



COMMERCIAL HVAC | PLUMBING
ELECTRICAL | BUILDING AUTOMATION

Date: 8/1/2025
Attn: Chris Huskey
Quote: Q-35946

Site Details
City of Farmers Branch
13000 William Dodson Parkway
Farmers Branch, TX 75234

Re: City of Farmers Branch - Unit
RPLC Bid Billing Details
City of Farmers Branch
13000 William Dodson Parkway
Farmers Branch, TX 75234

Per your request, we are pleased to submit for your consideration our quote for the referenced project.

Scope of Work

- Per Scope of work guidelines on RFP #25-22
- Bonds have been figured into total Cost

Project Investment

Service Site:	Total Cost:
City of Farmers Branch - Senior Center	\$157,809.43
City of Farmers Branch - Justice Center	\$142,441.30
City of Farmers Branch - Historical Park	\$195,450.16
City of Farmers Branch - UFO Building	\$57,933.03
City of Farmers Branch - Senlac Service Center	\$76,581.00
City of Farmers Branch - Animal Adoption Center	\$136,793.25

The total project investment is \$767,008.17 plus applicable taxes.

Notes/Clarifications

1. All work is to be performed during normal business hours/After Hours

Dallas: ACISInc.com 1028 N McDonald St McKinney, TX 75069 P: 972.562.8507 P: 817.590.9200 P: 713.447.1985 P: 512.994.3000 P: 210.236.0031
Fort Worth: ACISInc.com 2323 E Loop 820 N Fort Worth, TX 76118
Houston: ACISInc.com 4268 Clark Rd Houston, TX 77040
Austin: TeamServicesTX.com 2201 Patterson Industrial Dr Pflugerville, TX 78660
San Antonio: APS-CentralTX.com 12110 Valliant Street San Antonio, TX 78216
TACLA129449C | M-42691 TACLA50034E TACLA13715C | M-37867 TACLA00029182C TACLA00123475C

Regulated by The Texas Department of Licensing and Regulations, PO Box 12157, Austin, TX 78711. 1-800-803-9202, 512-463-6599.
Texas State Board of Plumbing Examiners P.O. Box 4200, Austin, TX 78765. Phone 512-936-5200, Fax 512-450-0637, 800-845-6584. www.tsbpe.state.tx.us

Exclusions

- **Taxes** - Unless stated above, all pricing excludes sales tax
- **Previously Expended Labor** - Previously expended labor and materials beyond area where work is to be performed
- **Additional Labor and Materials (Plan and Spec. Project)** - Quotation is based on information shown on mechanical plans and specifications. Any labor and/or materials required for the project that are not designated on the mechanical plans will be at additional cost
- **Pre-Existing Problems** - Any pre-existing problems that may be discovered during the installation of this project unless addressed in the "Scope of Work" above. This includes, but is not limited to, electrical issues, existing drain lines, existing thermostat (or thermostat wires), duct work, etc.
- **Integration to BAS** - Any work that may be required to integrate the system(s) above to Building Automation System (BAS), unless stated above
- **Scheduling Conflicts** - Additional labor required due to customer scheduling conflicts is not included in the above stated price
- **Additional Refrigerant** - Additional refrigerant is not included in the above stated price and will be invoiced separately

Dallas: ACISInc.com
1028 N McDonald St
McKinney, TX 75069

Fort Worth: ACISInc.com
2323 E Loop 820 N
Fort Worth, TX 76118

Houston: ACISInc.com
4268 Clark Rd
Houston, TX 77040

Austin: TeamServicesTX.com
2201 Patterson Industrial Dr
Pflugerville, TX 78660

San Antonio: APS-CentralTX.com
12110 Valliant Street
San Antonio, TX 78216

P: 972.562.6507 P: 817.590.9200 P: 713.447.1985 P: 512.994.3000 P: 210.236.0031 **TACLA**13715C | M-37867 **TACLA**00029182C **TACLA**00123475C **TACLA**129449C
| M-42691 **TACLA**50034E

Regulated by The Texas Department of Licensing and Regulations, PO Box 12157, Austin, TX 78711. 1-800-803-6202, 512-463-6599.
Texas State Board of Plumbing Examiners. P.O. Box 4200, Austin, TX 78765. Phone 512-936-5200, Fax 512-450-0637, 800-845-6584. www.tsbpe.state.tx.us

Payment Terms

The following payment schedule will be applied upon acceptance of this proposal:

- Initial mobilization may be billed, then payments based upon percentage of job completion

If this proposal is acceptable, please sign and return it by email with the appropriate purchase order number, if needed. Our pricing stands firm for 10 days from the date of this proposal, after which adjustments may be required based on market conditions, and potential tariffs.

