



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/3/2017

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 Carroll Insurance Agency, Ltd. 14906 FM 529 Houston TX 77095		CONTACT NAME: Braxton Watson PHONE (A/C, No. Ext): (281) 656-3000 FAX (A/C, No): (281) 656-3001 E-MAIL ADDRESS: service@carrollins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Phoenix Insurance Company	
		INSURER B: Travelers Indemnity Co of America	
		INSURER C: Travelers Indemnity Company of CT	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 16-17 All Lines

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 INSD	SUBR WVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			630-4246R291-PHX-16	10/1/2016	10/1/2017	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 Project Aggregate \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> COMP \$1000 <input checked="" type="checkbox"/> COLL \$1000			810-4246R310-TIA	10/1/2016	10/1/2017	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-4246R309-TCT-16	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB-4246R28-A-16	10/1/2016	10/1/2017	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RFB Bid No: 2017-046-04-05-FAZ "Pipes & Related Miscellaneous Items"

See attached Comments/Remark page (Form OFREMARK) for additional information.

CERTIFICATE HOLDER

rocio.villarreal@co.hidalgo

Hidalgo County
 Purchasing Dept
 2812 S. Business Hwy 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

D A. Carroll/HJENSE

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COMMENTS/REMARKS

The General Liability and Auto policies include a blanket additional insured endorsement provision that provides additional insured status to the certificate holder only when there is a written contract that requires such status. The contractual liability coverage provided by the General Liability is standard and may not cover all liabilities assumed by the named insured under its contract with the certificate holder.

The General Liability, Auto and Workers Compensation 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 certificate holder that requires it.

The policy includes a blanket notice of cancellation to certificate holders endorsement providing 30 days advanced notice if the policy is cancelled by the company other than for non payment of premium, 10 days notice after the policy is cancelled for nonpayment of premium. Notice is sent to certificate holders with mailing addresses on file with the agent or the company. The endorsement does not provide for notice of cancellation if the named insured requests cancellation.

Umbrella Follow Form: Any person or organization, other than the Named Insured, included as an additional insured under Schedule Underlying Insurance, but not for broader coverage than would be afforded by such Scheduled Underlying Insurance.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2017-186828

Date Filed:
04/03/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
ACT Pipe & Supply, Inc
Mission, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

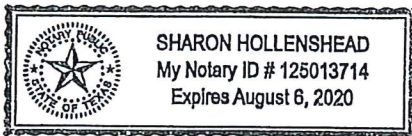
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
RFB No.: 2017-046-04-05-FAZ
Pipes & Related Miscellaneous Items - Annual Bid

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Matthew Wolfe
Signature of authorized agent of contracting business entity

Sharon Hollenshead
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Wolfe, this the 5 day of May, 2017, to certify which, witness my hand and seal of office.

Matthew Wolfe Signature of officer administering oath
Matthew Wolfe Printed name of officer administering oath
SG. FIN. MGR. Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
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ACT Pipe & Supply, Inc
Mission, TX United States

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Hidalgo County

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RFB No.: 2017-046-04-05-FAZ
Pipes & Related Miscellaneous Items - Annual Bid

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			Controlling	Intermediary

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6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/02/2017

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PRODUCER  State Farm TITO RESENDEZ, AGENT STATE FARM INSURANCE 922 E HARRISON AVENUE HARLINGEN, TEXAS 78550 956 423-8486	CONTACT NAME: LAUREN HAIRE PHONE (A/C, No, Ext): 956-423-8486 E-MAIL ADDRESS: LAUREN.HAIRE.KQL3@STATEFARM.COM		FAX (A/C, No): 956-423-8765
	INSURER(S) AFFORDING COVERAGE		
INSURED AGUAWORKS PIPE & SUPPLY LLC 2907 N CENTRAL AVENUE BROWNSVILLE, TEXAS 78526	INSURER A: State Farm Lloyds NAIC #: 43419		INSURER B: State Farm Mutual Automobile Insurance Company NAIC #: 25178
	INSURER C: State Farm Fire and Casualty Company NAIC #: 25143		INSURER D: TEXAS MUTUAL INSURANCE COMPANY NAIC #: 525190
	INSURER E:		
	INSURER F:		

