



J.E. SAENZ & ASSOCIATES, INC.

ENGINEERS • SURVEYORS • PLANNERS • CONSTRUCTION MANAGERS
GEOGRAPHICAL INFORMATION SYSTEMS • RIGHT OF WAY ACQUISITION

LETTER OF TRANSMITTAL & RECEIPT

JUN 27 2012
NO 35

TO: Hidalgo County BCAP
301 E. State
Pharr, Tx 78577

FROM: Jose E. Saenz

Attn: Agapito Vargas, Ex. Director

DATE: 6/25/12

Project: LakeView

JES FILE
No.: ENG 09.001B

WE ARE SENDING YOU ATTACHED Under separate cover mail delivery the following:

- Shop Drawings Prints Plans Bid Documents Specifications
 Correspondence Change order Contract Proposal Other: see below

THESE ARE TRANSMITTED as checked below:

- For approval Approval as submitted Resubmit ___ copies for approval
 For your use Approved as noted Submit ___ copies for distribution
 As requested Returned for corrections Return ___ corrected prints
 For review/comment Please Sign & Return
 For payment Other: Return _____

Thank you

RECEIVED Maria Jahn DATE 6/25/12 TIME _____

COPIES: FILE OWNER



SASCON INC.

5200 N. 26TH Lane
McAllen, Texas 78504
Phone: (956) 682-3454
Fax: (956) 682-2542

- ✓ Paving
- ✓ Excavation
- ✓ Trucking
- ✓ Equipment

June 7, 2012

To Whom It May Concern:

This letter is to inform you that Sascon, Inc. entered into agreement with Eberle Materials, Inc. to complete the Lakeview Subdivision Project located in Edinburg, Texas.

Respectfully,

A handwritten signature in blue ink that reads "Carol Skloss". The signature is written in a cursive, flowing style.

Carol Skloss



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/1/2012

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 Ward, Moore & Hild, LLC 70 NE Loop 410, Ste 180 San Antonio TX 78216	CONTACT NAME: Breanne Kibodeaux PHONE (A/C, No, Ext): 210-366-0888 FAX (A/C, No): 210-366-0244 E-MAIL ADDRESS: bkibodeaux@ward-moore.com
	INSURER(S) AFFORDING COVERAGE
INSURED Eberte Materials, Inc PO Box 1028 Donna TX 78537	INSURER A: Travelers Lloyds Ins. Co.
	INSURER B: Travelers Casualty & Surety Co.
	INSURER C: St. Paul Fire & Marine
	INSURER D: Texas Mutual Insurance Co.
	INSURER E: Travelers Cas & Surety Co of Americ

COVERAGES **CERTIFICATE NUMBER:** 942292224 **REVISION NUMBER:**

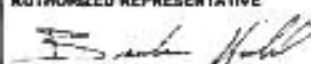
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 BSR (INSR, Y/Y)	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"/> PROJECT <input type="checkbox"/> LDC		CO9030R801	6/21/2011	6/21/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$300,000 MED EXP (Any one person) \$5,000 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 type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BA8980R219	6/21/2011	6/21/2012	COMBINED SINGLE LIMIT (EA accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000		GK08102842	6/21/2011	6/21/2012	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"/> N/A		T5F0003043089	6/21/2011	6/21/2012	<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	Leased/Rented Equip		6609100R2278	6/21/2011	6/21/2012	Limit Per Item \$350,000 Deductible \$1,000

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

RE: Hidalgo County Precinct No. 4. Colonia Access Project Third Round Allocated Funds Lake View.

Additional Insured endorsement for General Liability and Auto Liability attached.

CERTIFICATE HOLDER Hidalgo County Hidalgo County Purchasing Department 2812 S. Business Hwy. 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 
---	---