Thank you,

Collin Croft
4694089475
collin.croft@acisinc.com

Proposal Acceptance
Signature
Name
Date
PO#

Terms and Conditions

1. **PERFORMANCE.** Services will be performed during normal working hours with any overtime or emergency labor billed separately, unless otherwise agreed to in writing. Duty to perform under this agreement and the price hereof is subject to the approval of the Credit Department of Air Conditioning Innovative Solutions, Inc. ("ACIS"), is also contingent upon strikes, accidents, fires, the inability to procure materials from the usual sources of supply, or upon any like or unlike cause beyond the control of ACIS. Upon disapproval of the Credit Department or upon the occurrence of any such event, ACIS may delay performance or, at its option, renegotiate prices, terms and conditions with the Customer. If ACIS and Customer are unable to agree on such revisions, this agreement shall be canceled without any liability, other than Customer's obligation to pay for service rendered by ACIS to the date of cancellation.
2. **SERVICE FEE, PAYMENTS, and TAXES.** Fees for Services ("Service Fees") shall be paid within thirty (30) days of invoice date. Interest of 1.5% per month on unpaid balances may be charged by ACIS. ACIS may discontinue services whenever payment is overdue. Unless otherwise agreed, Customer shall pay, in addition to the stated price; all taxes not legally required to be paid by ACIS or, alternatively, shall provide ACIS with acceptable tax exemption certificates.
3. **WARRANTIES.** ACIS warrants that: (1) ACIS manufactured material is free from defect in material and manufacture for a period of **twelve (12) months** from date of start-up or replacement. ACIS's obligation under this warranty is limited to repairing or replacing the

Dallas: ACISInc.com

1028 N McDonald St

McKinney, TX 75069

P: 972.562.6507 P: 817.590.9200

P: 713.447.1985 P: 512.994.3000

Fort Worth: ACISInc.com

2323 E Loop 820 N

Fort Worth, TX 76118

Houston: ACISInc.com

4268 Clark Rd

Houston, TX 77040

Austin: TeamServicesTX.com

2201 Patterson Industrial Dr

Pflugerville, TX 78660

San Antonio: APS-CentralTX.com

12110 Valliant Street

San Antonio, TX 78216

M-42691 TACLA50034E

Regulated by The Texas Department of Licensing and Regulations, PO Box 12157, Austin, TX 78711. 1-800-803-9202, 512-463-6599.
Texas State Board of Plumbing Examiners. P.O. Box 4200, Austin, TX 78765. Phone 512-936-5200, Fax 512-450-0637, 800-845-6584. www.tsbpe.state.tx.us

defective part at its option; (2) Labor is warranted (to have been properly performed) for a period of **twelve (12) months** from completion. ACIS under this warranty is limited to correcting any improperly performed labor; (3) Non-ACIS equipment and/or parts are not warranted by ACIS. Warranties for such equipment and parts are those extended to ACIS **by the respective manufacturer**. Warranty does not include damage of any kind due to acts of God (such as, but not limited to lightning strikes), power failure, insurrection, vandalism, riot, inappropriate customer use of product, or any other cause whatever beyond the control of ACIS. There are absolutely no other warranties extended, including any implied warranties of **FITNESS FOR PARTICULAR PURPOSE OR MERCHANTABILITY**.

