

# Requisition

Req # 00310267

PO #

Date: 12/05/16

Bill To: x  
x

Vendor: 303313  
ASAGO, LLC DBA ASAGO CONSTRUCTION  
2113 PECOS ST.  
MISSION TX 78572  
FAX (956)585-7040

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

Contact: RAUL LOZANO  
956-968-8733

Contract No: C-16-363-11-01

Special Instructions:  
RY153

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	EACH	C-16-363-11-01 CC HIDALGO COUNTY PRECINCT NO. 1 - FEMA ROAD & DRAINAGE IMPROVEMENTS - MILE 2 1/2 EAST ROAD Account No _____ 6-1280-431-00-121-811-5-721	234,213.30 <u>Encumbrance</u> 234,213.30 Freight Total	234,213.30     234,213.30

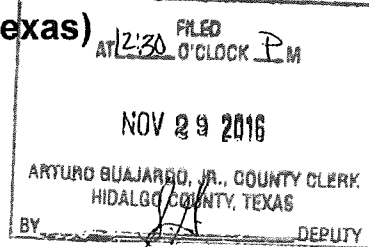
Authorized By: \_\_\_\_\_

BID DOCUMENTS AND TECHNICAL SPECIFICATIONS

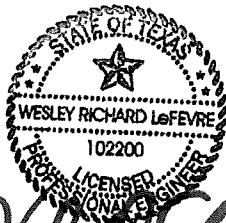
FOR

HIDALGO COUNTY PRECINCT NO. 1

FEMA Road Drainage Improvements Work Authorization No. 3:  
Mile 2 1/2 East Road (between Mile 3 North and Mile  
4 North Road, Mercedes, Texas)



Hidalgo County, Texas  
September 2016



*Richard LeFevre* 9/21/16  
Richard LeFevre, PE, CFM

Civil Engineer:

**LeFEVRE**

ENGINEERING &  
MANAGEMENT CONSULTING, LLC

Texas Registered Engineering Firm F-11722

612 Nolans, Suite 620  
McAllen, Texas 78504  
Tel. 956.687.1500  
Fax. 956.687.5363



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

APPROVED BY COMMISSIONERS COURT ON, 1<sup>st</sup> of November, 2016.

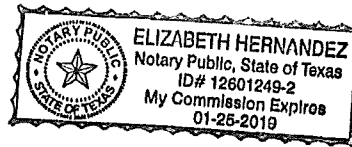
CONTRACTOR: [Signature]  
Print Name & Title: Raul Iglesias, Manager  
Name of Firm: Asago, LLC dba Asago Construction  
Address: 2113 Pecos Street, Mission, Texas 78572  
Fed I.D. #/SS #: 74-2821087

STATE OF TEXAS

COUNTY OF HIDALGO

This instrument was acknowledged before me on this the 9<sup>th</sup> day of NOVEMBER, 2016, by Member (Title) Of and on behalf of Asago, LLC (a limited liability company)

[Signature]  
Notary Public-Signature



APPROVED AS TO FORM:  
Atlas, Hall Rodriguez, L.L.P.

BY: [Signature]  
Stephen L. Crain

DATE: \_\_\_\_\_

ATTEST:

COUNTY OF HIDALGO:

[Signature]  
Arturo Guajardo, County Clerk

[Signature]  
Ramon Garcia, County Judge

APPROVED BY  
COMMISSIONERS' COURT  
ON: 11/22/16

**BID PAGE**

**Hidalgo County**  
**Hidalgo County Precinct No. 1 – FEMA Road Drainage Improvements Work**  
**Authorization No. 3: Mile 2 ½ East Road (between Mile 3 North and Mile 4 North,**  
**Mercedes, Texas)**  
**Bid No.: 2016-363-10-19-TDL**

**SCOPE OF WORK DESCRIPTION:**  
**Drainage Improvements to Mile 2 ½ East**

**BID PRICE:** \$ 234,213.30

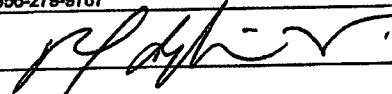
**BIDDER/COMPANY NAME:** Asago, LLC dba Asago Construction

**ADDRESS:** 2113 Pecos St.

**CITY/STATE/ZIP CODE:** Mission, TX 78572

**PHONE & FAX NO.'S:** 956-607-0741 & 956-585-7040

**CELLULAR #:** 956-279-9787

**AUTHORIZED SIGNATURE:** 

**PRINTED NAME:** Raul Iglesias

**TITLE:** Member

9:57 1019-k  
Witnessed  
CA



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/14/2016

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).

PRODUCER	San Juan Insurance Agency, Inc DBA Valley Ins Providers &/or Truckers Ins PO Drawer 3783 McAllen TX 78502-	CONTACT NAME: Elizabeth Hernandez	FAX (AG, No): (956)702-7556
		PHONE (AG, No, Ext): 956 781-6663 ext 226	E-MAIL ADDRESS: ehernandez@vip-ins.net
INSURED	ASAGO, LLC. ASAGO CONSTRUCTION 2113 Pecos st Mission TX 78572-	INSURER A: Technology Insurance Co., Inc.	NAIC #
		INSURER B: Texas Mutual Insurance Co	22945
		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	ADDITIONAL (INSR) (INSR) (INSR)	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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	TPP1058291 03	07/15/2016	07/15/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	AUTOMOBILE LIABILITY <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		TSF0001134832-4	07/15/2016	07/15/2017	COMBINED SINGLE LIMIT (EA accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEF: RETENTION \$		86379T160ALI	07/15/2016	07/15/2017	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
B	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	TSF0001134832-4	07/15/2016	07/15/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	EQUIPMENT FLOATER		TSF0001134832-4	07/15/2016	07/15/2017	LIMIT 275,577
B	INSTALLATION FLOATER		TSF0001134832-4	07/15/2016	07/15/2017	LIMIT 365,000 Equipment Leased/Rented 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
PROJECT: HIDALGO COUNTY PRECINCT NO. 1- FEMA ROAD DRAINAGE IMPROVEMENTS - MILE 2 1/2 EAST ROAD  
\*\*\*SEE ATTACHED VEHICLE SCHEDULES\*\*\*

CERTIFICATE HOLDER	CANCELLATION	AI 017585
HIDALGO COUNTY 2812 S. BUSINESS HIGHWAY 281 EDINBURG TX 78539-		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 <i>J Young</i>