



Headquarters: 3300 Duke Road, Austin, TX 78724 | PH: 512.926.3940 | FX: 512.926.7835  
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Dallas – Ft. Worth: 781 Station Drive Suite 105 Arlington, TX 76015 | PH: 800-749-8293

September, 2<sup>nd</sup>

City of Everman  
212 N Race St  
Everman TX, 76140  
Attn: Gilbert Ramirez  
Ph:817-675-2134 E-mail: gramirez@evermantx.net

City of Everman Facility services building  
Address: 411 W Trammell Ave, Fort Worth, TX 76140

**Scope of work**

**CH-6479 Proposal / City of Everman/ Facility Services Building**  
**Roof system type: Cap sheet / Modified Bitumen**

**Budget pricing**

**Leak-Reactive roof repairs**

- Locate and identify current leaks using visual inspection, water testing and core cuts as deemed necessary by service technician.
- Repair roof membrane deficiencies related to current leak issue(s) as necessary.
- Advise owner of any non-roof membrane related sources of water infiltration.
- Re-flash and seal open exhaust stack flashing at 5 locations.**
- Re-seal open seams in cap sheet modified bitumen roof membrane at 2 locations.**

**Leak-Reactive roof repairs PRICE: \$ 1,946.00**

\_\_\_ Accept \_\_\_ Decline

**(If tax exempt please fax tax exempt-resale certificate with signed acceptance.)**

Note:

1. **Invoicing arrangements have been approved.**
2. **PRICE ESCALATION CLAUSE:** If there is an increase in the actual cost of the labor or materials charged to the Contractor in excess of 5% subsequent to making this Agreement, the price set forth in this Agreement shall be increased without the need for a written change order or amendment to the contract to reflect the price increase and additional direct cost to the Contractor. Contractor will submit written documentation of the increased charges to the Prime Contractor/Owner upon request. As an additional remedy, if the actual cost of any line item increases more than 10% subsequent to the making of this Agreement, Contractor, at its sole discretion, may terminate the contract for convenience.
3. This proposal is subject to the negotiation by both parties of mutually acceptable contract terms.
4. Texas Fifth Wall Roofing will provide all necessary safety equipment and procedures in compliance with written TFWR Company Safety Policy.

**TFWR Roofing Service crew is NRCA/MRCA Certified Roofing Torch Applicators.**  
**Price includes required 2 hour fire watch after torches have been extinguished.**

5. All material and workmanship to be covered by our one-year contractor warranty.
6. This proposal is valid for thirty days.
7. Texas Fifth Wall Roofing strongly recommends the replacement (at a mutually agreed upon price) of any wet insulation discovered during repair procedures. If wet insulation is not repaired, Texas Fifth Wall Roofing will not be liable for any future damages caused by entrapped moisture in the roof system.
8. As Texas Fifth Wall Roofing's customer, subject to the terms of our general liability insurance policy, you and your organization are added as additional insured(s) by this written contract during the performance of Texas Fifth Wall Roofing's operations as specified in the agreed scope of work.
9. Unless specifically addressed in body of proposal Textura and all other similar administrative service fees are excluded. Additional service fees required by building owner / tenant / third-party service provider / or any other contracting party will entered as an approved Change Order to the original proposal contract / vendor agreement for contractor reimbursement prior to start of work.

We appreciate the opportunity to submit this proposal.

Please indicate your acceptance by checking the accepted item boxes, signing and dating below.

**Work to be scheduled upon receipt of acceptance.**

Sincerely,

Christian Hammack  
TFWR – Dallas Operations  
Email: **chammack@fifthwallroofing.com**  
Main Phone: 800-749-8293  
Direct Phone: 214-490-1628  
Main Fax Ph: 512-926-7835  
Texas Fifth Wall Roofing  
781 Station Dr. Suite 105  
Arlington, Texas 76015

Accepted by authorized owner representative:

\_\_\_\_\_  
Signature – authorized owner representative

\_\_\_\_\_  
Printed name of authorized owner representative

\_\_\_\_\_  
Email address of owner representative

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A/P Billing Email address: \_\_\_\_\_

Building owner legal entity name: City of Everman \_\_\_\_\_

Building owner mailing address: 212 N Race St \_\_\_\_\_

City – State – Zip code: Fort Worth, TX 76140 \_\_\_\_\_

Main phone: (817) 675 - 2134

Building owner contact name: Gilbert Ramirez \_\_\_\_\_