4. **INDEMNITY AND LIABILITY.** ACIS AND CUSTOMER SHALL INDEMNIFY, DEFEND AND HOLD EACH OTHER HARMLESS FROM ANY AND ALL CLAIMS, ACTIONS, COSTS, EXPENSES, DAMAGES, AND LIABILITIES, INCLUDING ATTORNEYS' FEES, RESULTING FROM DEATH OR BODILY INJURY OR DAMAGE TO REAL OR PERSONAL PROPERTY, TO THE EXTENT CAUSED BY THE NEGLIGENCE OR MISCONDUCT OF THEIR RESPECTIVE EMPLOYEES OR THEIR AUTHORIZED AGENTS IN CONNECTION WITH THEIR ACTIVITIES WITHIN THE SCOPE OF THIS AGREEMENT. HOWEVER, NEITHER PARTY SHALL INDEMNIFY THE OTHER AGAINST CLAIMS, DAMAGES, EXPENSES, OR LIABILITIES TO THE EXTENT ATTRIBUTABLE TO THE NEGLIGENCE OR MISCONDUCT OF THE OTHER PARTY. IF THE PARTIES ARE BOTH AT FAULT, THE OBLIGATION TO INDEMNIFY SHALL BE PROPORTIONAL TO THEIR RELATIVE FAULT. THE DUTY TO INDEMNIFY WILL CONTINUE IN FULL FORCE AND EFFECT, NOTWITHSTANDING THE EXPIRATION OR EARLY TERMINATION HEREOF, WITH RESPECT TO ANY CLAIMS BASED ON FACTS OR CONDITIONS THAT OCCURRED PRIOR TO THE EXPIRATION OR TERMINATION. NOTWITHSTANDING ANY CONTRARY PROVISION, NEITHER PARTY SHALL BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY NATURE WHETHER CLAIMED UNDER CONTRACT, WARRANTY, NEGLIGENCE, STRICT LIABILITY OR ANY OTHER LEGAL THEORY.
5. **LEGAL COMPLIANCE.** ACIS will comply with applicable federal, state and local laws and obtain requisite temporary licenses and permits for it work hereunder. Customer will obtain at its cost any requisite permanent licenses and permits.
6. **ATTORNEY FEES.** Customer will pay for reasonable attorney fees incurred by ACIS in enforcing collection of amounts due.
7. **INSURANCE.** ACIS agrees to carry insurance in the following minimum amounts:
 1. Commercial General Liability \$1,000,000 per occurrence
 2. Automobile Liability \$1,000,000 CSL
 3. Workers Compensation Statutory Limits
8. **ASBESTOS AND HAZARDOUS MATERIALS.** ACIS Work and other services in connection with this Agreement expressly excludes any identification, abatement, cleanup, control, disposal, removal or other work connected with asbestos, poly chlorinated biphenyl ("PCB"), or other hazardous materials (hereinafter, collectively, "Hazardous Materials"). Customer warrants and represents that, except as set forth in writing, there are no Hazardous Materials on the Premises that will in any way affect ACIS Work and Customer has disclosed to ACIS the existence and location of any Hazardous Materials. If ACIS identifies any Hazardous Materials, ACIS may immediately stop work in the affected area and shall notify Customer. Customer will be responsible for taking any and all action necessary to correct the condition in accordance with all applicable laws and regulations. Customer shall be exclusively responsible for any claims, including the payment thereof, arising out of or relating to any Hazardous Materials on or about the Premises, not brought onto the Premises by ACIS. ACIS shall be required to resume performance of the Work in the affected area only in the absence of Hazardous Materials or when the affected area has been rendered harmless. In no event shall ACIS be obligated to transport or handle the Hazardous Material, to provide any notices to any governmental agency, or to examine the Premises for the presence of Hazardous Materials.
9. **ENTIRE AGREEMENT.** This instrument embodies the entire agreement between Customer and ACIS Any modifications or amendments must be in writing and signed by both parties.

