



AMERICAN ELEVATOR TECHNOLOGIES

P.O. Box 150
CARTHAGE, TEXAS 75633
PHONE: (903)690-1133
AMERICANELEVLLC@AOL.COM

" TO GOD BE THE GLORY "

CONTRACT OF AGREEMENT

TO: PANOLA COUNTY COURTHOUSE
110 SOUTH SYCAMORE STREET
CARTHAGE, TX 75633

DATE: 11-02-2020

ATTN: TOMMY EARL
903-692-2844

AMERICAN ELEVATOR TECHNOLOGIES HEREBY PROPOSES A PREVENTATIVE MAINTENANCE AND TROUBLE CALL CONTRACT REGARDING THE ELEVATOR EQUIPMENT FOR THE ABOVE BUSINESS ENTITY. ALL SERVICES ARE SUBJECT TO A.E.T.'S TERMS AND CONDITIONS. THIS CONTRACT BINDING THESE TWO ENTITIES WILL TAKE EFFECT JANUARY 1, 2021 AND EXPIRE DECEMBER 31, 2021. THIS CONTRACT MAY BE WITHDRAWN AFTER 90 DAYS IF ABOVE ENTITY HAS NOT SIGNED. THE CONTRACT IS STILL BINDING FOR THE REMAINDER OF THE DURATION IN THE EVENT OF A COMPANY BUY OUT. THIS CONTRACT WILL AUTOMATICALLY RENEW IF NOT NOTIFIED BY EITHER ENTITY BY THE ENDING DATE.

PRICE: ELEVATOR #1 PER YEAR: \$1,500.00
ELEVATOR #2 PER YEAR: \$1,500.00
STATE INSPECTOR FEES: \$ 400.00
TOTAL: \$3,400.00 PER YEAR PAID AT \$283.33 PER MONTH.

EQUIPMENT DESCRIPTION: ONE DOVER DMC THREE STOP HYDRAULIC ELEVATOR, ONE SCHINDLER 300A THREE STOP HYDRAULIC ELEVATOR.

PAYMENT: PAYABLE IN FULL WITHIN 30 DAYS OF INVOICE. LATE OR NON-PAYMENT WILL RESULT IN ASSESSMENT OF INTEREST CHARGED OF A MONTHLY INTEREST RATE AT THE HIGHEST LEGAL RATE AVAILABLE , AND ANY COLLECTION COST INCLUDING ATTORNEYS' FEES. BREACH OF CONTRACT OR EARLY OUT WILL RESULT IN PAYMENT IN FULL OR REMAINDER OF CONTRACT COST.

COVERAGE: AMERICAN ELEVATOR TECHNOLOGIES IS COVERED WITH A COMPREHENSIVE LIABILITY UP TO TWO MILLION DOLLARS SINGLE LIMIT PER OCCURRENCE.



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TERMS AND CONDITIONS COVERED UNDER CONTRACT

1. MONTHLY PREVENTIVE MAINTENANCE EXAMS ON ELEVATORS.
2. ALL TROUBLE CALLS DUE TO MECHANICAL FAILURE OR REGULAR WEAR AND TEAR BETWEEN THE HOURS OF 8:00 A.M. AND 5:00 P.M. MONDAY THRU FRIDAY.
3. A MAXIMUM OF TWO HOUR RESPONSE TIME ON CALL OUTS.
4. ANNUAL PRESSURE TEST ON ALL HYDRAULIC ELEVATORS INCLUDING THE STATE INSPECTORS FEES.
5. MONTHLY FIRE SERVICE INSPECTIONS.
6. ALL PARTS THAT MAY BE REPLACED DUE TO NORMAL WEAR AND TEAR AND COST \$500.00 OR LESS.
7. WE WILL INCLUDE A FIRE SERVICE LOG, OIL USAGE LOG, MAINTENANCE LOG, AND A MAINTENANCE MANAGEMENT PROGRAM IN EACH MACHINE ROOM

TERMS AND CONDITIONS NOT COVERED UNDER CONTRACT

1. ANY TROUBLE CALLS OR DAMAGE DUE TO FIRE, THEFT, LIGHTNING, WATER DAMAGE, MALICIOUS MISCHIEF, OR ANY ACTS OF GOD.
2. ANY OVERTIME CALL OUTS OR OVERTIME REPAIRS.
3. ANY PART THAT HAS BECOME OBSOLETE, NO LONGER AVAILABLE FOR PURCHASE OR REPAIR, OR EXCEEDS \$500.00 IN COST.
4. ANY PART THAT MAY FAIL OR BRAKE DURING A SAFETY OR PRESSURE TEST.
5. ANY UNDERGROUND PARTS.
6. THE ELEVATOR PHONE OR PHONE LINE.
7. FIRE EXTINGUISHER IN MACHINE ROOMS.



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LABOR COST RATE

HOURLY STRAIGHT TIME MECHANIC RATE: \$155.00 PER HOUR
HOURLY STRAIGHT TIME HELPER RATE: \$ 80.00 PER HOUR

HOURLY OVERTIME MECHANIC RATE: \$310.00 PER HOUR
HOURLY OVERTIME HELPER RATE: \$160.00 PER HOUR

STRAIGHT TIME HOURS ARE AS FOLLOWS: MONDAY—FRIDAY BETWEEN THE HOURS OF 8:00 A.M. AND 5:00 P.M. ANY ADDITIONAL HOURS WORKED WILL BE BILLED AS OVERTIME.