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

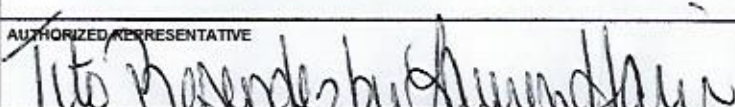
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		90-B7-K903-4	06/01/2016	06/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		151 6741-A25	01/25/2017	01/25/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 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 OCCUR CLAIMS-MADE DED RETENTION \$	Y		90-LS-9565-4	02/03/2017	02/03/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0001323394	04/13/2017	04/13/2018	PER STATUTE 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

COUNTY OF HIDALGO SHALL BE NAMED AS ADDITIONAL INSURED ON ALL COMMERCIAL GENERAL LIABILITY POLICIES.

CERTIFICATE HOLDER**CANCELLATION**

HIDALGO COUNTY ATTN: PURCHASING DEPARTMENT 2812 S HIGHWAY BUS, 281 EDINBURG, TEXAS 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 
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© 1988-2015 ACORD CORPORATION. All rights reserved.

Insurance Requirement Acknowledgment

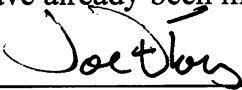
I, Joe Flores, authorized representative for Aguaworks Pipe & Supply, LLC,
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

- will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners' Court;
- will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners' Court; currently carry the following:

Automobile Liability: \$ 300,000.00 General Liability: \$ 500,000.00

have already been met, see attached copy of insurance certificate.



Authorized Representative

05/02/17

Date

Notice to Bidder:

A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

THIS FORM MUST ACCOMPANY BID PACKET

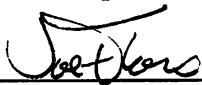
**PROJECT REQUIREMENTS
ACKNOWLEDGMENT**

This is to certify that I, Joe Flores, possess all of the APPLICABLE:

1. Licenses: n/a
2. Bond (if applicable) n/a
3. Certificates: Accord Proof Insurance Certificate
4. Permits: n/a
5. Other: n/a

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

* Any licenses, bonds (if applicable), certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process.



Authorized Signature

5/2/17
Date

Aguaworks Pipe & Supply, LLC.

Company

2907 N Central Avenue

Address

Brownsville, Texas 78526

City, State, Zip

THIS FORM MUST ACCOMPANY BID PACKET

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
2017-201237

Date Filed:
05/02/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Aguaworks Pipe & Supply, LLC.
Brownsville, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

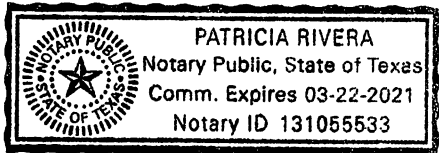
2017-046d
Water and Wastewater materials

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Joe Flores

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Flores, this the 2nd day of May, 2017, to certify which, witness my hand and seal of office.

Patricia Rivera
Signature of officer administering oath

Patricia Rivera
Printed name of officer administering oath

Notary
Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
2017-201237

Date Filed:
05/02/2017

Date Acknowledged:
05/08/2017

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Aguaworks Pipe & Supply, LLC.
Brownsville, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
2017-046d
Water and Wastewater materials

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/12/2017

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PRODUCER Willis of Pennsylvania 100 Matsonford Road Building Five, Suite 200 Radnor, PA 19087-4582	CONTACT NAME:		
	PHONE (A/C, NO, EXT):	610-964-8700	FAX (A/C, NO): 610-254-5600
	E-MAIL ADDRESS:	certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Ferguson Enterprises, Inc. and Subsidiaries (See Attached Named Insured Schedule) 12500 Jefferson Avenue Newport News, VA 23602	INSURER A:	National Union Fire Ins. Co. of Pittsburgh	19445-002
	INSURER B:	National Union Fire Ins. Co. of Pittsburgh	19445-000
	INSURER C:	National Union Fire Ins. Co. of Pittsburgh	19445-001
	INSURER D:	New Hampshire Insurance Company	23841-001
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 25421909

