

**EXHIBIT E**  
**-Supplemental Agreement Form**

THE STATE OF TEXAS §  
  §  
COUNTY OF HIDALGO §

**SUPPLEMENTAL AGREEMENT NO. 1**  
**to WORK AUTHORIZATION NO. 2**

**THIS SUPPLEMENTAL AGREEMENT** is made pursuant to the terms and conditions of paragraph 5 of the Agreement made by and between **HIDALGO COUNTY**, acting herein by and through the **Commissioner's Court**, hereinafter called the "**Owner**", and Millennium Engineers Group, Inc. (MEG), Professional Laboratory of, Pharr, Texas, hereinafter called the "**Laboratory**".

**WITNESSETH**

**WHEREAS**, the **Owner** and the **Laboratory** executed the **Agreement** on the 15<sup>th</sup> day of October 2014 concerning Laboratory Testing for Old La Blanca Road (From Mile 9 to Mile 10) hereinafter referred to as the "**Project**"; and,

**WHEREAS**, Paragraph 1 of the **Agreement**, (Scope of Work), establishes the Professional Construction Materials Testing Laboratory Services required; and,

**WHEREAS**, it has become necessary to amend the Agreement to Exhibit "D" as hereinafter provided.

**A. AGREEMENT**

**NOW THEREFORE**, premises considered, the **Owner** and the **Laboratory** agree that said **Agreement** is amended as follows:

I. Paragraph 2 of the **Agreement**, (Estimated Cost), is revised to

\$25,407.00

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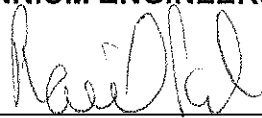
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**All other provisions are unchanged and remain in full force and effect.**

**IN WITNESS WHEREOF**, the Laboratory and the Owner have caused this Supplemental Agreement to the Agreement for Professional Services to be executed as of the \_\_\_\_\_ day of \_\_\_\_\_, 2015.

**THE LABORATORY:  
MILLENNIUM ENGINEERS GROUP, INC.**

BY:   
Raul Palma, P.E.; President

Address for Giving Notices:

5804 N. Gumwood Avenue, Pharr, Texas 78577

**THE OWNER:  
HIDALGO COUNTY**

BY: \_\_\_\_\_  
Ramon Garcia, County Judge

**LIST OF ATTACHMENTS**

- Exhibit "D" Cost Proposal
- Work Schedule Mile 10 North Road (From Old La Blanca Road to FM 493)

Revised  
"Exhibit D"

HIDALGO COUNTY PRECINCT No. 1

Contract # C-14-309-09-09

WORK AUTHORIZATION NO. 2 – TOTAL AMOUNT BREAKDOWN

Proposal No.	Project Description	Previous Estimated Amount	Current Estimated Amount
01-14-205M, 01-15-143M	Old La Blanca Road – From Mile 9 to Mile 10 to now include Mile 10 North Road (Old La Blanca Road to FM 493)	\$ 13,170.00	\$25,407.00
	<i>Total Amount</i>	<i>\$ 13,170.00</i>	<i>\$ 25,407.00</i>



**Work Schedule  
Proposed Construction Materials Testing Services  
Mile 10 North Road (Old La Blanca Road to FM 493) Improvements Project**

**SOILS SECTION**

**Task: Initial Subgrade Sample for Determination of Optimum Lime Content at Roadway (Per Trip, 1 trip estimated)**

Line Item	Qty.	Unit Rate	Estimated Cost
Soil Engineering Technician (hourly)	4	45.00	180.00
Determination of Optimum Lime Content, PI method (each)	1	275.00	275.00
Vehicle trip charge (each)	1	37.00	37.00
Test Report (each)	1	30.00	30.00
Project Engineer (hourly)	0.5	115.00	57.50
Project Management (hourly)	0.25	70.00	17.50
Clerical (hourly)	1	50.00	50.00
Sub-Total (per trip)	1	-	647.00
Sub-Total (per task)	1	647.00	647.00

**Task: Subgrade Sample at Roadway (Per Trip, 2 trips estimated)**

Line Item	Qty.	Unit Rate	Estimated Cost
Soil Engineering Technician (hourly)	2.5	45.00	112.50
Standard Proctor (each)	1	200.00	200.00
Atterberg Limits (each)	1	70.00	70.00
Vehicle trip charge (each)	1	37.00	37.00
Test Report (each)	1	30.00	30.00
Project Engineer (hourly)	0.5	115.00	57.50
Project Management (hourly)	0.25	70.00	17.50
Clerical (hourly)	1	50.00	50.00
Sub-Total (per trip)	1	-	574.50
Sub-Total (per task)	2	574.50	1,149.00

