

HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET

DEPT NAME: COUNTY OF HIDALGO URBAN COUNTY PROGRAM

Bid Opening Date: May 20, 2015

Bid Opening Time: 9:30 am  
 Description of Bid: The Demolition and Reconstruction of Two (2) Units in the Countywide Area. Two (2) Units in the City of Elsa, One (1) Unit in the City of Edcouch and One (1) in the City of San Juan  
 Grant #: M-12-UC-48-0501-ET-08

0.0

QUALITY INVESTMENTS			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	
1 T. LARA	\$54,889.00	BB INCLUDED	54,889.00
2 J & A GARZA	\$54,899.00	BB INCLUDED	54,899.00
3 C. RODRIGUEZ	\$54,889.00	BB INCLUDED	54,889.00
4 M. NINO	\$54,889.00	BB INCLUDED	54,630.00
5 F. CRUZ	\$54,889.00	BB INCLUDED	54,630.00
6 J. BECERRA	\$54,889.00	BB INCLUDED	54,630.00
			328,437.00

G & G CONTRACTORS		
UNITS	TOTAL AMO	
1 T. LARA	\$54,6	
2 J & A GARZA	\$55,8	
3 C. RODRIGUEZ	\$55,8	
4 M. NINO	\$54,6	
5 F. CRUZ	\$54,6	
6 J. BECERRA	\$55,8	

3 GENERAL CONSTRUCTION INC.			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	
1 T. LARA	\$56,500.00	BB INCLUDED	
2 J & A GARZA	\$58,000.00	BB INCLUDED	
3 C. RODRIGUEZ	\$55,000.00	BB INCLUDED	
4 M. NINO	\$54,800.00	BB INCLUDED	
5 F. CRUZ	\$55,000.00	BB INCLUDED	
6 J. BECERRA	\$55,000.00	BB INCLUDED	

A-1 INSULATION			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	
1 T. LARA	\$55,500.00	BB INCLUDED	
2 J & A GARZA	\$55,500.00	BB INCLUDED	
3 C. RODRIGUEZ	\$55,500.00	BB INCLUDED	
4 M. NINO	\$54,500.00	BB INCLUDED	
5 F. CRUZ	\$55,500.00	BB INCLUDED	
6 J. BECERRA	\$55,500.00	BB INCLUDED	

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

HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET

DEPT NAME: COUNTY OF HIDALGO URBAN COUNTY PROGRAM

Bid Opening Date: May 20, 2015

Bid Opening Time: 9:30 am

Description of Bid: The Demolition and Reconstruction of Two (2) Units in the City of Mercedes and One (1) Unit in the Countywide area

Grant #: M-12-UC-48-0501-ET-07

A-1			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	BID BOND/CASHIER'S CHECK INCLUDED
1 J. COSME	\$55,500.00	BB INCLUDED	BB INCLUDED
2 F. REYES	\$55,500.00	BB INCLUDED	BB INCLUDED
3 J. ORTIZ	\$54,500.00	BB INCLUDED	BB INCLUDED

3 GENERAL CONSTRUCTION			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	BID BOND/CASHIER'S CHECK INCLUDED
1 J. COSME	NO BID	N/A	N/A
2 F. REYES	NO BID	N/A	N/A
3 J. ORTIZ	56,500.00	BB INCLUDED	BB INCLUDED

QUALITY INVESTMENTS			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	BID BOND/CASHIER'S CHECK INCLUDED
1 J. COSME	\$56,389.00	BB INCLUDED	BB INCLUDED
2 F. REYES	\$55,789.00	BB INCLUDED	BB INCLUDED
3 J. ORTIZ	\$55,389.00	BB INCLUDED	BB INCLUDED

REAL CONSTRUCTION			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	BID BOND/CASHIER'S CHECK INCLUDED
1 J. COSME	\$52,500.00	CC INCLUDED	CC INCLUDED
2 F. REYES	\$52,500.00	CC INCLUDED	CC INCLUDED
3 J. ORTIZ	\$52,500.00	CC INCLUDED	CC INCLUDED