Dallas: ACISInc.com
1028 N McDonald St
McKinney, TX 75069
P: 972.562.6507 P: 817.590.9200 P: 713.447.1985 P: 512.994.3000 P: 210.236.0031

Fort Worth: ACISInc.com
2323 E Loop 820 N
Fort Worth, TX 76118

Houston: ACISInc.com
4268 Clark Rd
Houston, TX 77040

Austin: TeamServicesTX.com
2201 Patterson Industrial Dr
Pflugerville, TX 78660

San Antonio: APS-CentralTX.com
12110 Valliant Street
San Antonio, TX 78216

P: 972.562.6507 P: 817.590.9200 P: 713.447.1985 P: 512.994.3000 P: 210.236.0031 **TACLA13715C** | M-37867 **TACLA00029182C** **TACLA00123475C** **TACLA129449C**
| M-42691 **TACLA50034E**

Regulated by The Texas Department of Licensing and Regulations, PO Box 12157, Austin, TX 78711. 1-800-803-9202, 512-463-6599.
Texas State Board of Plumbing Examiners P.O. Box 4200, Austin, TX 78765. Phone 512-936-5200, Fax 512-450-0637, 800-845-6584 www.tsbpe.state.tx.us



City of Farmers Branch
13000 William Dodson Parkway
Farmers Branch, TX 75234

Addendum # 1 to Bid 25-22 : HVAC replacement on multiple
buildings

Bid closes: August 4, 2025, at 10:00 am C.S.T.

Please note the following changes and additional information:

Cover Page Pre Bid Says July 9, 2025 but is July 24, 2025
at 9:00 a.m. C.S.T

Prepared by: Christopher Huskey
Christopher Huskey
Facilities Manager
City of Farmers Branch

Vendor's authorized representative should acknowledge receipt of Addendum #
1 of Bid 25-22 below and return this form along with the
bid to the Office of the Purchasing Agent at the address designated in the
Invitation for Bid OR request for Proposal.

Company Name: Air Conditioning Innovative Solutions, Inc.
Acknowledged by (Signature) [Signature]
Printed Name: Larry Price
Title: Facilities Manager Senior Vice President of Sales Date: 8-1-2025

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

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.

Air Conditioning Innovative Solutions, 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.

N/A

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.

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.

N/A

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 
Signature of vendor doing business with the governmental entity

7/30/25
Date

<p>This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.</p> <p>By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	<p>OFFICE USE ONLY</p>
<p>1 Name of person doing business with local governmental entity.</p> <p><i>Air Conditioning Innovative Solutions, Inc.</i></p>	<p>Date Received</p>
<p>2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.</p> <p>(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>	
<p>3 Name each employee or contractor of the local governmental entity who makes recommendations to a local government officer of the governmental entity with respect to expenditures of money AND describe the affiliation or business relationship.</p> <p><i>N/A</i></p>	
<p>4 Name each local government officer who appoints or employs local government officers of the governmental entity for which this questionnaire is filed AND describe the affiliation or business relationship.</p> <p><i>N/A</i></p>	

Adopted 11/02/2005

CONFLICT OF INTEREST QUESTIONNAIRE**For vendor or other person doing business with local governmental entity**

- 5 **Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.**

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or other relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire? ☐ Yes ☒ No

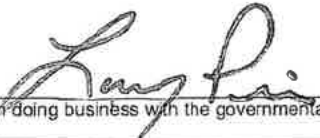
B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity? ☐ Yes ☒ No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more? ☐ Yes ☒ No

D. Describe each affiliation or business relationship.

N/A

6


Signature of person doing business with the governmental entity

8-1-2025
Date

Adopted 11/02/2005

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:
2025-1343759

Date Filed:
07/30/2025

Date Acknowledged:

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

Air Conditioning Innovative Solutions, Inc.
McKinney, 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.

City of Farmers Branch

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 25-22
HVAC Replacement on Multiple Buildings

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

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is Kevin Self and my date of birth is [REDACTED]

My address is 789 CR 4534, Whitesight, TX, 75491, US
(city) (state) (zip code) (country)

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

Executed in Collin County, State of TEXAS, on the 30th day of July, 2025
(month) (year)

Kevin Self
Signature of authorized agent of contracting business entity
(Declarant)

House Bill 89 Verification Form

Prohibition on Contracts with Companies Boycotting Israel

House Bill 89, effective September 1, 2017, amended the Texas Government Code to add Chapter 2270, Prohibition on Contracts with Companies Boycotting Israel, and amended the Texas Government Code to add Chapter 808, Prohibition on Investments in Companies that Boycott Israel. (Chapter 808 does not apply to the City).

Effective September 1, 2017 a state agency and a political subdivision (which includes a city) may not enter into a contract with a company for goods or services unless the contract contains a written verification from the company that; (i) it does not Boycott Israel; and (ii) will not Boycott Israel during the term of the contract.

