

**EXHIBIT “B”**

**BID PAGE**

**DRAFT**

**EXHIBIT "B"**

**BID PAGE**

**HIDALGO COUNTY-URBAN COUNTY PROGRAM  
"ALAMO - 2010 STREET IMPROVEMENTS"  
BID NO.: 5010-05-0311-5000-0500-UCP-GVG**

**SCOPE OF WORK DESCRIPTION:  
PROVIDE BIDS FOR \_\_\_\_\_**

**BID PRICE:** \$ 67<sup>00</sup> per Ton

**ALTERNATE PRICE:** \$ \_\_\_\_\_

**BIDDER/COMPANY NAME:** Upper Valley materials LLC

**ADDRESS:** 7301 W. Exp. 83

**CITY/STATE/ZIP CODE:** MISSION, TX 78572

**PHONE & FAX NO.'S:** 956-580-2502 956-585-8675

**CELLULAR & BEEPER NO.'S:** 956-369-5250

**AUTHORIZED SIGNATURE:** *Steve Boyd*

**PRINTED NAME:** Steve Boyd

**TITLE:** MATERIAL SALES MANAGER.

**OPENED**  
9:30  
1-27-2011  
**Witnessed**

*[Signature]*

U.S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

BID FOR UNIT PRICE CONTRACTS

Place 1241 E. St-bbs St.

Date 7-26-2011

Project No. 5010-05-0311-5000-0500-UCP-GUS.

Proposal of Upper Valley Materials LLC (Hereinafter called "Bidder")\* a corporation, organized and existing under the laws of the State of TEXAS \_\_\_\_\_,\* a partnership, or an individual doing business as Upper Valley Materials.

To the Urban County CD Coordinator  
Gentleman:

The Bidder, in compliance with your invitation for bids for the construction of a \_\_\_\_\_ Alamo - 2010 Street Improvements, having examined the plans and specifications with related documents and the site of the proposed work, and being familiar with all of the conditions surrounding the construction of the proposed project including the availability of materials and labor, hereby proposes to furnish all labor, materials, and supplies, and to construct the project in accordance with the contract documents, within the time set forth therein, and at the price stated below. These prices are to cover all expenses incurred in performing the work required under the contract documents, of which this proposal is a part.

Bidder hereby agrees to commence work under this contract on or before a date to be specified in written "Notice to Proceed" of the Owner and to fully complete the project within \_\_\_\_\_ consecutive calendar days thereafter as stipulated in the specifications. Bidder further agrees to pay as liquidated damages, the sum of \$ \_\_\_\_\_ for each consecutive calendar day thereafter as hereinafter provided in Paragraph 19 of the General Conditions

Bidder acknowledges receipt of the following addendum:

Alan Bernal Upper Valley Materials LLC.

\*Insert corporation, partnership or individual as applicable.

Bidder agrees to perform all the Alamo 2010 Street Improvements work described in the specifications and show on the plans, for the following unit prices:

Streets: Birch Street, 10<sup>th</sup> Street, Citrus Street, and Stensbo Street.

"Hot Mix Quantities Delivered to Site"

<u>Item No.</u>	<u>Est. Qty.</u>	<u>Unit</u>	<u>Description</u>	<u>Unit Price Each</u>	<u>Total</u>
1.	155	TON	Birch - 10 <sup>th</sup> to 9 <sup>th</sup>	\$ 67 <sup>00</sup>	\$ 10,385 <sup>00</sup>
				( \$ ) Dollars & Cents	( \$ ) Dollars & Cents
2.	186	TON	10 <sup>th</sup> - Duranta to Birch	\$ 67 <sup>00</sup>	\$ 12,462 <sup>00</sup>
				( \$ ) Dollars & Cents	( \$ ) Dollars & Cents
3.	156	TON	Citrus - Alamo to 10 <sup>th</sup>	\$ 67 <sup>00</sup>	\$ 10,452 <sup>00</sup>
				( \$ ) Dollars & Cents	( \$ ) Dollars & Cents
4.	106	TON	Stensbo - Alamo to 10 <sup>th</sup>	\$ 67 <sup>00</sup>	\$ 7,102 <sup>00</sup>
				( \$ ) Dollars & Cents	( \$ ) Dollars & Cents

OPENED

9:30  
7-27-2011

Witnessed

*[Signature]*

TOTAL OF BID: \$ 40,401<sup>00</sup>

(Amount are to be shown in both words and figures. In case of discrepancy, the amount shown in words will govern.)

The above unit prices shall include all labor, materials, bailing, shoring, removal, overhead, profit, insurance, etc., to cover the finished work of the several kinds called for.

Bidder understands that the Owner reserves the right to reject any or all bids to waive any informalities in the bidding.

The bidder agrees that this bid shall be good and may not to be withdrawn for a period of 30 calendar days after the scheduled closing time for receiving bids.

Upon receipt of written notice of the acceptance of this bid, bidder will execute the formal contract attached within 10 days and deliver a Surety Bond or Bonds as required by Paragraph 29 of the General Conditions. The bid security attached in the sum of Two Thousand Twenty dollars & Five cents.

(\$ 2020<sup>05</sup>) is to become the property of the Owner in the event the contract and bond are not executed within the time above set forth, as liquidated damages for the delay and additional expense to the Owner caused thereby.

Respectfully submitted:

By [Signature] MATERIALS SALES MANAGER  
(Title)  
7301 W Exp 83 Mission, TX 78572.  
(Business Address and Zip Code)

(SEAL - if bid is by a corporation)

**EXHIBIT “C”**  
**CERTIFICATE OF**  
**INSURANCE**

**DRAFT**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/18/2011

PRODUCER (956) 565-2481 FAX: (956) 565-2733  
 McAfee Insurance Agency  
 P. O. Box 625  
 321 Second Street  
 Mercedes TX 78570

INSURED  
 Magic Valley Concrete, LLC  
 Upper Valley Materials  
 PO BOX 1707  
 Mission TX 78572

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: St. Paul Travelers	
INSURER B: Charter Oak Fire Insurance Co	
INSURER C: Texas Mutual Ins. Co.	
INSURER D: Risc	
INSURER E:	

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	63065462785	2/22/2011	2/22/2012	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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA6570P251	2/22/2011	2/22/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
D	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	CUP-4361B082	06/29/2011	06/29/2012	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below <input type="checkbox"/> Y <input type="checkbox"/> N	TSF0001205759	10/27/2010	10/27/2011	<input checked="" type="checkbox"/> WC STATU-TORY 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
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**  
 (956) 787-5291 guadalupe.garcia@ucp.co.hi  
 County of Hidalgo

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
 Robert R Garza/AZ *Robert R Garza*

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## Additional Named Insureds

### Other Named Insureds

All Valley Trucking, LLP

Rio Valley Pipe, LLC

Upper Valley Materials, LLC; Progreso Materials

## ADDITIONAL COVERAGES

Ref #	Description PIP-Basic	Coverage Code PIP	Form No.	Edition Date	
Limit 1 2,500	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Underinsured motorist combined single limit	Coverage Code UNCSL	Form No.	Edition Date	
Limit 1 100,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Uninsured motorist combined single limit	Coverage Code UMCSL	Form No.	Edition Date	
Limit 1 100,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Expense constant	Coverage Code EXCNT	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$150.00
Ref #	Description Experience Mod Factor 1	Coverage Code EXP01	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium