All Seasons Ground Care

Quality Service at a Competitive Price

Contract for Services

Lawn Management Locaton:
City Of La Vernia

Phone: 210-286-2252
Address: P.O Box 1168 Adkins, Tx 78101
Email:allseasongroundcare@outlook.com

Lawn Maintenance Schedule

Service	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	Total:
Mow/Weedeat/Edge	2	2	2	2	2	2	2	2	2	2	2	2	24 Services
Blow Concrete / Pavement / Sidewalks	2	2	2	2	2	2	2	2	2	2	2	2	24 Services
Trash Pick-Up	2	2	2	2	2	2	2	2	2	2	2	2	24 Services
Flowers / Mulch in Designated Areas.	Discuss If Contract Approved												
Pick up / Mulch Leaves	Keep Maintained Through Out Year												
Spot Spray For Weeds	Keep Maintained Through Out Year												

Property Location Monthly and Annual Contract 2026:

All Locations Including (Right Of Ways): Monthly Agreement: $6030.00

All Locations Including (Right Of Ways): Annual Agreement: $72,360.00

Additional Services:

1: Tree Trimming Package: Lift all tree canopys to 8' heights, Remove all sucker limbs around base of trees,Thin out canopys and haul off all debris

Location 1: **$1,180.00** Lift Canopys, Clean Crape Mrytles, Clean Shrubs and Mountain Laurels. Haul off debris

Location 2: Remove dead trees **$350.00,** Trim all trees and Mountain Laurels **$1180.00**, Trim Palm Tree **$850.00**

Location 3: Trim Trees In Front.Remove dead limbs, Thin out canopy, Remove limbs close to building. **$1385.00**

Location 4: Trim all trees along the street, building and in the back of property. **$1385.00**

Location 5: No trees need to be trimmed.

Location 6&7: No trees in (ROW).City park needs all trees trimmed & canopys lifted. Haul off Debris. **$14,280.00**

Total Cost: $20,610.00. 1st Payment: $9274.50 2nd Payment: $5,667.75 3rd Payment: $5,667.75

City Of La Vernia Approval Please Sign: X.

2: Irrigation Service:

All Irrigation will be $125.00 a hour and plus any parts needed for repair.

Property Locations Cost:	
1: Welcome to La Vernia Sign (West) 14414 US Hwy 87 W La Vernia, TX 78121	$135.00 Per Service Mow , Weedeat, Edge, Maintain Flower Bed, Mulch Leaves, Spot Spray, Pick Up Trash and Maintain Tree Heights after Clean Up.
2: Welcome to La Vernia Sign (East): 12826 US Hwy 87 W La Vernia, TX 78121	$135.00 Per Service Mow , Weedeat, Edge, Maintain Flower Bed, Mulch Leaves, Spot Spray, Pick up trash, Maintain Tree Heights and Crape Myrtles after Clean Up.
3: La Vernia City Hall: 13136 US Hwy 87 W La Vernia, TX 78121	$95.00 Per Service Mow , Weedeat, Edge, Maintain Flower Bed, Mulch Leaves, Spot Spray, Pick Up Trash and Maintain Tree Heights after Clean Up.
4: La Vernia Historic Museum: 13136 US Hwy 87 W La Vernia, TX 78121	$95.00 Per Service Mow , Weedeat, Edge, Maintain Flower Bed, Mulch Leaves, Spot Spray, Pick Up Trash and Maintain Tree Heights after Clean Up.
5: La Vernia Police Department: 4061 CR 342 La Vernia, TX 78121	$155.00 Per Service Mow , Weedeat, Edge, Maintain Landscape Beds, Mulch Leaves, Spot Spray, Pick Up Trash and Maintain Tree Heights
6: La Vernia City Park: 222 San Antonio Road La Vernia, TX 78121	$1925.00 Per Service Mow , Weedeat, Edge, Maintain Flower Beds, Mulch Leaves, Spot Spray, Pick up Trash and Maintain Tree Heights after Clean Up.
7: All City Right Of Ways 8' - 10' 1: San Antonio Road 2: Warren Road 3: CR 342 (within the city limits)	$475.00 Per Service Mow , Weedeat, Blow, Pick up Trash, Mulch Leaves and Spot Spray

Customer Comments	

LAWN MAINTENANCE SERVICE AGREEMENT

This Agreement is made between **All Seasons Ground Care** and the **City of La Vernia.**

Term:

This Agreement begins on **July 2026**, and ends on **June 30, 2027**.

Payment:

Invoices are issued on the 1st of each month. Payment is due on the 1st of the following month. (Net 30)

Services:

Contractor agrees to provide professional lawn maintenance services for all properties designated by the City, including all services mentioned in Lawn Service Maintenance Schedule.
All Services will be performed in a professional manner consistent with accepted commercial Landscaping standards.