HOLIDAYS DO NOT AFFECT PAY RATES. THEY ARE CHARGED AS ANY OTHER DAY. WE ARE THE ONLY ELEVATOR COMPANY THAT DOES NOT CHARGE OVERTIME ON HOLIDAYS EVEN THOUGH WE PAY OVERTIME TO OUR EMPLOYEES.

MILEAGE RATE WILL BE CHARGED AT \$1:00 PER MILE. MILEAGE FLUCTUATES WITH THE PRICE OF FUEL.



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ACCEPTANCE BY YOU AS BUILDING OWNER OR REPRESENTATIVE OF PROPERTIES,
AND APPROVAL BY AMERICAN ELEVATOR TECHNOLOGIES REPRESENTATIVE WILL
BE REQUIRED TO VALIDATE THIS CONTRACT. UPON SIGNING, YOU ARE AGREEING
TO THE TERMS AND CONDITIONS OF THIS SERVICE CONTRACT.

ACCEPTED:

SIGN:

LeeAnn Jones

PRINT:

LeeAnn Jones

FOR:

Panola County

TITLE:

County Judge

DATE:

12-8-2020

APPROVED:

SIGN:

Michael Williford

PRINT:

Michael Williford

TITLE:

Owner

DATE:

11/02/2020



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REFERENCE LIST

1. JEFF WILLIAMS – KILGORE, TX – KILGORE COLLEGE – 903-571-5714
2. GARY HOFFMAN – KILGORE, TX – KILGORE I.S.D. – 903-808-1547
3. ALAN MOON – CARTHAGE, TX – PANOLA COLLEGE – 903-754-1262
4. GARNETT BROOKSHIRE – TYLER, TX – PLAZA TOWER – 903-617-6579
5. EDDY SMITH – TATUM, TX – LUMINANT POWER PLANT – 318-218-0327
6. KATHY WRIGHT – MARSHALL TRAIN DEPOT – MARSHALL, TX – 903-407-7880
7. REBEKAH ACRES – RUSK COUNTY COURTHOUSE – HENDERSON, TX – 903-657-0304
8. JENNA SHANNON – SOUTHSIDE BANK – TYLER, LUFKIN, CLEVELAND, TX – 903-360-6803
9. MAC SOULS – KNOX LEE POWER PLANT – LONGVIEW, TX – 903-720-5899
10. KENNETH BARDSLEY – CASCADES COUNTRY CLUB – TYLER, TX – 903-330-1189
11. TOMMY EARL – PANOLA COUNTY COURTHOUSE – CARTHAGE, TX – 903-263-1761
12. GENE GILES – FIRST STATE BANK & TRUST – CARTHAGE, TX – 903-693-6606
13. TODD STRACENER – MASONIC LODGE – LUFKIN, TX – 936-366-8633
14. CHUCK MATLOCK – LUMINANT POWER PLANT – GRAHAM, TX – 940-212-0880
15. DEAN PALMER – PAPPACITA'S – LONGVIEW, TX – 903-663-1700



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/2/2020

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 Richard H. Thomas, Inc. 101 W. Sabine P.O. Box 430 Carthage TX 75633	CONTACT NAME: Carrie Thomas PHONE (A/C, No, Ext): (903) 693-3831 E-MAIL ADDRESS: Carrie@pattersonins.com FAX (A/C, No): (903) 693-6728
INSURED American Elevator Technologies, LLC 5652 Hwy 124 Beckville TX 75631	INSURER(S) AFFORDING COVERAGE INSURER A: Great American Insurance Company INSURER B: Texas Mutual Insurance Co. INSURER C: Commerce & Industry Insurance Co. INSURER D: Progressive Insurance INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL2011402488

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Hired/Nonowned included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FAC130346603	1/25/2020	1/25/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Max Annual Aggregate \$ 10,000,000
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			07810992-1	06/28/2020	06/28/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ZB0020700897	01/25/2020	01/25/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	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 <input checked="" type="checkbox"/> N	N/A	0002007162	12/9/2019	12/9/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

PANOLA COUNTY 110 SOUTH SYCAMORE ST CARTHAGE, TX 75633	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 Scott Thomas/CARRI
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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

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

American Elevator Technologies, L.L.C.
Carthage, TX United States

Certificate Number:
2020-678602

Date Filed:
10/14/2020

Date Acknowledged:

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

Panola County Courthouse

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.

2020-10
Elevator maintenance and repair

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	American Elevator Technologies	carthage, TX United States	X	

5 Check only if there is NO Interested Party.

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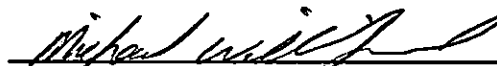
6 UNSWORN DECLARATION

My name is Michael Williford, and my date of birth is 02/13/1973.

My address is 155 CR 233, Carthage, TX, 75633, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Panola County, State of Texas, on the 2 day of 11, 2020.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)