

HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET

DEPT NAME: COUNTY OF HIDALGO URBAN COUNTY PROGRAM

Bid Opening Date: March 25, 2015

Bid Opening Time: 9:30 am

Description of Bid: The Demolition and Reconstruction of Three (3) Units in the Countywide Area & One (1) Unit in the City of La Joya

Grant #: M-12-UC-48-0501-ET-05

3 GENERAL CONSTRUCTION INC.			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	BID BOND/CASHIER'S CHECK INCLUDED
1 G. TREVINO	\$63,000.00	BB INCLUDED	BB INCLUDED
2 J. MORIN	\$54,500.00	BB INCLUDED	BB INCLUDED
3 A. CHAVEZ	\$56,000.00	BB INCLUDED	BB INCLUDED
4 M. TREVINO	\$58,000.00	BB INCLUDED	BB INCLUDED

G & G CONTRACTORS			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	BID BOND/CASHIER'S CHECK INCLUDED
1 G. TREVINO	\$59,840.00	BB INCLUDED	BB INCLUDED
2 J. MORIN	\$56,840.00	BB INCLUDED	BB INCLUDED
3 A. CHAVEZ	\$56,840.00	BB INCLUDED	BB INCLUDED
4 M. TREVINO	\$58,900.00	BB INCLUDED	BB INCLUDED

A-ONE INSULATION			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	BID BOND/CASHIER'S CHECK INCLUDED
1 G. TREVINO	\$59,400.00	BB INCLUDED	BB INCLUDED
2 J. MORIN	\$57,200.00	BB INCLUDED	BB INCLUDED
3 A. CHAVEZ	\$57,500.00	BB INCLUDED	BB INCLUDED
4 M. TREVINO	\$56,800.00	BB INCLUDED	BB INCLUDED

0.0

59,400.00 *
 57,200.00 *
 57,500.00 *
 56,800.00 *
 56,800.00 *
 226,700.00 *

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/6/2015

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

COVERAGES CERTIFICATE NUMBER: CL1412100452 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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED RETENTION \$			EZXS10508	6/18/2014	6/18/2015	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y				WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	SBP0001231365	12/2/2014	12/2/2015	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
The General Liability Policy includes a Blanket Automatic Additional Insured Endorsement that provides additional insured status to the certificate holder only when there is a written contract between the insured and the certificate holder that requires such status. The General Liability Policy includes a Blanket automatic Waiver of Subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires such status. Primary and NonContributory endorsement is included in the General Liability Policy.

CERTIFICATE HOLDER eric.trevino@co.hidalgo.tx Urban County Program 427 E. Duranta Ave. Ste 107 Alamo, TX 78516	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 B R. Whisenant, Jr/SL <i>B.R. Whisenant, Jr</i>