

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

Northeast WTP
SCADA
Improvements

FORM CIQ

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

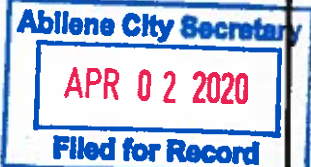
This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

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

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

OFFICE USE ONLY

Date Received



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

Enprotec/Hibbs & Todd, Inc.

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

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

None

Name of Officer

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

not applicable

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

Yes

No

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

Yes

No

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

not applicable

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

7 Bob Benham, CPA VP

Signature of vendor doing business with the governmental entity

3/11/20

Date



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh & McLennan Agency, LLC		NAMED INSURED Enprotec/Hibbs & Todd, Inc. 402 Cedar St. Abilene TX 79601	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Additional Insured form #SCA23500D edition 10/11 applies to the Automobile Liability policy.
Waiver of subrogation form #SCA23500D edition 10/11 applies to the Automobile Liability policy.

Waiver of subrogation form #WC420304B edition 06/14 applies to the Workers Compensation policy.

The General Liability policy includes a blanket additional insured endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and Non-Contributory" wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The General Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Automobile Liability policy contains language that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The Automobile liability policy includes waiver of subrogation wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Umbrella Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Worker's Compensation policy includes a waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

Umbrella Policy is Follow Form

Notice of Cancellation form #CNA74702XX (1-15) applies to the General Liability policy.
Notice of Cancellation form #CNA68021XX (2-13) applies to the Automobile Liability policy.
Notice of Cancellation form #WC 42 06 01 applies to the Workers Compensation policy.

The General Liability, Automobile Liability, & Worker's Compensation policies includes a blanket notice of cancellation to the certificate holder endorsement, providing for (30) days' advance written notice if the policy is canceled by the company, or 10 days' written notice before the policy is canceled for nonpayment of premium. Notice is sent to certificate holders with mailing addresses on file with the agent or the company. The endorsement does not provide for notice of cancellation to the certificate holder if the named insured requests cancellation.

RE: Project: Northeast WTP SCADA Improvements

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

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.

Enprotec/Hibbs & Todd, Inc.
 Abilene, TX United States

Certificate Number:
 2020-603426

Date Filed:
 03/31/2020

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

City of Abilene, Texas

Date Acknowledged:
 04/02/2020

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.

Engineering Services
 NEWTP SCADA System Improvements

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Rich, PE, Colden	Abilene, TX United States	X	
	Diller, PE, Sage	Abilene, TX United States	X	
	Berryhill, PE, Joshua	Abilene, TX United States	X	
	Yungblut, PE, Scott	Abilene, TX United States	X	
	Hay, PE, Scott	Abilene, TX United States	X	
	Hibbs, PE, Jordan	Abilene, TX United States	X	
	Hibbs, PE, Scott	Abilene, TX United States	X	
	Todd, PE, David	Abilene, TX United States	X	
	Hay, PE, Christopher	Granbury, TX United States	X	
	Kindle, PE, Keith	Aledo, TX United States	X	
	Evans, PE, Perry	Lubbock, TX United States	X	
	Benham, CPA, Bob	Abilene, TX United States	X	

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5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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	Diller, PE, Sage	Abilene, TX United States	X	
	Berryhill, PE, Joshua	Abilene, TX United States	X	
	Yungblut, PE, Scott	Abilene, TX United States	X	
	Hay, PE, Scott	Abilene, TX United States	X	
	Hibbs, PE, Jordan	Abilene, TX United States	X	
	Hibbs, PE, Scott	Abilene, TX United States	X	
	Todd, PE, David	Abilene, TX United States	X	
	Hay, PE, Christopher	Granbury, TX United States	X	
	Kindle, PE, Keith	Aledo, TX United States	X	
	Evans, PE, Perry	Lubbock, TX United States	X	
	Benham, CPA, Bob	Abilene, TX United States	X	

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Engineering Services
NEWTP SCADA System Improvements

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			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Bob Benham, and my date of birth is 3/12/1955

My address is 18 Augusta Drive, Abilene, Tx, 79606, USA
(street) (city) (state) (zip code) (country)

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

Executed in Taylor County, State of Texas, on the 31 day of March, 2020
(month) (year)

Bob Benham, CPA

Signature of authorized agent of contracting business entity
(Declarant)