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 NSD	SUBR WVD	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	Y		GL712-9880	5/1/2017	5/1/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						
B	AUTOMOBILE LIABILITY			AOS CA1921927	5/1/2017	5/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
B	<input checked="" type="checkbox"/> ANY AUTO			MA CA1921928	5/1/2017	5/1/2018	BODILY INJURY (Per person) \$
C	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input checked="" type="checkbox"/> Self-Insured			VA CA1921929	5/1/2017	5/1/2018	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Physical Damage						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						
	DED \$ RETENTION \$						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC023102516	5/1/2017	5/1/2018	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See Attached for Additional Workers' Compensation Policies:

Workers' Compensation - ME
Policy No. WC023102515
Carrier: New Hampshire Insurance Company
Policy Period: 05/1/17 - 05/01/2018
Statutory
Limits:

CERTIFICATE HOLDER**CANCELLATION**

Hidalgo County Attn: Purchasing Department 2812 S. Highway Bus 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>Sinda D. Suedjke</i>



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Pennsylvania	NAMED INSURED Ferguson Enterprises, Inc. and Subsidiaries (See Attached Named Insured Schedule) 12500 Jefferson Avenue Newport News, VA 23602	
POLICY NUMBER See First Page	EFFECTIVE DATE: See First Page	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> CARRIER See First Page </td> <td style="width: 50%; vertical-align: top;"> NAIC CODE </td> </tr> </table>		CARRIER See First Page
CARRIER See First Page	NAIC CODE	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

EL Each Accident \$2,000,000
 EL Disease - Each Employee \$2,000,000
 EL Disease - Policy Limit \$2,000,000

Workers' Compensation - CA
 Policy No. WC023102514
 Carrier: American Home Assurance Company
 Policy Period: 05/1/2017-05/1/2018
 Statutory
 Limits:
 EL Each Accident \$2,000,000
 EL Disease - Each Employee \$2,000,000
 EL Disease - Policy Limit \$2,000,000

Workers' Compensation - FL
 Policy No. WC02310513
 Carrier: Illinois National Insurance Company
 Policy Period: 05/1/2017-05/1/2018
 Statutory
 Limits:
 EL Each Accident \$2,000,000
 EL Disease - Each Employee \$2,000,000
 EL Disease - Policy Limit \$2,000,000

Workers' Compensation - MA & WI
 Policy No. WC023102518
 Carrier: New Hampshire Insurance Company
 Policy Period: 05/1/2017-05/1/2018
 Statutory
 Limits:
 EL Each Accident \$2,000,000
 EL Disease - Each Employee \$2,000,000
 EL Disease - Policy Limit \$2,000,000

Workers' Compensation - AK,AZ,IL,KY,NC,NH,NJ,PA,UT,VA,VT
 Policy No. WC023102517
 Carrier: New Hampshire Insurance Company
 Policy Period: 05/1/2017-05/1/2018
 Statutory
 Limits:
 EL Each Accident \$2,000,000
 EL Disease - Each Employee \$2,000,000
 EL Disease - Policy Limit \$2,000,000

County of Hidalgo is included as an Additional Insured under General Liability as required by written contract but only with respect to liability arising out of Named Insured's operations.