Termination:

Either party may end this Agreement by giving **90 days' written notice**.

Governing Law / Force Majeure:

This Agreement shall be governed by and construed in accordance with the laws of the State of Texas. Neither party shall be liable for delays caused by events beyond its reasonable control, including severe weather, natural disasters, governmental actions, or other unforeseen circumstances.

Contractor:

All Seasons Ground Care

Signature: _____

Name: _____

Date: _____

Client:

City of La Vernia

Signature: _____

Name: _____

Title: _____

Date: _____

PO Box 1168
Adkins, TX 78101
210-286-2252

Business Information and contacts for our company:

Mailing Address: PO Box 1168, Adkins, TX 78101

Physical Address: 286 Kimball, La Vernia, TX 78121

Brenton Weaver – Owner
allseasongroundcare@outlook.com
210-286-2252

Lori Weaver – Office Manager
loriweaverasgc@outlook.com
210-887-7480

Matt Medina – Irrigation License - LI0023782
asgcmattmedina1012@outlook.com
210-505-3523

Raymond Jenkins – Operations Manager
raymondjascc@gmail.com
830-491-4095

EIN 84-3728621

Services Offered:
Lawn Maintenance – commercial & residential
Tree trimming & removal
Skid steer services & debris clean-ups
Landscape lighting & design (Also Holiday lighting)
New yard installation
Irrigation installs & repairs
Yearly Irrigation maintenance program
Turf installation
FULLY INSURED

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/30/2026

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 Inszone Insurance Services, LLC 14400 Northbrook Dr. Suite 150 SAN ANTONIO TX 78232 License#: 0F82764	CONTACT NAME: Angela Miles PHONE (A/C, No, Ext): 210-468-1364 FAX (A/C, No): 916-503-6271 E-MAIL ADDRESS: amiles@inszoneins.com
INSURED All Seasons Ground Care, LLC PO Box 1168 Adkins TX 78101 ALLSEAS-50	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Associated Industries Ins. Co. — 23140 INSURER B : Mercury County Mutual Insurance Company — 29394 INSURER C : Champlain Specialty Insurance Company — 16834 INSURER D : Texas Mutual Insurance Company — 22945 INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 766359910 **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	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [X] LOC OTHER:	Y	Y	AES1244742 00	2/15/2026	2/15/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ Excluded $ 1,000,000 $ 2,000,000 $ 2,000,000 $
C	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [X] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y	Y	BA420000025947	2/15/2026	2/15/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
B	UMBRELLA LIAB [X] OCCUR X EXCESS LIAB [ ] CLAIMS-MADE DED RETENTION $	Y	Y	EXA1270786 00	2/15/2026	2/15/2027	EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	0001320067	2/15/2026	2/15/2027	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B	Employee Benefits Liab			AES1244742 00	2/15/2026	2/15/2027	Each Employee Aggregate	500,000 1,000,000

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

Equipment Floater - IMPF29807101 - 02/15/2026-20/15/2027: Leased/Rented - $100,000 ALL SUCH EQUIPMENT
Equipment Floater - IMPF29807101 - 02/15/2026-20/15/2027: Contractor's Equipment: Leased, Rented, or Loaned - $100,000 ALL SUCH EQUIPMENT
See Attached. Subject to their Terms, Conditions and Exclusions, the following Provisions are provided: GENERAL LIABILITY: CG 2001 04/13: Primary and Noncontributory - Other Insurance Condition; CG 2404 05/09: Waiver Of Transfer Of Rights Of Recovery Against Others To Us CG 2010 04/13: Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization; CG 2037 04/13: Additional Insured - Owners, Lessees Or Contractors - Completed Operations AUTO LIABILITY: Blanket Additional Insured Form CA71090117, Section 2.g, Page 2 of 7, as required by written contract. Blanket Waiver of Subrogation, CA71090117, Section IV,J, Page 6 of 7, as required by written contract. Primary and Non-Contributory Form, CA04491116. WORKER'S COMPENSATION: Blanket Waiver of Subrogation Form, WC420304B, as required by written contract. EXCESS LIABILITY: Follows Form regarding the above
See Attached...

CERTIFICATE HOLDER

City of La Vernia
102 E Chihuahua St
PO Box 225
La Vernia TX 78121

CANCELLATION

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: ALLSEAS-50

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Inszone Insurance Services, LLC	All Seasons Ground Care, LLC PO Box 1168 Adkins TX 78101
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

mentioned Provisions. CIS CEL 4002 08/17: Waiver of Transfer of Rights of Recovery Against Others To Us; CIS CEL 4003 03/19: Primary & Non-Contributory - Other Insurance Condition