

HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET

DEPT NAME: COUNTY OF HIDALGO URBAN COUNTY PROGRAM

Bid Opening Date: September 14, 2011

Description of Bid: Demolition and Reconstruction of One (1) unit in the city of Donna, One (1) unit in the city of Elsa, One (1) unit in the city of La Villa, and three (3) units in the county wide are.

Bid Opening Time: 9:30 am

Grant #: M-10-UC-48-0501-LR

RIGNEY CONSTRUCTION & DVLPMT LLC		
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED
1 LOBATO	\$48,499.98	BB INCLUDED
2 DE LEON	\$48,499.98	BB INCLUDED
3 HINOJOSA	\$43,100.00	BB INCLUDED
4 CORTEZ	\$79,912.00	BB INCLUDED
5 BALLI	\$41,900.00	BB INCLUDED

MOMENTUS		
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED
1 LOBATO	\$48,150.00	BB INCLUDED
2 DE LEON	\$48,150.00	BB INCLUDED
3 HINOJOSA	\$38,250.00	BB INCLUDED
4 CORTEZ	\$60,900.00	BB INCLUDED
5 BALLI	\$38,250.00	BB INCLUDED

ARGO CONSTRUCTION		
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED
1 LOBATO	\$48,800.00	CC INCLUDED
2 DE LEON	NO BID	N/A
3 HINOJOSA	NO BID	N/A
4 CORTEZ	\$63,800.00	CC INCLUDED
5 BALLI	NO BID	N/A

J R LIMAS CONSTRUCTION		
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED
1 LOBATO	\$48,000.00	CC INCLUDED
2 DE LEON	\$48,000.00	CC INCLUDED
3 HINOJOSA	\$39,000.00	CC INCLUDED
4 CORTEZ	NO BID	N/A
5 BALLI	\$39,000.00	CC INCLUDED

BENCHMARK CONSTRUCTION		
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED
1 LOBATO	\$48,300.00	BB INCLUDED
2 DE LEON	\$48,300.00	BB INCLUDED
3 HINOJOSA	\$45,500.00	BB INCLUDED
4 CORTEZ	\$63,798.00	BB INCLUDED
5 BALLI	\$38,500.00	BB INCLUDED

DE LEON CONSTRUCTION		
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED
1 LOBATO	\$47,000.00	BB INCLUDED
2 DE LEON	\$47,000.00	BB INCLUDED
3 HINOJOSA	\$39,400.00	BB INCLUDED
4 CORTEZ	\$59,000.00	BB INCLUDED
5 BALLI	\$38,400.00	BB INCLUDED

G & G CONTRACTORS		
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED
1 LOBATO	\$47,798.00	BB INCLUDED
2 DE LEON	\$47,798.00	BB INCLUDED
3 HINOJOSA	\$38,198.00	BB INCLUDED
4 CORTEZ	\$55,898.00	BB INCLUDED
5 BALLI	\$38,198.00	BB INCLUDED

\*TYPED AS READ AT BID OPENING, AMOUNTS NOT VERIFIED/CALCULATED

# JRD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/17/2011

ISSUING AGENCY  
 JRD. CERTIFICATE OF LIABILITY INSURANCE AGENCY  
 11000 N. HWY 281 STE 3  
 EDINBURG, TX 78539  
 281-929-1567

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:	ESSEX INSURANCE CO	
INSURER B:	TEXAS COUNTY MUTUAL	
INSURER C:	TEXAS MUTUAL INS CO	
INSURER D:		
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 POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE LINE	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"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT. <input type="checkbox"/> LOC	163911	03/14/11	03/14/12	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 - COMP/PROPAG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	604891354	03/14/11	03/14/12	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 \$ AUTO ONLY: \$
	DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AUTO ONLY: \$
	EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (EMPLOYER/PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/OWNER EXCLUDED) If yes, describe under SPECIAL PROVISIONS below	003002117	03/15/11	03/15/12	<input checked="" type="checkbox"/> STATUTE <input checked="" type="checkbox"/> OTHER LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS' WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT INSURER TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

OP ID:  
DATE (MM/DD/YYYY):  
**05/11/11**

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).

<b>PRODUCER</b> Mission/Duncan Ins Agency P O Box 753 Mission, TX 78573-0753 Sylvia Wolf		956-581-2183 956-581-4226	<b>CONTACT NAME:</b> PHONE: (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER: CUSTOMER ID: <b>DELEO-1</b>
<b>INSURED</b> De Leon Electric & Constr Hugo De Leon 1419 N Uvalde Street Alton, TX 78573		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Atlantic Casualty Insurance Co</b> INSURER B: INSURER C: 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	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
LTR		INSR	WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			L086025755	04/30/11	04/30/12	EACH OCCURRENCE \$ 500,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,00 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	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	N/A				WC STATU TORY LIMITS    OTH ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>  Urban County Program Hidalgo County 1916 Tesoro Blvd Pharr, TX 78577	<b>CANCELLATION</b>  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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# CERTIFICATE OF LIABILITY INSURANCE

OP ID: NP

DATE (MM/DD/YYYY)

05/11/11

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PRODUCER Mission/Duncan Ins Agency PO Box 753 Mission, TX 78573-0753 via Wolf	956-581-2183 956-581-4226	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER ID # DELEO-3 CUSTOMER ID #	FAX (A/C, No):
INSURED De Leon Construction Hugo De Leon 1419 N. Uvalde Street Alton, TX 78573	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Texas Mutual Insurance Co.		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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SR	TYPE OF INSURANCE	ADDL INSR	SUBR NO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  <input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SBP0001104012	03/14/11	03/14/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - FA EMPLOYER \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
URBANCO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Urban County Program Hidalgo County 1916 Tesoro Blvd Pharr, TX 78577	AUTHORIZED REPRESENTATIVE <i>Joe Roseland</i>