**Task: Flexible Base Sample at Roadway (Per Trip, 2 trips estimated)**

Line Item	Qty.	Unit Rate	Estimated Cost
Soil Engineering Technician (hourly)	2.5	45.00	112.50
Standard Proctor (each)	1	200.00	200.00
Atterberg Limits (each)	1	70.00	70.00
Sieve Analysis (each)	1	55.00	55.00
Wet Ball Mill (each)	1	210.00	210.00
Vehicle trip charge (each)	1	37.00	37.00
Test Report (each)	1	30.00	30.00
Project Engineer (hourly)	0.5	115.00	57.50
Project Management (hourly)	0.25	70.00	16.75
Clerical (hourly)	1	50.00	50.00
Sub-Total (per trip)	1	-	838.75
Sub-Total (per task)	2	838.75	1,677.50

**Task: Subgrade density testing at Roadway (Per Trip, 8 trips estimated)**

Line Item	Qty.	Unit Rate	Estimated Cost
Soil Engineering Technician (hourly)	2.5	45.00	112.50
Nuclear density test (each)	3	22.00	66.00
Vehicle trip charge (each)	1	37.00	37.00
Test Report (each)	1	30.00	30.00
Project Engineer (hourly)	0.5	115.00	57.50
Project Management (hourly)	0.25	70.00	16.75
Clerical (hourly)	1	50.00	50.00
Sub-Total (per trip)	1	-	369.75
Sub-Total (per task)	8	369.75	2,958.00



**Task: Flexible Base density testing at Roadway (Per Trip, 8 trips estimated)**

Line Item	Qty.	Unit Rate	Estimated Cost
Soil Engineering Technician (hourly)	2.5	45.00	112.50
Nuclear density test (each)	3	22.00	66.00
Vehicle trip charge (each)	1	37.00	37.00
Test Report (each)	1	30.00	30.00
Project Engineer (hourly)	0.50	115.00	57.50
Project Management (hourly)	0.25	70.00	17.50
Clerical (hourly)	1	50.00	50.00
Sub-Total (per trip)	1	-	370.50
Sub-Total (per task)	8	370.50	2,964.00

**SOILS Section Total**

**9,395.50**

**HMAC PAVEMENT SECTION**

**Task: HMAC Pavement Field Rolling Pattern Testing (Per Trip, 2 trips estimated)**

Line Item	Qty.	Unit Rate	Estimated Cost
Asphalt Engineering Technician (hourly)	4	50.00	200.00
Nuclear Density Test (each)	3	22.00	66.00
Vehicle trip charge (each)	1	37.00	37.00
Test Report (each)	1	30.00	30.00
Project Engineer (hourly)	0.5	115.00	52.50
Project Management (hourly)	0.25	70.00	16.75
Clerical (hourly)	1	50.00	50.00
Sub-Total (per trip)	1	-	452.25
Sub-Total (per task)	2	452.25	904.50

**Task: HMAC Pavement Laboratory Testing**

Line Item	Qty.	Unit Rate	Estimated Cost
Extraction & Gradation, percent asphalt (each)	1	250.00	250.00
Theoretical maximum specific gravity of mixtures (each)	1	60.00	60.00
Lab Density (each)	1	65.00	65.00
Sub-Total (per trip)	1	-	375.00
Sub-Total (per task)	2	375.00	750.00

**Task: HMAC Pavement Field Coring (Per Trip, 1 trips estimated)**

Line Item	Qty.	Unit Rate	Estimated Cost
Asphalt Engineering Technician (hourly)	6	50.00	300.00
Coring Rig (each)	1	95.00	95.00
Asphalt Cores (each)	6	60.00	360.00
Asphalt Core Density (each)	6	40.00	240.00
Vehicle trips (each)	1	37.00	37.00
Test Report (each)	1	30.00	30.00
Project Engineer (hourly)	0.50	115.00	57.50
Project Management (hourly)	0.25	70.00	17.50
Clerical (hourly)	1	50.00	50.00
Sub-Total (per trip)	1	-	1,187.00
Sub-Total (per task)	1	1,187.00	1,187.00

**HMAC Pavement Section Total**

**2,841.50**

**Total Estimated Cost**

**\$12,237.00**



# CERTIFICATE OF LIABILITY INSURANCE

SCG  
R045DATE (MM/DD/YYYY)  
1/7/2015

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).