"Boycott Israel" is defined to mean refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes.

"Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.

The City should ass to its solicitations for bids, proposals or offers for goods or services (including Professional Services) that the bidder must verify in its response to the solicitation that the company (i) does not Boycott Israel; and (ii) will not Boycott Israel during the term of the contract.

I, (authorized official) Larry Price, the Senior Vice President of Sales (title/position) of See cover page (name of company), does hereby verify on behalf of said company to the City that said company does not Boycott Israel and will not Boycott Israel (as defined in Texas Government Code section 808.001) during the term of this contract.

Larry Price
Signature of Certifying Official

Senior Vice President of Sales
Title

8-1-2025
Date

A verification must also be included in any contract for goods or services.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – WHEN REQUIRED IN WRITTEN AGREEMENT WITH YOU

This endorsement modifies Insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The following is added to **SECTION II – COVERED AUTOS LIABILITY COVERAGE, A. Coverage, 1. Who is An Insured**

The following are "insureds":

Any person or organization with respect to the operation, maintenance or use of a covered "auto", provided, you and such person or organization have agreed in a written contract, agreement or permit issued to you by a governmental or public authority, to add such person, organization, or governmental or public authority, to this policy as an "insured".

However, such person, organization or governmental or public authority is an "insured":

- (1) Only with respect to the operation, maintenance or use of a covered "auto";
- (2) Only for "bodily injury" or "property damage" caused by an "accident" which takes place after you executed the written contract, agreement, or the permit is issued; and
- (3) Only for the duration of that contract, agreement or permit, provided "bodily injury" or "property damage" is caused, in whole or in part by your negligence, by you or by those acting on your behalf.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET WAIVER OF RECOVERY RIGHTS

This endorsement modifies coverage provided under the following:

**BUSINESS AUTO COVERAGE FORM
AUTO DEALERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM**

If you are required by a written contract or written agreement, which is executed before an injury or a "loss", to waive your rights of recovery from others, we agree to waive our rights of recovery. This waiver of rights applies only with respect to those

contract(s) and shall not be construed to be a waiver with respect to any other operations where the insured has not waived its rights of recovery from others.

CERTIFICATION OF NON-COLLUSION, NON-CONFLICT OF INTEREST AND ANTI-LOBBYING

1. Neither I nor any of my officers, partners, owners, agents, representatives, employees, or parties in interest, have in any way colluded, conspired, or agreed, directly or indirectly, with any person, firm, corporation or other proposer or potential proposer in regard to the amount of this proposal or the terms or conditions of this proposal. I have not paid or agreed to pay, directly or indirectly any person, firm, corporation or other proposer or potential proposer, any money or anything of value in return for assistance in procuring or attempting to procure a contract or in return for fixing the prices in the attached proposal or the proposal of any other proposer. I will not pay any money or anything of value in the future for those purposes.
2. None of the deciding factors set forth in the proposal or in the subsequent agreement were my idea or the idea of anyone representing my company, unless the suggestion was made at a meeting open to all bidders, which all bidders had notice of.
3. No officer or stockholder of my company is an employee of the City of Farmers Branch, or an employee of any elected official of the City, or is related to any employee or elected official of the City of Farmers Branch.
4. My agents, representatives, sub-consultants or I will not undertake any activities or actions to promote or advertise my proposal to any member of any City Commission or Board reviewing the proposals, member of the Farmers Branch City Council or City staff except in the course of City-sponsored inquiries, briefings, interviews or presentations between the proposal submission date and award by City Council.

PROPOSAL CERTIFICATION

The undersigned hereby certifies that he has read, understands and agrees that acceptance by the City of Farmers Branch of the proposer's offer by issuance of a purchase order will create a binding contract. Further, he agrees to fully comply with documentary forms herewith made a part of this specific procurement.

NAME OF COMPANY:

Air Conditioning Innovative Solutions, Inc.

