



**Faires Plumbing Co., Inc.**

**P. O. Box 1199**

**Edinburg, Texas 78540**

**Ph. 956-383-3221**

**Fax 956-383-7382**

March 25, 2011

Hidalgo County

Re: Hidalgo County Former Admin. Bldg. Sewer Line Inspection

Attn.: Moises Salazar

Dear Sir,

As per your request we propose to inspect and video record the underground sewer lines and vent to the second floor of the above named location for a price not to exceed **\$5,500.00 dollars**. This price includes locating, recording and marking all sewer lines 3" and larger as per your scope of work. Every attempt will be made to provide a complete recording of all underground lines, but this will be contingent upon pipe conditions and whether the camera can be safely run through the pipe.

Our hourly rates are as follows:

1. Mobilization \$500.00
2. Camera Rental \$150.00 per hour
3. Technician & Helper \$85.00 per hour

Additional work to gain access will be charged at a rate of \$85.00 per hour. Material will be charged at a rate of Cost plus 25% markup. This price does not include repair or patchwork of any kind. Please advise if this is agreeable to you.

Sincerely,

Mike Fuentes  
Project Manager

**Hidalgo Cty. Administration Building Camera Inspection  
Edinburg, Texas**

**SUBCONTRACTOR:** Faires Plumbing Co., Inc.

**Proposal:** Camera Inspect and Record

**Description:** Camera inspect and record underground/vent lines 3" and larger, if possible. Locate existing lines on plans for future use. Report on condition of piping.

Description	MATERIAL			
	Qty.	Unit	Cost	Total
Mobilization	1	\$500.00	\$500.00	\$500.00
Camera	12	\$150.00	\$1,800.00	\$1,800.00
Technician & Helper	24	\$85.00	\$2,040.00	\$2,040.00
Material & Labor to gain access to piping	1	\$1,000.00	\$1,000.00	\$1,000.00
Convert VHS to DVD	1	\$160.00	\$160.00	\$160.00
			\$0.00	\$0.00
			<b>Materials</b>	<b>\$5,800.00</b>
			<b>Labor</b>	<b>\$0.00</b>
			<b>Subtotals</b>	<b>\$5,500.00</b>
			<b>Bond</b>	<b>\$0.00</b>
			<b>TOTAL</b>	<b>\$5,500.00</b>

**Note:** This price does not included patchwork of any kind.

# PROJECT REQUIREMENTS ACKNOWLEDGMENT

This is to certify that I, KENNY FAIRES, possess all of the APPLICABLE:

1. Licenses: T~~X~~ STATE BOARD OF PLBG. M-10536.

2. Bonds: N/A.

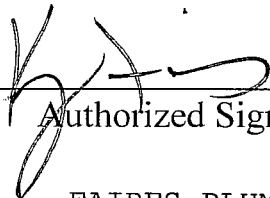
3. Certificates: \_\_\_\_\_.

4. Permits: \_\_\_\_\_.

5. Other: \_\_\_\_\_.

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

\* Any licenses, bonds, certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid.



\_\_\_\_\_  
Authorized Signature

3-28-11

\_\_\_\_\_  
Date

\_\_\_\_\_  
FAIRES PLUMBING CO., INC

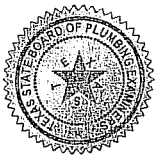
Company

\_\_\_\_\_  
P.O. BOX 1199

Address

\_\_\_\_\_  
EDINBURG, TX 78540


City, State, Zip



**TEXAS STATE BOARD OF PLUMBING EXAMINERS**  
AUSTIN, TEXAS  
BE IT KNOWN THAT

**KENNETH ARLEN FAIRES JR**  
MASTER

LICENSE NO.  
**M-10536**



D.O.B.  
**05/13/1956**

EXPIRES  
**10/31/2010**

IS HEREBY LICENSED IN ACCORDANCE WITH CHAPTER 1301 OCC. CODE

**TEXAS STATE BOARD OF PLUMBING EXAMINERS**  
EAST 41ST STREET • P.O. BOX 4200 • AUSTIN, TEXAS 78765  
512/936-5200 FAX 512/450-0637  
800-845-6584 • www.tsbpe.state.tx.us  
ROBERT L. MAXWELL • EXECUTIVE DIRECTOR

