



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/11/2014

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> Bert Whisenant Insurance 816 East Hackberry Avenue  McAllen TX 78501		<b>CONTACT NAME:</b> Sylvia Briones, CISR <b>PHONE (A/C, No. Ext):</b> (956) 686-8323 <b>FAX (A/C, No):</b> (888) 512-2080 <b>E-MAIL ADDRESS:</b> SBriones@bwi-ins.com	
<b>INSURED</b> A. One Insulation, DBA: Raymundo Carrisales 1006 E Ferguson  Pharr TX 78577		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Essex Insurance Company INSURER B: Texas Mutual Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: CL1461100355

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	Y	3DT9860	6/18/2014	6/18/2015	MED EXP (Any one person)	\$ 5,000	
	GENL AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> NON-OWNED AUTOS							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							\$	
	DED RETENTION \$	X	Y	EXXS10508	6/18/2014	6/18/2015		\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y				<input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			SBP0001231365	12/2/2013	12/2/2014	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)  
 Primary and NonContributory- Blanket

**CERTIFICATE HOLDER****CANCELLATION**

Urban County Program 427 E. Duranta Ave. Ste 107 Alamo, TX 78516	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  B R. Whisenant, Jr./SL <i>B.R. Whisenant, Jr.</i>
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ACORD 25 (2010/05)

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HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET

DEPT NAME: COUNTY OF HIDALGO URBAN COUNTY PROGRAM

Bid Opening Date: July 09, 2014

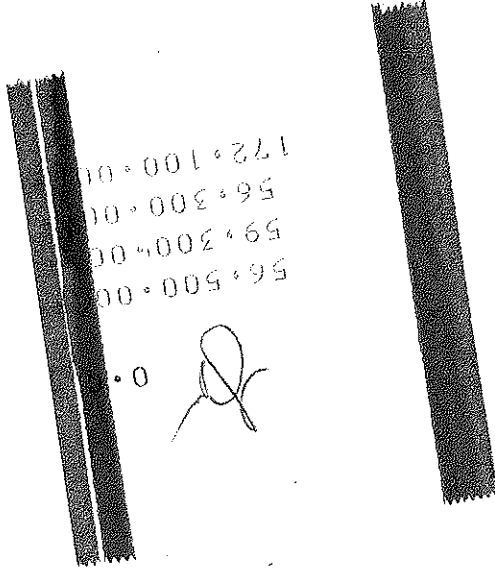
Bid Opening Time: 9:30 am

Description of Bid: The Demolition and Reconstruction of one (1) Unit in the City of Merced, one (1) unit in the City of Merced, one (1) unit in the City of Weslaco and one (1) unit in the county wide area

Grant #: M-12-UC-48-0501-ET-02

A-ONE			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	
1 FELIX	\$56,500.00	BB INCLUDED	
2 FRANCISCO	\$59,300.00	BB INCLUDED	
3 MARIA	\$56,300.00	BB INCLUDED	

QUALITY INVESTMENTS			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	
1 FELIX	\$56,989.00	BB INCLUDED	
2 FRANCISCO	\$62,789.00	BB INCLUDED	
3 MARIA	\$56,889.00	BB INCLUDED	


  
 56,500.00  
 59,300.00  
 56,300.00  
 172,100.00

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