



Jaime Sandoval  
City of Alamo  
420 N. Tower Road  
Alamo Texas 78516

In Re: Last and Final Offer

We are making our last and final offer as we discuss in our last Friday meeting. For the amount of \$28,900.00. We included the engineering solar street lighting Duranta Avenue between Tower Road and Alamo Road, and the Main Street Park area between 9<sup>th</sup> street and 7<sup>th</sup> Place.

Preliminary Engineering

Plans Specifications, Estimate

Construction Administration

If you have any questions please feel free to call me Dario Guerra (956) 926-5006

Thank you,

A handwritten signature in black ink, appearing to read 'Dario Guerra', is written over the typed name. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Dario Guerra



# CERTIFICATE OF LIABILITY INSURANCE

SUZANNE  
DATE(MMDD/YYYY)  
1/4/2011

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 License # 7570  
ProTECH Insurance Agency, Inc.  
3120 Southwest Freeway, #100  
Houston, TX 77098-4520

CONTACT NAME:  
PHONE (A/C, No, Ext): (713) 520-1090 FAX (A/C, No): (713) 529-7505  
E-MAIL:  
ADDRESS:  
PRODUCER:  
CUSTOMER ID #: S&BINFR-01

INSURED  
  
S & B Infrastructure, Ltd.  
P.O. Box 286248  
Houston, TX 77207-6248

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Zurich American Insurance Co	16535
INSURER B:	American Guarantee & Liability	28247
INSURER C:	Steadfast Insurance Co	26387
INSURER D:		
INSURER E:		
INSURER F:		

### COVERAGES

CERTIFICATE NUMBER:

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	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X		GLO 3729647-06	1/1/2011	1/1/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X		BAP 3729648-06	1/1/2011	1/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 5343767-06	1/1/2011	1/1/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
C	Professional Liability			EOC 5343434-06	1/1/2011	1/1/2012	E.L. DISEASE - POLICY LIMIT \$ 1,000,000 Ea Claim/Aggregate 1,000,000

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 all Commercial General Liability Policies. 30 Day Notice of Cancellation applies.

### CERTIFICATE HOLDER

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

*C. S. Madeira*