

HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET

DEPT NAME: COUNTY OF HIDALGO URBAN COUNTY PROGRAM

Bid Opening Date: July 06, 2016

Bid Opening Time: 9:30 am

Description of Bid: The Rehabilitation of one (1) unit in the city of Weslaco, the Demolition and Reconstruction of three (3) units in the countywide area, one (1) unit in the city of Weslaco, one (1) in the city of Donna, two (2) in the city of Edcouch, one (1) in the city of Eisa, three (3) in the city of San Juan

Grant #: M-12-UC-48-0501-RC-01

G & G Contractors			TOTAL BID AMOUNT	BOND/CASHIER'S CHECK INCLUDED	BID
1	A. DE LEON	\$59,900.00	BB INCLUDED		
2	G. PEREZ	\$58,840.00	BB INCLUDED		
3	F. ALEGRIA	\$58,840.00	BB INCLUDED		
4	J. GUERRERO	\$65,700.00	BB INCLUDED		
5	P. LEIJA	\$58,840.00	BB INCLUDED		
6	C. SALINAS	\$58,840.00	BB INCLUDED		
7	F. RANGEL	\$58,840.00	BB INCLUDED		
8	P. SILVA	\$58,840.00	BB INCLUDED		
9	D. CARMONA	\$59,900.00	BB INCLUDED		
10	M. OROZCO	\$58,840.00	BB INCLUDED		
11	R. VELASQUEZ	\$58,840.00	BB INCLUDED		
12	I. GARCIA	\$58,840.00	BB INCLUDED		

Quality Investments				TOTAL BID AMOUNT	BOND/CASHIER'S CHECK INCLUDED	BID
1	A. DE LEON	NO BID	N/A			
2	G. PEREZ	\$63,777.00	BB INCLUDED			
3	F. ALEGRIA	\$58,777.00	BB INCLUDED			
4	J. GUERRERO	\$66,277.00	BB INCLUDED			
5	P. LEIJA	\$59,277.00	BB INCLUDED			
6	C. SALINAS	\$59,277.00	BB INCLUDED			
7	F. RANGEL	\$58,777.00	BB INCLUDED			
8	P. SILVA	\$58,777.00	BB INCLUDED			
9	D. CARMONA	\$61,277.00	BB INCLUDED			
10	M. OROZCO	\$64,277.00	BB INCLUDED			
11	R. VELASQUEZ	\$59,777.00	BB INCLUDED			
12	I. GARCIA	\$58,777.00	BB INCLUDED			

*Revised 07.07.16

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

3/7/2016

PRODUCER

EDDIE VILLARREAL INSURANCE AGENCY
 2167 S McCol1 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

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

 INSURER A: **ESSEX INSURANCE COMPANY** 39020

 INSURER B: **TEXAS COUNTY MUTUAL** 24392

 INSURER C: **TEXAS MUTUAL INS CO** 22945

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.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	3ED8689	03/16/16	03/16/17	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMSMADE <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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	604891354	03/14/16	03/14/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	SBP-0001221990	03-15-16	03-15-17	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below				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

CONSTRUCTION CONTRACTOR
CERTIFICATE HOLDER
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 