AUTHORIZED SIGNATURE:

Ramy Ri

ADDRESS: 1028 N. McDonald

CITY AND STATE: McKinney TX ZIP: 75069

PHONE NUMBER: 972-562-6507

DATE: 10:00 am



AIRCOND-01

LMANN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/21/2025

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 have ADDITIONAL INSURED provisions or 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 Kore Insurance Holdings, LLC P.O. Box 473 354 Eisenhower Parkway, Plaza 1 Livingston, NJ 07039	CONTACT NAME:	
	PHONE (A/C, No, Ext): (973) 994-3131	FAX (A/C, No): (973) 996-3161
INSURED Air Conditioning Innovative Solutions, Inc. 1028 N. McDonald St. McKinney, TX 75069	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Everest Indemnity Insurance Company	NAIC # 10851
	INSURER B: Homesite Insurance Company of Florida	11156
	INSURER C: National Casualty Company	11991
	INSURER D: Tokio Marine Specialty Insurance Company	23850
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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CF4GL01621-251	2/15/2025	2/15/2026	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 \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			CXP-002489-03	2/15/2025	2/15/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCC348456A	2/15/2025	2/15/2026	<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
D	Environmental			PPK2669913-001	2/15/2025	2/15/2026	Limit \$ 5,000,000

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

CERTIFICATE HOLDER

CANCELLATION

City of Farmers Branch
13000 William Dodson Parkway
Farmers Branch, TX 75234

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



AGENCY CUSTOMER ID: AIRCOND-01

LMANN

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 2

AGENCY Kore Insurance Holdings, LLC		NAMED INSURED Air Conditioning Innovative Solutions, Inc. 1028 N. McDonald St. McKinney, TX 75069	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Insurance placements

~ Environmental insurance program:

' Effective: 02/15/2025 - 02/15/2026.

' Policy#: PPK2669913-001

' Insurer: Tokio Marine Specialty Insurance Co.

' Professional Liability / E&O: \$5M / \$10M.

' Contracting Ops Enviro Liability: \$5M / \$10M.

~ Inland Marine program:

' Effective: 02/15/2025 - 02/15/2026.

' Policy#: IM00YX825

' Insurer: Aspen American Insurance Co.

' Coverages: Contractors Equipment / Commerical Output / Installation (Jobsite CAT limit: \$2M).

~ Management Liability program:

' Effective: 12/03/2024 - 12/03/2025.

' Insurer: Federal Insurance Co. / Chubb

' Directors & Officers Liability - \$5M limit.

' Employment Practices Liability - \$3M limit.

' Fiduciary Liability - \$3M limit.

' Crime - \$1M limit.

~ Cyber Liability program:

' Effective: 02/15/2025 - 02/15/2026.

' Insurer: Cowbell (Palomar Specialty Insurance Company)

' \$3M limit.

~ Excess Cyber Liability program:

' Effective: 02/15/2025 - 02/15/2026.

' Insurer: E-Risk (Scottsdale Insurance Company)

' \$2M x/o \$3M limit.

Excess insurance structure

Steadfast Insurance Co.

Policy #SXS 7045593-00

Limit: Excess Automobile: \$1M x/o \$1M

Homesite Insurance Co. of Florida

Policy #CXP-002489-03

Limit: \$2M x/o Primary

Berkley Specialty Insurance Co.

Policy #BCS 8800536-20

Limit: \$3M x/o \$2M x/o Primary

Travelers Excess and Surplus Lines Co.

Policy #EX-8X056364-25-NF

Limit: \$5M x/o \$3M x/o \$2M x/o Primary

Legal entities:

~ Air Conditioning Innovative Solutions, Inc.



AGENCY CUSTOMER ID: AIRCOND-01

LMANN

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Kore Insurance Holdings, LLC		NAMED INSURED Air Conditioning Innovative Solutions, Inc. 1028 N. McDonald St. McKinney, TX 75069	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

~ ACIS Holdings, LLC
~ ACIS Texas Holding, Inc.
~ Air Performance Service of Central Texas, LLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – AUTOMATIC STATUS WHEN
REQUIRED IN A WRITTEN CONSTRUCTION
AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II – Who Is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

