

Lowest Bidder Calculation Summary

Bid Opening: August 10, 2011

Lowest Bidding Contractor	Family Name	No. of Bdrms	Bid Amount
G#G Construction	M. Alaniz	2 bdrms	\$ 38,740.00
Benchmark Construction	I. Martinez	3 bdrms	\$ 48,499.00
	H. Vanegas	3 bdrms	\$ 48,499.00
	E. Pena	2 bdrms	\$ 39,100.00
	R. Guajardo	3 bdrms	\$ 48,499.00
Total Bid Amounts			\$ 223,337.00

HIDALGO COUNTY PURCHASING DEPARTMENT

BID TABULATION SHEET

DEPARTMENT NAME: COUNTY OF HIDALGO COUNTY URBAN COUNTY PROGRAM

BID OPENING DATE: August 10, 2011 | BID OPENING TIME: 9:30 A.M.

DESCRIPTION OF BID: The demolition and reconstruction of One (1) unit in the city of Mercedes, Two (2) units in the city of Weslaco, along with two (2) units in the county wide area. Grant No. M-10-UC-48-0501-MG

CONTRACTORS	I. Martinez-weslaco-3bdm	M. Alaniz-mercedes	H. Vanegas-CW Edinburg-3 bdrm	E. Pena-weslaco-2bdm	Gujardo-CW mercedes-	
Momentus	\$ 51,450.00	\$ 40,150.00	\$ 52,500.00	\$ 39,800.00	\$ 51,750.00	48,499.00 +
Argo Construction	\$ 50,340.00	\$ 41,185.00	\$ 52,740.00	\$ 39,535.00	\$ 52,540.00	38,740.00 +
J.R. Limas Construction	\$ 49,800.00	\$ 39,300.00	\$ 49,490.00	\$ 40,800.00	\$ 49,800.00	48,499.00 +
G&G Construction	\$ 48,700.00	\$ 38,740.00	\$ 48,690.00	\$ 39,188.00	\$ 48,740.00	39,100.00 +
Rigney Construction	\$ 49,500.00	\$ 42,500.00	\$ 51,500.00	\$ 44,500.00	\$ 51,500.00	48,499.00 +
De Leon Construction	\$ 48,999.99	\$ 38,999.99	\$ 48,999.99	\$ 41,999.99	\$ 48,999.99	223,337.00G+
Lamar Construction	\$ 60,000.00	\$ 52,000.00		\$ 52,000.00		
Benchmark Construction	\$ 48,499.00	\$ 39,100.00	\$ 48,499.00	\$ 39,100.00	\$ 48,499.00	0.*

48,499.00 +
 38,740.00 +
 48,499.00 +
 39,100.00 +
 48,499.00 +
 223,337.00*

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 08/08/2011

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 Valley Insurance Provider PO Drawer 3783 McAllen TX 78502	CONTACT NAME: Debbie Valdez PHONE (A/C No. Ext): (956) 787-8536 FAX (A/C No.): (956) 787-7232 EMAIL ADDRESS: dvaldez@vip-ins.net PRODUCER CUSTOMER I.D. #: 4762														
	INSURED Bm Benchmark Construction P. O. Box 720083 McAllen TX 78504-0000	INSURERS AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER A</th> <th>NAIC #</th> </tr> <tr> <td>Evanston - Lga</td> <td></td> </tr> <tr> <td>Essex - Surplus</td> <td></td> </tr> <tr> <td>Tower National Insurance Company</td> <td>29203</td> </tr> <tr> <td>Texas Mutual Fund Insuran</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A	NAIC #	Evanston - Lga		Essex - Surplus		Tower National Insurance Company	29203	Texas Mutual Fund Insuran		INSURER E:		INSURER F:
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Texas Mutual Fund Insuran															
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	ADDITIONAL SUBR (INSR LTR)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		CL421400613	07/07/2011	07/07/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		04731860-1	06/02/2011	06/02/2012	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,001 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$		XOMS391011	07/14/2011	07/07/2012	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (If yes, describe in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> M/A	SBP-0001173304 20101	10/13/2010	10/13/2011	WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER **CANCELLATION** AI 000313

HIDALGO COUNTY URBAN COUNTY PROGRAM 1916 TESORO ST. PHARR TX 78577-	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
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