

## **RAINS COUNTY, TEXAS SMALL SERVICES CONTRACT**

This Small Services Contract ("Agreement") is made and entered into by and between Rains County, Texas ("County") and the undersigned Contractor (Guardian Solutions, LC).

### **1. PURPOSE AND SCOPE**

This Agreement is for one-time, non-professional services as described in Exhibit A. Contractor agrees to perform the services in accordance with the terms and conditions of this Agreement.

### **2. TERM**

This Agreement shall begin on January 1, 2025 and end on January 25, 2027, unless terminated earlier under Section 8.

### **3. COMPENSATION**

County agrees to pay Contractor a total amount not to exceed \$3,939.85 in accordance with Exhibit A. Payment will be made within forty-five (45) days after Commissioners Court approval of invoices. County is tax-exempt.

### **4. CONTRACTOR'S RESPONSIBILITIES**

Contractor shall furnish all labor, equipment, and materials necessary to complete the services described in Exhibit A in a safe, competent, and workmanlike manner.

### **5. INSURANCE REQUIREMENTS**

Before commencing work, Contractor must provide proof of insurance with the following minimum coverage levels:

1. Commercial General Liability – \$1,000,000 per occurrence / \$2,000,000 aggregate
2. Automobile Liability – \$300,000 combined single limit
3. Workers' Compensation – Statutory (if applicable)
4. Employer's Liability – \$100,000 per accident

Rains County must be named as an additional insured. Policies must provide at least 30 days' notice of cancellation. Proof of coverage shall be attached to Exhibit C.

### **6. INDEMNIFICATION**

Contractor shall indemnify, defend, and hold harmless Rains County, its officers, and employees from and against any and all claims, damages, or liabilities arising out of Contractor's negligence or willful misconduct.

### **7. INDEPENDENT CONTRACTOR STATUS**

Contractor is an independent contractor and not an employee, agent, or representative of Rains County.

#### **8. TERMINATION**

County may terminate this Agreement for convenience at any time upon written notice. Contractor shall be paid only for work performed up to the termination date.

#### **9. COMPLIANCE WITH LAW**

Contractor shall comply with all applicable federal, state, and local laws, including all licensing and permitting requirements.

#### **10. REQUIRED STATUTORY CERTIFICATIONS**

Contractor must complete and attach all certifications in Exhibit B, including Conflict of Interest (CIQ), Form 1295, Israel Boycott, Terrorist Organization, E-Verify, and any applicable HB 23 disclosures.

#### **11. VENUE AND GOVERNING LAW**

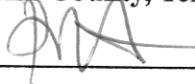
Venue shall be in Rains County, Texas. This Agreement is governed by the laws of the State of Texas.

#### **12. ENTIRE AGREEMENT**

This Agreement, including all attached exhibits, constitutes the entire agreement between the parties. No modification shall be valid unless approved by Commissioners Court in writing.

**SIGNATURES**

**Rains County, Texas**

  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Contractor**

  
\_\_\_\_\_

**A. Gentry(Guardian Solutions, LC**

**Date:** 11-10-2025

**Date approved or ratified by Commissioners Court** \_\_\_\_\_

**EXHIBIT A**  
**SCOPE OF WORK AND COMPENSATION**

Describe in detail the services to be performed, including location, schedule, and compensation.

1. Second year Service and Maintenance Agreement for Courthouse and Annex Camera Systems. All parts and labor will be covered under the Silver, Gold, or Platinum packages – assuming failure is due to normal wear and tear or equipment malfunction. If equipment fails due to malfunction, use or age, Guardian will repair or replace with like equip,entbased on Guardian’s Judgement. Battery replacement is not covered under warranty.
2. Location of work: 167 E. Quitman Street, Emory, Texas and 220 West Quitman Street, Emory, Texas
3. Materials Provided by County: Security Cameras
4. Total cost of project is \$3,939.85
5. Rate or Lump Sum: \$3,939.85
6. Total Cost to Rains County: \$3,939.85

**EXHIBIT B**  
**REQUIRED LEGAL CERTIFICATIONS**

By signing below, Contractor certifies compliance with the following statutes and requirements:

- Conflict of Interest Questionnaire (Gov't Code Chapter 176)
- Form 1295 – Certificate of Interested Parties (Gov't Code §2252.908)
- Non-Israel Boycott Certification (Gov't Code §2271.002)
- Prohibition on Contracting with Terrorist Organizations (Gov't Code §2252.152)
- Verification of Employment Eligibility (E-Verify)
- House Bill 23 – Disclosure of Conflicts (if applicable)

**Contractor Signature:**



**Date:** 11-10-2005

**EXHIBIT C**  
**INSURANCE REQUIREMENTS & PROOF OF COVERAGE**

Contractor shall provide proof of insurance with the minimum limits stated in Section 5.  
Attach certificates of insurance and indicate below:

- Certificate of Insurance attached
- County listed as Additional Insured

Policy Numbers / Carriers / Effective Dates: CSU 0092392, ZL4435, 04253184,  
CSU 0092394, 0001151923, WC 929058286954  
12/8/24 to 12/8/25





**ADDITIONAL REMARKS SCHEDULE**

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Guardian Security Solutions, LC 3214 122nd St. Lubbock TX 79423	
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

The Excess Liability Policy applies only to the General Liability & Employers Liability.

