



MEMORANDUM

To: Honorable AC Cuellar
H.C. Commissioner Pct. 1

From: Elena Gomez *hw*
Purchasing Dept., Buyer II

Date: July 9, 2013

RE: Bid No. 2013-123-07-03-MEG
"Purchase of (RAP) Recycled/Reclaimed Asphalt Pavement Material"

We received two (2) responses to the above mentioned project. Enclosed you will find a copy of the Tabulation sheet for your review and recommendation/non-recommendation. Please review and reply with your recommendation. We need to present your recommendation on the next Commissioner's Court Meeting; therefore, we would like to have your response on or before the following deadline.

Please indicate your recommendation or any concerns on the space provided below and reply to the Purchasing Dept. via fax to (956)-318-2629 or (956) 292-7612 by no later than July 19, @ 10:00 A.M. in order to place this item on the agenda for next Commissioners Court Meeting,

If you should have any questions or need additional information please contact me at (956) 318-2626 x=4855

<u>AWARD TO VENDOR(S):</u>	<u>RECOMMENDATION (BASIS)</u>
<i>Rays Hauling</i>	<i>lowest bid overall</i>
ACCOUNT: <i>3-1200-431-00-121-005-0-673</i> :	

Raul Lozano
Authorized Signature

Raul Lozano
Printed Name

7/22/13
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/04/2012

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	Valmor Insurance Agency, Inc. 1303 N 10th Street McAllen TX 78501	CONTACT NAME:	
		PHONE (A/C, No, Ext): 958-630-3081	FAX (A/C, No):
INSURED	ROY'S HAULING SERVICE INC. P O BOX 1896 EDINBURG, TEXAS 78540-1896	E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A:	MCCLELLAND AND HINE INS CO
		INSURER B:	UNITRIN MUTUAL INS. CO.
		INSURER C:	TEXAS MUTUAL INS. CO.
		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.

INGR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	Y	Y	L086026349	03/27/2012	03/27/2013	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000	
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
B	AUTOMOBILE LIABILITY	N	N	2300075	08/20/2012	08/20/2013	GENERAL AGGREGATE \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS						PRODUCTS - COMP/OP AGG \$ 1,000,000	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						Fire Damage \$	
							COMBINED SINGLE LIMIT (EA accident) \$ 1,000,010	
C	UMBRELLA LIAB	N/A	N	0001242005	9/04/2012	09/04/2013	BODILY INJURY (Per person) \$	
	EXCESS LIAB						BODILY INJURY (Per accident) \$	
	DED						RETENTION \$	PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						EACH OCCURRENCE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						AGGREGATE \$	
							WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
							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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 1998 INTL #044857, 1999 INTL #066851, 2000 PTRB #483173, 2000 PTRB #483173, 2000 PTRB #483206, 2000 PTRB #483207, 2006 PTRB #639700 AND 2006 PTRB #639702

CERTIFICATE HOLDER COUNTY OF HIDALGO 2802 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

CERTIFICATE OF LIABILITY INSURANCE

12/28/2012

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.

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PRODUCER Vaimor Insurance Agency, Inc. 1303 N 10th Street McAllen TX 78501	CONTACT NAME PHONE (A/C, No., Ext.) 956-630-3081 FAX (A/C, No.) E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE: NAIC #
INSURED ROY'S HAULING SERVICE INC. P O BOX 1896 EDINBURG, TEXAS 78540-1896	INSURER A: INSURER B: UNITRIN MUTUAL INS. CO. INSURER C: ATLANTIC CASUALTY 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.

CLASS	TYPE OF INSURANCE	AGGREGATE LIMIT (INS/LOC)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	UNITS	AMOUNT
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIED PER <input checked="" type="checkbox"/> POLICY PRO. LOC	Y N	L086026998	03/28/2013	03/28/2014	EACH OCCURRENCE DAMAGE TO REALTY \$ 1,000,000 PREMISES (Electrical, etc) \$ 100,000 MED EXP (Acc./Sickness) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPAN AGG \$ INCLUDED Fire Damage \$	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	N N	230C075	08/20/2012	08/20/2013	COMBINED SINGLE LIMIT (Per person) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LAR EXCESS LAR OCCUR CLAIMS MADE USD RESERVOIRS					EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMERGENCY EXCLUDED (Mandatory in NH) If yes, state on lower DESCRIPTION OF OPERATIONS ONLY	Y/N	N/A			VC STATE <input checked="" type="checkbox"/> OTHER JURY LIMITS <input checked="" type="checkbox"/> ER E.L. EACH ACCIDENT \$ E.L. INJURY - EA EMPLOYEE \$ E.L. DISEASE POLICY LIMIT \$	

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

1998 INTL#4857, 1999 INTL#6851, 2000 INTL#7946, 2000 INTL#7950, 2000 PETE#3207, 2000 PETE#3173, 2006 PETE#9700, 2006 PETE#9702, 1999 CPS#1967, 2000 CTS#0069

CERTIFICATE HOLDER **CANCELLATION**

COUNTY OF HIDALGO 2802 S BUSINESS HWY 281 EDINBURG, TX 78539	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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