- a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

COMMERCIAL GENERAL LIABILITY
CG 20 37 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
ANY PERSON OR ORGANIZATION THAT ENTERED INTO A WRITTEN CONTRACT WITH THE NAMED INSURED REQUIRING SUCH PERSON(S) OR ORGANIZATION(S) TO BE INCLUDED AS AN ADDITIONAL INSURED.	ANY LOCATION FOR WHICH THE NAMED INSURED'S WORK WAS PERFORMED FOR SUCH PERSON(S) OR ORGANIZATION(S) FOR ANY COMPLETED OPERATIONS.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

ALL PERSONS OR ORGANIZATIONS AS REQUIRED BY WRITTEN CONTRACT WITH THE NAMED INSURED. THE WRITTEN CONTRACT MUST BE SIGNED PRIOR TO THE DATE OF THE "BODILY INJURY", "PROPERTY DAMAGE", OR "PERSONAL AND ADVERTISING INJURY".

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

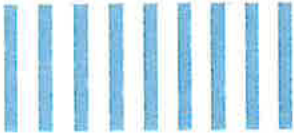
WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

**ANY PERSON(S) OR ORGANIZATION(S) WITH WHOM YOU HAVE AGREED
TO SUCH WAIVER, IN A VALID WRITTEN CONTRACT OR WRITTEN
AGREEMENT THAT HAS BEEN EXECUTED PRIOR TO LOSS**



Controlling Underlying Insurance

Coverage:	Auto Liability	
Carrier:	Pennsylvania Manufacturers' Association Insurance Company	
Policy Number:	152501-15-91-78-3Y	
Policy Period:	02/15/2025 to 02/15/2026	
Limits:	\$1,000,000	Combined Single Limit

Which is Excess of at least:	\$1,000,000	Auto Liability, Combined Single Limit
	\$1,000,000	General Liability, Each Occurrence
	\$1,000,000	Personal and Advertising Injury
	\$2,000,000	General Aggregate
	\$2,000,000	Products/Completed Operations Aggregate



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/18/2025

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 have ADDITIONAL INSURED provisions or 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
Holman Insurance Services, LLC
444 E Kings Hwy
Maple Shade NJ 08052

CONTACT NAME: Francesca Scioli

PHONE (A/C, No, Ext): 856-380-8080

FAX (A/C, No):

E-MAIL ADDRESS: francesca.scioli@holman.com

INSURER(S) AFFORDING COVERAGE

NAIC #

License# 1610267

AIRCOND-01

INSURER A : Pennsylvania Manufacturers' Association Insurance

12262

INSURED
Air Conditioning Innovative Solutions, Inc.
1028 N. McDonald Street
McKinney TX 75069

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: 686429826

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		1525011591783Y	2/15/2025	2/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input type="checkbox"/> 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	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

City of Farmers Branch
13000 William Dodson Parkway
Farmers Branch TX 75234
USA

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Air Conditioning Innovative Solutions, Inc.
1028 N McDonald
McKinney, TX 75069

SURETY:

(Name, legal status and principal place of business)

Ascot Surety & Casualty Company

55 W 46th Street
New York, NY 10036
Mailing Address for Notices

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)

City of Farmers Branch
13000 William Dodson Parkway
Farmers Branch, TX 75234

BOND AMOUNT: 5% Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

IFB: 25-22; HVAC Replacement on Multiple Buildings


The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 30th day of July, 2025.


(Witness)


(Witness)

Air Conditioning Innovative Solutions, Inc.

(Principal)

(Seal)

By: 
(Title)

Ascot Surety & Casualty Company

(Surety)

(Seal)

By: 
(Title) Victoria P. Lyons, Attorney-in-Fact



Power of Attorney

KNOW ALL MEN BY THE PRESENTS:

That **Ascot Surety & Casualty Company** and **Ascot Insurance Company**, each a corporation organized and existing under the laws of the State of Colorado (the "Companies"), do hereby constitute and appoint:

Victoria P. Lyons, Jessica L. Piccirillo and Russell M. Canterbury

of Farmington, CT (city, state) and each its true and lawful Attorney(s)-in-Fact, with full authority to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, or, if the following line is filled in, only within the area and up to the amount therein designated, any and all bonds, undertakings, recognizances, and other contracts of indemnity or writings obligatory in the nature thereof, issued in the course of its surety business, and to bond the Companies as follows:

Any such obligations in the United States not to exceed \$50,000,000.00.