- ▶ Please note the expiration date of your license. Your license must be renewed annually prior to the expiration date. Continuing Professional Education requirements must be met prior to the expiration date. Your license becomes invalid on the date of expiration. You may be subject to administrative penalties if you work with an invalid license.
- ▶ Please double-check the information on this pocket card for accuracy. Report any incorrect information to the Board's office.
- ▶ Sign the back of this pocket card and carry this pocket card and photo identification with you when performing plumbing activities.
- ▶ Quality plumbing systems, installed and inspected by qualified individuals, truly help protect the health, safety and welfare of the public. When you first earned your license to work within the plumbing industry, you personally became an important part of this mission. *Thank you* for accepting this task and taking the responsibilities of your occupation seriously!

PLEASE KEEP THIS SECTION FOR YOUR RECORDS IN CASE YOUR CARD IS LOST OR STOLEN.

LICENSE NO	DATE OF BIRTH	EXPIRATION DATE
M-10536	05/13/56	10/31/10



KENNETH ARLEN FAIRES JR  
P.O. BOX 1199  
EDINBURG, TX 78540

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# Insurance Requirement Acknowledgment

I, ANNA FAIRES, authorized representative for FAIRES PLBG.  
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

- will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners= Court;
- will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners= Court; currently carry the following:

Automobile Liability: \$ \_\_\_\_\_ General Liability: \$ \_\_\_\_\_

- have already been met, see attached copy of insurance certificate.

Anna Faires  
Authorized Representative

3-23-11  
Date

## **Notice to Bidder:**

A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company=s obligation to maintain the appropriate insurance coverage throughout the term of the contract.

**THIS FORM MUST ACCOMPANY BID PACKET**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/22/2011

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 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 Worham Insurance & Risk Management P.O. Box 795008 San Antonio, TX 78279  www.worhamisa.com	CONTACT NAME:	
	PHONE (A/C, No, Ext): 210-223-9171	FAX (A/C, No): 210-223-2806
INSURED Faires Plumbing Co. Inc. P. O. Box 1199 Edinburg TX 78540	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Travelers Lloyds Ins Co	
	INSURER B : Charter Oak Fire Ins Co	
	INSURER C : Commerce & Industry Ins Co	
	INSURER D : Travelers Casualty Ins Co of America	
INSURER E : Federal Insurance Co.		
INSURER F :		

## COVERAGES

CERTIFICATE NUMBER: 9777933

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC			GL1557698	9/30/2010	9/30/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA8262167	9/30/2010	9/30/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			BE26045329	9/30/2010	9/30/2011	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A			WC1326620	9/30/2010	9/30/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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
E	Contractors Equipment			06616211	9/30/2010	9/30/2011	Leased or Rented Equipment \$100,000 limit

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

County of Hidalgo shall be named as additional insured on the Commercial General Liability policy, as required by written contract.

## CERTIFICATE HOLDER

Former Admin Bldg Renovations-Sewer Line Inspection

Hidalgo County  
Attn: Purchasing Department  
2812 S. Highway Bus. 281  
Edinburg TX 78539

## 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

(SA) Patty Wright

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ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

# CERTIFICATE ATTACHMENT

DATE ISSUED

3/22/2011

**NAMED INSURED:**

Faires Plumbing Co. Inc.  
P. O. Box 1199  
Edinburg TX 78540

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, WE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER(S) NAMED ON THIS CERTIFICATE, EXCEPT FOR NON-PAYMENT OF PREMIUM OR ANY OTHER CIRCUMSTANCE PERMITTED BY STATE LAW OR POLICY CONDITIONS. FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON US.