Blanket Waiver of Subrogation form #WC420304B applies to the Workers Compensation policy.

30 Day Notice of Cancellation except 10 Day Notice of Cancellation for non-payment of premium form WC 42 03 01J applies to the Workers Compensation policy.

Officer Exclusion applies to Joe Dunn and Ray Dunn.

The General Liability policy includes a blanket additional insured endorsement including primary and non-contributory 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 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 Workers Compensation 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.

## Request for Taxpayer Identification Number and Certification

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

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> <small>See Specific Instructions on page 3.</small>	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p><b>Guardian Security Solutions, LC</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor    <input type="checkbox"/> C corporation    <input type="checkbox"/> S corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input checked="" type="checkbox"/> <b>LLC.</b> Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>C</b></p> <p><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions)</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/></p>	
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>3214 122nd St</b></p>	Requester's name and address (optional)
	<p><b>6</b> City, state, and ZIP code</p> <p><b>Lubbock TX 79423</b></p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
7	5	-	2	9	1	8	8	2	6

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date <b>6/23/2025</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Thank you for choosing Guardian Security Solutions for your security needs. **Our records indicate that you are ready for renewal of your Extended Coverage.** By renewing your Service and Maintenance Agreement (SMA), you will be covered in the event that your equipment should fail.

It is especially important for you to renew coverage because **just one service call to repair or replace a piece of equipment can be hundreds of dollars** in expense for you. With an SMA, you will have peace of mind knowing your equipment is covered.

If you are interested in finding out more about other SMA packages, **please call me or email me at your earliest convenience.** Each Service and Maintenance Agreement plan is available with a variety of financing options to fit your specific needs.

Email/Mail/Fax signed form to: **Guardian Security Solutions**  
**Ph: 806-794-7767 or 800-658-2054**  
**3214 122<sup>nd</sup> St. Lubbock, TX 79423**  
**Fax: 806-794-7789**  
[agency@myshield.org](mailto:agency@myshield.org)

Please see attached Proposal for the Service and Maintenance Agreement coverage costs and dates for the equipment that you purchased. (A list of the equipment to be covered is available upon request.)  
**Monthly, quarterly, or yearly payment options are available.**

I hope to hear from you soon, and trust that your security equipment continues to meet your security needs and expectations.

Sincerely,

Angie

**Angie Gentry**

Guardian Security Solutions, L.C.  
Office Manager  
T: 806-794-7767 ext 13  
[agency@myshield.org](mailto:agency@myshield.org)

Access Control

CCTV & NVRs

IP Cameras

Panic Systems

Intercom/Bell Systems

Network Infrastructure

Metal Detectors

Touch Screen Jail Controls

Guard Patrol Equipment

3214 122nd Street

Lubbock, Texas 79423

[www.myshield.org](http://www.myshield.org)



# GUARDIAN

## Security Solutions, LC

3214 122nd Lubbock, TX 79423      806-794-7767 TX LIC# B11916

### Service Agreement Proposal

13088

**Date**

10/30/2025

Rains County Courthouse  
Lori Northcutt  
167 E. Quitman  
Emory, Tx 75440  
903-473-5024

**Package**

Silver Package

Email to: [agency@myshield.org](mailto:agency@myshield.org)  
Mailing address: PO Box 53874, Lubbock, TX 79453  
Fax: 806-794-7789  
Web: [www.myshield.org](http://www.myshield.org)

Terms	NAME OF COOP	SMA DATE RANGE
Due on receipt		1/25/26-1/25/27

Item	Description	Equipment Covered	Total
Package 2 Silver	<p>2nd Year Service and Maintenance Agreement for Courthouse and Annex Camera Systems Covers all equipment listed on Invoice 21888, 21889</p> <p>Silver Package</p> <p>All parts and labor will be covered under the Silver, Gold, or Platinum packages - assuming failure is due to normal wear and tear or equipment malfunction. If equipment fails due to malfunction, use or age, Guardian will repair or replace with like equipment based on Guardian's judgement. We do not cover vandalism, power surges, lint or dirt in servers and the results of lint or dirt, or an act of God resulting in storm damage. Battery replacement is not covered under warranty.</p>	Camera Systems	3,939.85

Prices on this proposal are guaranteed for 30 days

**Subtotal** \$3,939.85

**Sales Tax (8.25%)** \$0.00

**Total** \$3,939.85

Signature \_\_\_\_\_



# COUNTY OF RAINS

**BRENT D. HILLIARD**

COUNTY JUDGE



Resolution #112625IVB10

STATE OF TEXAS

COUNTY OF RAINS

BE IT REMEMBERED, at a regular meeting of the Commissioners Court of Rains County, Texas, held on the 26th day of November, 2025, on motion made by Commissioner of Precinct \_\_ and seconded by Commissioner of Precinct \_\_, the following Resolution was adopted:

WHEREAS, Rains County desires to enter into a contract with Guardian Solutions, L.C.; and

NOW, THEREFORE, BE IT RESOLVED that the Commissioners Court of Rains County, Texas:

Directs and authorizes the County Judge to execute all necessary documents as may be required to act in all matters in connection with this matter.