The Companies hereby ratify and confirm all and whatsoever said Attorney(s)-in-fact may lawfully do in the premises by virtue of these presents. These appointments are made under and by authority Resolutions adopted by the Board of Directors of the Companies, which resolutions are still in effect:

RESOLVED, that any of the Chief Executive Officer, the Chief Operating Officer or the Chief Underwriting Officer, acting in conjunction with the head of the surety business line for the Corporation (each an Authorized Individual" and, collectively, the Authorized Individuals"), are authorized to jointly appoint one or more attorneys-in-fact to represent and act for and on behalf of the Corporation in the transaction of the Corporation's surety business to execute (under the common seal of the Corporation if appropriate) bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof;

RESOLVED, that in conjunction with the Corporation's transaction of surety business the signatures and attestations of the Authorized Individuals and the seal of the Corporation be affixed to any such Power of Attorney or to any certificate relating thereto (electronic or otherwise) by facsimile and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seals (electronic or otherwise) shall be valid and bonding upon the Corporation when so affixed with respect to any bond, undertaking, recognizance or tother contract of indemnity or writing obligatory in the nature thereof;

RESOLVED, that in connection with the Corporation's transaction of surety business, the facsimile electronic or mechanically reproduced signature of any Authorized Individual, whether made heretofore or hereafter, whenever appearing upon a copy of any Power of Attorney of the Corporation, with signatures

IN WITNESS WHEREOF, the Companies have caused these presents with the respective corporate seals and to be executed by the individuals named below who are duly authorized and empowered to execute the Power of Attorney on the Companies' behalf, this 1st day of July 2024.



ASCOT SURETY & CASUALTY COMPANY
ASCOT INSURANCE COMPANY

Matthew Conrad Kramer (Chief Executive Officer)

Tara North (Executive Vice President, Surety)

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) ss.

On this 1st day of July 2024, before me came the above named Chief Executive Officer of each Ascot Surety & Casualty Company and Ascot Insurance Company and the head of the surety business line for each of Ascot Surety & Casualty Company and Ascot Insurance Company, to me personally known to be the individuals described herein, and acknowledged that the seals affixed to the preceding instrument and the corporate seals of each Ascot Surety & Casualty Company and Ascot Insurance Company, and that the said corporate seals and signatures were duly affixed and subscribed to said instrument by the authority and direction of said Companies.

KSENIA E. GUSEVA
NOTARY PUBLIC
STATE OF CONNECTICUT
My Commission Expires June 30, 2029

Notary Public Ksenia E Guseva
My commission expires on June 30, 2029

I, the undersigned Secretary of the Company, do hereby certify that the foregoing excerpts of the Resolution adopted by the Board of Directors of the Companies, and the Power of Attorney issued pursuant thereto, are true and correct, and further certify that both the Resolution and the Power of Attorney are still in full force and effect.

This Certificate may be signed by facsimile under and by the authority of the following resolution of the Board of Directors of the Companies.

RESOLVED, that in connection with the Corporation's transaction of surety business the signatures and attestations of the Authorized Individuals and the seal of the Corporation be affixed to any such Power of Attorney or to any certificate relating thereto (electronic or otherwise) by facsimile and any such Power of Attorney of certificate bearing such facsimile signatures or facsimile seal (electronic or otherwise) shall be valid and binding upon the Corporation when so affixed with respect to any bond, undertaking, recognizances or other contract of indemnity or writing obligatory in the nature thereof;

IN WITNESS WHEREOF; I have hereunto set my hand and affixed the seal of the Companies, this 30th day of July, 2025.

ASCOT SURETY & CASUALTY COMPANY
ASCOT INSURANCE COMPANY

John Gill, Secretary

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

Ascot Surety & Casualty Company

To get information or file a complaint with your insurance company:

Call: Senior Regulatory & Compliance Counsel

Toll-free: 1-833-454-3022

Online: www.ascotgroup.com

Email: uscompliance@ascotgroup.com

Mail: Ascot Surety & Casualty Company, 55 West 46th Street, 26th floor, New York, NY 10036

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: consumerprotection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149101, Austin, TX 78714-9091