

HC IT Pros - Service Level Agreement (SLA)

Rockdale, Texas

Between: HC IT Pros (Service Provider) and Client (Client)

Effective Date: _____

Agreement Term: Month-to-Month (renewable)

1. Purpose

This Service Level Agreement (SLA) outlines the terms and conditions under which HC IT Pros provides managed IT support and maintenance services in the state of Texas.

2. Scope of Services

Basic Support — \$300 Monthly

- Remote troubleshooting
- IT asset management
- Basic security monitoring
- On-site visits: \$35 per visit
- Response within 2 hours

Standard Support — \$500 Monthly

- Includes all Basic Support features
- Higher priority for tickets
- Enhanced remote troubleshooting
- On-site visits: \$50 per visit
- Response within 2 hours

Premium Support — \$1,000 Monthly

- Includes all Basic & Standard Support features
- Unlimited on-site visits
- Website design and support
- Priority ticket response
- Full system monitoring & advanced security
- Response within 1 hour

4. Incident Management

Severity Level	Description	Response Time
Critical	Complete system outage, data loss, or network failure	Premium: 1 hour Standard & Basic: 2 hours
High	Major impact, partial functionality remains	2 hours
Medium	Non-critical issue impacting workflow	4 hours
Low	General inquiry or minor issue	24 hours

5. Service Exclusions

The following are not covered unless agreed upon in writing: hardware replacement, third-party vendor issues, data recovery, ISP outages, physical damage, or misuse.

6. Client Responsibilities

Clients must provide accurate system access, maintain passwords, notify of incidents promptly, and pay monthly fees on time.

9. Termination and Renewal

Either party may terminate with 30 days written notice. SLA renews monthly unless canceled.

11. Governing Law

This Agreement shall be governed by the laws of the State of Texas, with venue in Milam County.

Acceptance and Signatures

By signing below, both parties agree to the terms outlined in this SLA.

HC IT Pros

Client

Authorized Representative

Date: _____

Authorized Representative

Date: _____