consultants

REVISION DATE