G & G CONSTRUCTION			
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED	BID BOND/CASHIER'S CHECK INCLUDED
1 J. COSME	\$55,800.00	BB INCLUDED	BB INCLUDED
2 F. REYES	\$55,800.00	BB INCLUDED	BB INCLUDED
3 J. ORTIZ	\$54,800.00	BB INCLUDED	BB INCLUDED

0.0

52,500.00 +  
52,500.00 +  
52,500.00 +  
157,500.00 +

\*TYPED AS READ AT BID OPENING, AMOUNTS NOT VERIF

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/29/2015

**PRODUCER**

**EDDIE VILLARREAL INSURANCE AGENCY**  
2167 S McCall Rd  
Edinburg, TX 78539  
(956) 381-0951

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

NAIC#

**INSURED**

RG ENTERPRISES LLC  
DBA G & G CONTRACTORS  
5125 S US HWY 281 STE 1  
EDINBURG, TX 78539  
PH: 956-929-1567

INSURER A: ESSEX INSURANCE COMPANY  
INSURER B: TEXAS COUNTY MUTUAL INS  
INSURER C: TEXAS MUTUAL INS COMPANY  
INSURER D:  
INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

RISK ASSESS. LTR. INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR	3DY2619	03/16/15	03/16/16	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	604891354	03/14/15	03/14/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	SBP - 0001221990	03/15/15	03/15/16	<input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

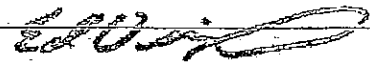
**CERTIFICATE HOLDER**

HIDALGO COUNTY URBAN COUNTY  
URBAN COUNTY PROGRAM  
427 E. DURANTE AVE. SUITE 107  
ALAMO, TX. 78516

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





# 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).

<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>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Essex Insurance Company	<b>NAIC #</b>
<b>INSURED</b> A One Insulation, DEA: Raymundo Carrisales 1006 E Ferguson Pharr TX 78577		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 CERTIFICATION 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	BDT9860	6/18/2014	6/18/2015	MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMPOP AGG \$ 1,000,000
	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 <input type="checkbox"/> RETENTION \$			EZXS10508	6/18/2014	6/18/2015	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A			E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			SBP0001231365	12/2/2014	12/2/2015	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.

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/20/2015

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 INSURANCE BY BILLY PASTOR 625 W PECAN MCALEN, TX 78501	CONTACT NAME: EDUARDO PASTOR	
	PHONE (A/C, No, Ext): 956-668-1283 FAX (A/C, No): 956-668-1874	
	E-MAIL ADDRESS: EDUARDOPASTOR@AOL.COM	
INSURED REAL CONSTRUCTION 2501 EBANO ST HIDALGO, TX 78557	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: LIBERTY INSURANCE UNDERWRITERS	
	INSURER B: PROGRESSIVE	
	INSURER C: TEXAS MUTUAL INSURANCE	
	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.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		SFG003064-0115	04/08/2015	04/08/2016	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		03742394	05/20/2015	05/20/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> 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	003381937	05/20/2015	05/20/2016	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					

CONSTRUCTION

CERTIFICATE HOLDER URBAN COUNTY PROGRAM 427 E DURANTA AVE 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
--	---

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> McClelland and Hline, Inc. 2200 Thousand Oaks Suite 101 San Antonio, Texas 78232	<b>Contact Name:</b>	
	<b>Phone:</b>	<b>Fax:</b>
<b>INSURED</b> EMIGDIO VILLANUEVA  PO BOX 943 MISSION, TX 78572	<b>E-Mail Address:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A: MAXUM INDEMNITY COMPANY	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

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

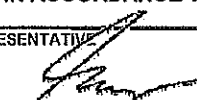
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

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			BDG008373301	2014-10-12	2015-10-12	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (EA OCCUR)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (ANY ONE PERSON)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS-COMP/OP AGG	\$ 1,000,000
								\$
								\$
	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"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							
	<input type="checkbox"/> NON-OWNED AUTOS							
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTIONS\$							\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below.						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)

**CERTIFICATE HOLDER**

**CANCELLATION**

Hidalgo County  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 
--	---