

# Requisition

Req # 00309114 ✓

PO #

Date: 11/02/16

Bill To: x  
x

Vendor: 125717  
FRONTERA MATERIALS, INC  
P.O. BOX 1449  
ELSA TX 78543-1449  
FAX (956)968-0609

Ship To: HIDALGO CO. PCT 1  
1902 Joe Stephens Ave  
WESLACO TX 78596

Contact: OSCAR G.  
956-968-8733

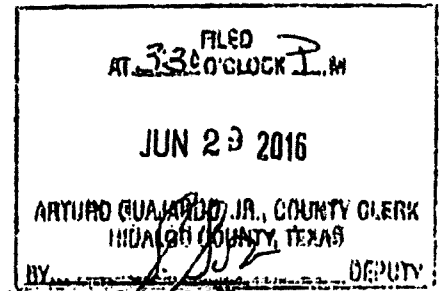
Contract No: C-16-077-06-20

Special Instructions:  
RY140

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
3799.00	TON	C-16-077-06-20 07/01/17 DO NOT DUPLICATE ORDER CC FLEX BASE MATERIAL (CRUCHED CALICHE) FOR MILE 14 1/2 NORTH (MILE 1W & MILE 2W) Account No 6-1350-431-00-121-231-0-721  REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	3.75  <u>Encumbrance</u> 14,246.25  Freight  Total	14,246.25      14,246.25

Authorized By: \_\_\_\_\_

Req. # 309114



**REQUIREMENTS AGREEMENT**  
**C-16-077-06-20**

**THIS AGREEMENT** (the "Agreement") is entered into effective as of the 20<sup>th</sup> day of June, 2016 by and between **Frontera Material, Inc.** ("Seller") and Hidalgo County, Texas ("Buyer").

**WHEREAS**, Buyer has solicited sealed bids for the supply of its requirements of **Hidalgo County** for the "**Flexible Base Material (Crushed Caliche)**" (the "Product") for **Hidalgo County** as further described in Exhibit "A", Request for Bids (RFB) Procurement Packet as attached hereto and incorporated herein by reference for all purposes (the "RFB") for a period of **one (1) year** and;

**WHEREAS**, Seller has submitted a proposal to supply Buyer's requirements a copy of which is attached hereto as Exhibit B and is incorporated herein for all purposes; and

**WHEREAS**, Buyer has determine that Seller has submitted the lowest and best bid to meet Buyer's requirements for certain of the Products, as herein after described.

**NOW THEREFORE**, for and in consideration of the mutual covenants and conditions hereinafter set forth, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Buyer agrees to purchase from Seller, and Seller agrees to sell and deliver to Buyer, all of the Products listed on Exhibit "B", which is attached hereto and incorporated herein by reference, that Buyer may require for use by Buyer in Hidalgo County projects for a period of a **one (1) year** with the County's option to extend/renew for an additional two (2) one (1) year terms, under the same rates, terms and conditions. Hidalgo County reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract term. This Contract shall commence on **July 2, 2016** and expire on **July 1, 2017** and it is agreed that the Products will meet the Specifications in the Request for Bids (RFB) Procurement Packet set forth in Exhibit "A" hereto.

2. When Buyer determines that it needs a quantity of the Products to be delivered, it will, according to its Purchasing Policies, complete and submit to Seller a Purchase Order describing the type and quantity of the Products required. The Products are to be delivered by Buyer to the location in Hidalgo County specified by Buyer in its Purchase Order.

3. Buyer agrees to pay Seller for each Purchase Order based on the prices set out in Exhibit "B". Seller shall render invoices for each Purchase Order, and the invoices  
**Frontera Material, Inc.** Contract # C-16-077-06-20  
"**Flexible Base Material (Crushed Caliche)**"

**EXHIBIT "B"**

BID PAGE

HIDALGO COUNTY

Flexible Base Material (Crushed Caliche)

RFB No. 2016-077-03-30-SMA

NICP CODE: 750-52

OPENED  
933 3-3016

Witnessed

*[Signature]*

NOTE: REFER TO THE INFORMATION ON THE REVERSE SIDE OF THIS PAGE FOR THE SPECIFICATIONS.  
(Refer to #10 on Page 2 of Exhibit "A" Specifications)

3799 Tons @ 3.75

DESCRIPTION of MATERIAL/LOCATION of PITS	Hidalgo County PCT 1	Hidalgo County PCT 2	Hidalgo County PCT 3	Hidalgo County PCT 4
FLEXIBLE BASE MATERIAL (crushed caliche) Type E, Grade 3	\$ 3.75 per ton	\$ 3.75 per ton	\$ 3.75 per ton	\$ 3.75 per ton
INITIAL PIT LOCATION	490 Pit 4.5 miles W of US81 ON FM 490	490 Pit	Reavis Pit 2.5 miles N of US83 ON FM 2221	490 Pit
ALTERNATE PIT LOCATION	1) Reavis Pit 2)	1) Reavis Pit 2)	1) 490 Pit 2)	1) Reavis Pit 2) 3) 4)

*[Signature]*

Req. #309114



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/31/2016

**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>INSURED</b> Frontera Materials, Inc. P O Box 1449 Elsa TX 78543-1449	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Phoenix Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B: The Chapter Oak Fire Ins Co</td> <td></td> </tr> <tr> <td>INSURER C: The Travelers Indemnity Company of</td> <td></td> </tr> <tr> <td>INSURER D: The Travelers Indemnity Company</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Phoenix Insurance Co.		INSURER B: The Chapter Oak Fire Ins Co		INSURER C: The Travelers Indemnity Company of		INSURER D: The Travelers Indemnity Company		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

**COVERAGES**      **CERTIFICATE NUMBER: 2016-2017**      **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.**

INER LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	Y-660-1C405755-PHX-16	9/1/2016	9/1/2017	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					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 Employee Benefits \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS		BA-5D227668-16-CAG	9/1/2016	9/1/2017	COMBINED SINGLE LIMITY (Ea accident) \$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB		YSM-CUP-1C405687-TCT-16	9/1/2016	9/1/2017	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> OCCUR CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					AGGREGATE \$ 2,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	YCOB-1C40567-5-16	9/1/2016	9/1/2017	PER STATUTE    OTHER
						E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 County of Hidalgo shall be included as Additional Insured on all Commercial General Liability policies as required by written contract.

<b>CERTIFICATE HOLDER</b> sandy.suarez@co.hidalgo.tx  Hidalgo County Attn: Purchasing Department 2812 S Highway Bus 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 Robert R Garza/CO <i>Robert R Garza</i>
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