

**Zimbra****diana.serna@co.hidalgo.tx.us**

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**RE: documents required**

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**From :** Linda Fong  
<linda.fong@auditor.co.hidalgo.tx.us>

Mon, Jul 20, 2015 03:22 PM

**Subject :** RE: documents required

**To :** 'Diana Serna'  
<diana.serna@co.hidalgo.tx.us>

We would need the two page contract, email from Steve and current insurance.

-----Original Message-----

From: Diana Serna [mailto:diana.serna@co.hidalgo.tx.us]  
Sent: Monday, July 20, 2015 2:56 PM  
To: Linda Fong  
Cc: Tony Barco; P R Avila  
Subject: Fwd: documents required

Linda, Will the two page contract and email from Steve suffice in getting the Court's approval tomorrow?

Diana R. Serna, Executive Director  
Urban County Program  
427 E. Duranta Avenue, Suite 107  
Alamo, TX 78516  
Office # 956-787-8127  
Fax # 956-318-2988

----- Forwarded Message -----

From: "Steve Crain" <scrain@atlashall.com>  
To: "Diana Serna" <diana.serna@co.hidalgo.tx.us>  
Sent: Monday, July 20, 2015 2:42:52 PM

Subject: RE: documents required

The two page contract is fine for preliminary approval however the motion for approval is subject to legal as I need to review the bonds , insurance and general and supplemental conditions prior to final approval.

-----Original Message-----

From: Diana Serna [mailto:diana.serna@co.hidalgo.tx.us]

Sent: Monday, July 20, 2015 2:15 PM

To: Steve Crain

Cc: Tony Barco; P R Avila

Subject: Fwd: documents required

Good Afternoon Steve,

Attached are the general and supplemental conditions as well as the Certificate of Insurance from the lowest bidder for the Delta Connector/East Lateral General Land Office project. The 2 page contract that we have used for the General Land Office projects was previously reviewed and "Approved as to Form" by your office in June of 2012. Your review of the contract at this time is to address the Auditor's concern regarding your review of our contract. As in the past, we have no intention of signing the contract without the payment and performance bond and your additional review of the entire documents.

Please let me know if there is anything that we need to send you at this time. Thank you.

Diana R. Serna, Executive Director

Urban County Program

427 E. Duranta Avenue, Suite 107

Alamo, TX 78516

Office # 956-787-8127

Fax # 956-318-2988

----- Forwarded Message -----

From: "Brandy Salinas" <brandy.salinas@co.hidalgo.tx.us>

To: "Diana Serna" <diana.serna@co.hidalgo.tx.us>

**CONSTRUCTION  
CONTRACT**

This Agreement entered into this **21<sup>st</sup> of July, 2015** by and between Hidalgo County acting by and through Hidalgo County Urban County Program, hereinafter called the "OWNER", acting herein through its County Judge and **Saenz Brothers Construction (a corporation)** (a partnership) (an individual) of **Donna**, State of Texas, hereinafter called "CONTRACTOR".

**WITNESSETH**

That for and in consideration of the payments and agreements hereinafter mentioned, to be made and performed by the OWNER, the CONTRACTOR hereby agrees with the OWNER to commence and complete the construction described as follows:

**PROJECT NAME:** Delta Area Connector/East Lateral Project-Ph. 2  
**PROJECT No.:** 654-62-0309-5200-6200-UCP-AVF  
**PROJECT DESCRIPTION:** Precinct No. 1 Delta Area Connector/East Lateral Project Ph. 2

hereinafter called the project, for the sum of **(\$4,502,936.00) – Four million, five hundred and two thousand, nine hundred and thirty six dollars and zero cents** and all extra work in connection therewith, under the terms as stated in the General and Special Conditions of the Contract; and at his (its or their) own proper cost and expense to furnish all the materials, supplies, machinery, equipment, tools, superintendence, labor, insurance, and other accessories and services necessary to complete the said project in accordance with the conditions and prices stated in the Proposal, the General Conditions, Supplemental General Conditions and Special Conditions of the contract, the plans, which include all maps, plats, blue prints, and other drawings and printed or written explanatory matter thereof, the specifications and contract documents therefore as prepared by **Dos Logistics Inc.** and as enumerated in Paragraph 1 of the Supplemental General Conditions, all of which are made a part hereof and collectively evidence and constitute the contract.

The CONTRACTOR hereby agrees to commence work under this contract on or after a date to be specified in a written "Notice to Proceed" of the OWNER and to fully complete the project within **(240) Two hundred forty** consecutive calendar days thereafter. The CONTRACTOR further agrees to pay, as liquidated damages, the sum of **(\$250.00) Two hundred dollars and zero cents** for each consecutive calendar day thereafter as hereinafter provided in Paragraph 19 of the General Conditions.

The OWNER agrees to pay the CONTRACTOR in current funds for the performance of the contract, subject to additions and deductions, as provided in the General Conditions of the contract, and to make payments on account thereof as provided in Paragraph 25, "Payments to Contractor", of the General Conditions.

IN WITNESS WHEREOF, the parties to these presents have executed this contract in four (4) counterparts, each of which shall be deemed an original, in year and day first above mentioned.

Fernando Saenz-President/Manager  
Saenz Brothers Construction

Name of Firm: Saenz Brothers Construction

Address: 3226 North Victoria Rd.  
Donna, Texas 78537

Federal I.D./S.S.: 46-2285558

STATE OF TEXAS        '

COUNTY OF HIDALGO    '

This instrument was acknowledged before me on this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_, \_\_\_\_\_ of and on behalf of \_\_\_\_\_.  
(title) (a corporation) (a partnership) (an individual)

\_\_\_\_\_  
Notary Public - Signature

WITNESS:

**URBAN COUNTY PROGRAM**

\_\_\_\_\_  
**Diana R. Serna , Director**  
**Urban County Program**

APPROVED AS TO FORM  
Atlas, Hall & Rodriguez  
By: Stephen L. Crain  
Date: July 20,2015



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/22/2015

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> McAfee Insurance Agency P. O. Box 625 321 Second Street Mercedes TX 78570	<b>CONTACT NAME:</b> Consuelo Cavazos, CISR <b>PHONE (A.C. No. Ext.):</b> (956) 565-2481 <b>FAX (A.C. No.):</b> (956) 565-2733 <b>E-MAIL ADDRESS:</b> consuelo@mcafeeagency.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Saenz Brothers Construction, LLC 3226 N Victoria Rd Donna TX 78537	<b>INSURER A:</b> Ironshore Specialty Ins. Co.	
	<b>INSURER B:</b> Allstate County Mutual <b>ACM</b>	
	<b>INSURER C:</b> Texas Mutual Ins. Co.	
	<b>INSURER D:</b> Hanover Insurance Company	
	<b>INSURER E:</b> Torus National Ins Co	
	<b>INSURER F:</b>	

COVERAGES CERTIFICATE NUMBER: 2015-2016 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			AGS0041902	4/23/2015	4/23/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<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 \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY			648638635	4/23/2015	4/23/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Uninsured motorist combined \$ 100,000
E	UMBRELLA LIAB			76833L151ALI	4/23/2015	4/23/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TSP0001251512	4/23/2015	4/23/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				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
D	Contractors Equipment			IHD992901502	4/30/2015	4/30/2016	Leased or Rented from Others \$100,000

**CERTIFICATE HOLDER**

(956) 464-3401 amanda.flores@co.hidalgo.t  
  
Hidalgo County  
2812 S Highway 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

Robert R Garza/CO