ENACTED UPON IN OPEN COURT on this the 26th day of November, 2025.

Brent D. Hilliard, County Judge

Jeremy Cook, Precinct 1

Mike Willis, Precinct 2

Korey Young, Precinct 3

Lori Northcutt, Precinct 4



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/21/2025

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).

<b>PRODUCER</b> Marsh & McLennan Agency LLC 4411 98th Street Suite 200 Lubbock TX 79424	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 806-798-9050      FAX (A/C, No): 806-798-9050 E-MAIL ADDRESS: katey.howard@marshmma.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> Guardian Security Solutions, LC 3214 122nd St. Lubbock TX 79423	<b>INSURER A:</b> The Cincinnati Specialty Underwriters	13037
	<b>INSURER B:</b> Texas Mutual Insurance Company	22945
	<b>INSURER C:</b> Argonaut Insurance Company	19801
	<b>INSURER D:</b> Acuity, A Mutual Insurance Company	14184
	<b>INSURER E:</b> Progressive Northern Insurance Company	38628
	<b>INSURER F:</b> Coalition Insurance Company	29530

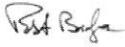
**COVERAGES**      **CERTIFICATE NUMBER:** 1829832916      **REVISION NUMBER:**

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSU0092392	12/2/2024	12/2/2025	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 - COMPIOP AGG \$ 2,000,000 \$
D E	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ZL4435 04253184	12/2/2024 12/2/2024	12/2/2025 12/2/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CSU0092394	12/2/2024	12/2/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N <input type="checkbox"/> N / A	0001151923 WC929058286954	12/8/2024 12/8/2024	12/8/2025 12/8/2025	<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
F	<b>CYBER LIABILITY</b>			C4ZW4162231CYBER2025	4/21/2025	4/21/2026	LIMIT OF LIABILITY \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Additional Insured form #CSGA437 edition 12/13 applies to the General Liability policy.  
 Waiver of subrogation form CSGA4087 edition 12/12 applies to the General Liability Policy  
 Primary and Non-Contributory form #CSGA437 edition 12/13 applies to the General Liability policy.  
 Designated Construction Project(s) General Aggregate Limit form #CG2503 edition 05/09 applies to the General Liability policy.  
 30 Day Notice of Cancellation except 10 Day Notice of Cancellation for non-payment of premium form IL0017 edition 11/98 applies to the General Liability policy.

Follow Form #CSCX400 edition 06/09 applies to the Excess General Liability & Employers Liability concerning Additional Insured and Waiver of Subrogation. See Attached...

<b>CERTIFICATE HOLDER</b>  	<b>CANCELLATION</b>  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  

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**ADDITIONAL REMARKS SCHEDULE**

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POLICY NUMBER		EFFECTIVE DATE:	
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**MEMBER**

Rains County  
167 E Quitman St Ste 102  
Emory, TX 75440

COVERAGE #	EFFECTIVE	EXPIRATION
CAS-1900-20251001-1	10/01/2025	10/01/2026

**COVERED VEHICLE**  
All Member owned or leased vehicles

**COVERAGE PROVIDED BY**  
Texas Association of Counties Risk Management Pool  
P.O. Box 2131  
Austin, Texas 78768-2131

**TO REPORT A CLAIM**  
Mon. - Fri., 8 a.m. - 5 p.m. 800.456.5974  
After business hours 855.472.5246

This vehicle meets the minimum liability insurance prescribed by the Texas Motor Vehicle Safety Responsibility Act. However, the Texas Transportation Code § 601.007 exempts a government vehicle and an officer, agent, or employee of a governmental entity driving a government vehicle on official duty from the requirements of the Act, including the duty to show evidence of liability insurance or financial responsibility.



**MEMBER**

Rains County  
167 E Quitman St Ste 102  
Emory, TX 75440

COVERAGE #	EFFECTIVE	EXPIRATION
CAS-1900-20251001-1	10/01/2025	10/01/2026

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**MEMBER**

Rains County  
167 E Quitman St Ste 102  
Emory, TX 75440

COVERAGE #	EFFECTIVE	EXPIRATION
CAS-1900-20251001-1	10/01/2025	10/01/2026

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**MEMBER**

Rains County  
167 E Quitman St Ste 102  
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COVERAGE #	EFFECTIVE	EXPIRATION
CAS-1900-20251001-1	10/01/2025	10/01/2026

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**EXHIBIT D**  
**W-9 AND COUNTY CONTACT INFORMATION**

Vendor Tax ID (EIN/SSN): 75-2918826

Vendor Mailing Address:

Guardian Security  
3214 122nd St.  
Lubbock Tx 79423

Vendor Contact Name / Phone / Email:

Joe Dunn  
806-794-7767 ext 12  
accounting@myshield.org

County Department Contact: Mrs. Lori Northcutt

\*\*\* Contractor shall provide current W-9 to the County Auditor