<b>PRODUCER</b> SUPERIOR ACCESS INS SRVC INC/PHS 181840 P: (866) 467-8730 F: (888) 443-6112 PO BOX 33015 SAN ANTONIO TX 78265	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (866) 467-8730		<b>FAX (A/C, No):</b> (888) 443-6112
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> MEG, INC. PO BOX 4569 EDINBURG TX 78540	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
	INSURER A: Hartford Underwriters Ins Co		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

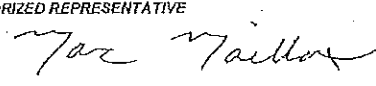
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR W/P	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
	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  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	72 WEC GY1880	10/16/2014	10/16/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL. EACH ACCIDENT \$1,000,000 EL. DISEASE - EA EMPLOYEE \$1,000,000 EL. DISEASE - POLICY LIMIT \$1,000,000

*DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)*

Those usual to the Insured's Operations.

<b>CERTIFICATE HOLDER</b> Hidalgo County 2812 S BUSINESS HIGHWAY 281 EDINBURG, TX 78539	<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 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/7/2015

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PRODUCER Fenner & Esler 467 Kinderkamack Road P. O. Box 60 Oradell NJ 07649-0060	CONTACT NAME: Joan Kosch	
	PHONE (A/C. No. Ext.): (201) 262-1200 FAX (A/C. No.): (201) 262-7810	
	E-MAIL ADDRESS: jkosch@fenner-esler.com	
INSURED Millennium Engineers Group, Inc. 5804 N. Gumwood Pharr TX 78577	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Amer. Casualty Co./Reading, PA	20427
	INSURER B: Continental Casualty Company	20443
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: MASTER 14-15 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		6011181339	11/22/2014	11/22/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB		6011181387	11/22/2014	11/22/2015	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
B	PROFESSIONAL LIABILITY		MCH288364872	12/12/2014	12/12/2015	PER CLAIM LIMIT \$1,000,000
						AGGREGATE LIMIT \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Additional Insured - Certificate Holder as respects general liability where required by written contract.

<b>CERTIFICATE HOLDER</b>  Hidalgo County 2812 S. Business 281 Edinburg, Texas 78539	<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  Timothy Esler/JEAN



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2014

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<b>PRODUCER</b> STATE FARM INSURANCE ROBERT ELIZALDE, AGENT State Farm 5107 S MCCOLL RD EDINBURG, TX 78539	<b>CONTACT NAME:</b> GARDENIA MARTINEZ <b>PHONE (A/C, Ho, Ext):</b> 956-683-9800 <b>FAX (A/C, No):</b> 956-683-9810 <b>E-MAIL ADDRESS:</b> GARDENIA.MARTINEZ.T55B@STATEFARM.COM
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> MILLENNIUM ENGINEERS GROUP, INC 5804 N GUMWOOD PHARR, TX 78577	

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	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 GENT. 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 \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			169 8511-A19-53K	01/19/2014	01/19/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUS    OTHER 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)

2008 FORD RANGER 1FTYR10D48PA82344  
 2008 FORD RANGER 1FTYR10D38PA92175  
 2010 FORD RANGER 1FTKR1AD0APA22180  
 2011 FORD RANGER 1FTKR1ADX8PA02368

CERTIFICATE HOLDER WILL HAVE WAIVER OF SUBROGATION IN THEIR FAVOR

<b>CERTIFICATE HOLDER</b> HIDALGO COUNTY 2812 S BUSSINESS 281 EDINBURG TX 78539	<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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**RE: Requesting legal advice (Supplemental Agreement) Pct. 1 project**

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**From :** Steve Crain <scrain@atlashall.com> Thu, May 14, 2015 02:21 PM  
**Subject :** RE: Requesting legal advice (Supplemental Agreement) Pct. 1 project  
**To :** 'Monica Lead' <monica.lead@co.hidalgo.tx.us>

The documents are fine.

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**From:** Monica Lead [mailto:monica.lead@co.hidalgo.tx.us]  
**Sent:** Thursday, May 14, 2015 2:09 PM  
**To:** scrain  
**Cc:** Antonio Barco  
**Subject:** Requesting legal advice (Supplemental Agreement) Pct. 1 project

Good afternoon Mr. Crain,

We hereby request your review and approval, on the attached Supplemental Agreement form to Work Authorization No. 2 under Agreement # C-14-309-09-09 for Precinct No. 1. The professional construction material testing laboratory services will be for an abutting street (Mile 10 North Road) to Old La Blanca Road located in the Precinct No. 1 area.

Attachments include:

Executed copy of Work Authorization No. 2  
Supplemental Agreement form

Should you require additional information, please do not hesitate to contact our office.

*Respectfully,*

*Monica Lead*

Program Coordinator  
Urban County Program  
427 E. Duranta Ave., Suite 107  
Alamo, TX 78516  
Office: 956.787.8127 ext: 2235  
Direct: 956.292.7000 ext. 2235

"For I know the plans I have for you declares the Lord, plans to prosper you, and not to harm you, plans to give you hope and a future" Jeremiah 29:11

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