**Ferguson Enterprises, Inc. and Subsidiaries.
List of Named Insureds**

Air Cold Supply	E & J Plumbing & Heating Supply Co.
Air Cold Supply/Webb Distributors	Economy Plumbing and Heating Supply Co.
Alamo Pipe & Supply	Endries International, Inc.
Alaska Pipe & Supply	Energy & Process Corporation
Andrews Lighting Gallery, Inc. (dba Andrews Lighting & Hardware Gallery)	Equarius, Inc. dba Equarius Waterworks, Meter & Automation Group
Arkansas Supply, Inc.	Factory Direct Appliance
Ar-Jay Building Products, Inc. (dba The Ar-Jay Center)	Ferguson Bath Kitchen and Lighting Gallery
Atlantic American Fire Equipment Company	Ferguson Enterprises IV, Inc.
Arkansas Supply	Ferguson Enterprises of Montana, Inc.
The Bath + Beyond	Ferguson Enterprises of Virginia, Inc.
Bruce-Rogers Company	Ferguson Enterprises V, Inc.
Build.com, Inc.	Ferguson Enterprises, Inc.
Builders Appliance Center, LLC	Ferguson Enterprises, Inc. dba WPCC Forwarding
CAL-STEAM, a Wolseley Company	Ferguson Enterprises, Inc. A Corp of Virginia
Camellia Valley Supply	Ferguson Enterprises NY – Metro, Inc.
Castle Supply Company, Inc.	Ferguson Fire & Fabrication, Inc.
CastleNorth	Ferguson Fire & Fabrication, Inc. (fka Action Fire Fab & Supply, Inc.)
Central Pipe & Supply	Ferguson Fire & Fabrication, Inc. (fka Sierra Craft, Inc.)
CFP	Ferguson Full Service Supply
Chadwick	Ferguson Heating & Cooling
City Lights Design Showroom	Ferguson Holdings, Inc.
Clawfoot Supply, LLC	Ferguson Hospitality Sales
Clayton Group, Inc.	Ferguson Industrial Plastics and Pump Division
Clayton International, LLC	Ferguson Integrated Systems Division, Inc.
Cline Contract Sales	Ferguson Intermountain Piping
Colgan Cabinets	Ferguson International
Colgan Distributors	Ferguson Process Services
Crow Company	Ferguson Valve & Automation
Custom Lighting Incorporated	Ferguson Waterworks
Custom Hardware and Accessories, Inc.	Ferguson Waterworks - Midwest Pipe
D & C Plumbing & Heating Supply	Ferguson Waterworks - Municipal Pipe
Davis & Warshow, Inc.	Ferguson Waterworks - Red Hed
Davidson Electric Wholesale Supply	Ferguson Waterworks EPPCO
The Davidson Corporation, a Delaware Corporation	Ferguson Waterworks International
The Davidson Group Companies, Inc	Frischkorn, Inc.
Davidson Group Leasing	Gabriel Scientific & Machine, LLC
Davidson Pipe Company Inc., a New York Corporation	Galleria Bath & Kitchen Showplace
Davidson Pipe Supply Company, Inc.	Gilmour Supply Company, Inc.
Davies Water	Global HVAC Distributors, Inc.
Dealernet, LLC dba Dealernet	Ferguson Enterprises, Inc. dba Groeniger
Decorative Product Source, Inc.	

**Ferguson Enterprises, Inc. and Subsidiaries.
List of Named Insureds**

& Company	Record Supply Company
Gulf Refrigeration Supply	Redlon & Johnson
High Country Plumbing Supply	Reese Kitchen, Bath & Lighting Gallery
Home Equipment Company, Inc.	RenWes Sales
HP Products Corporation	S.G. Supply Company
HP Logistics, Inc.	
Indiana Plumbing Supply Co., Inc.	S.G. Supply Company dba SG Supply Co.,
Industrial Hub of the Carolinas	a Ferguson Enterprise
J&G Products	Sierra Craft, Inc.
J.D. Daddario Company	Signature Hardware
Joseph G. Pollard Co., Inc.	Ship-Pac, Inc. d/b/a HP Products Corp.
Kandall Fabricating	SOS Sales
Karl's Appliances, A Ferguson Enterprise	Specialty Pipe & Tube, Inc.
Lane Piping Co.	Specialty Pipe & Tube of Texas, Inc.
Lawrence Plumbing Supply Co.	Stock Loan Services LLC
Lighting Unlimited, LLC	Summer & Dunbar
Lincoln Products	Supply North Central Group
Linwood Pipe and Supply	Tarpon Wholesale Supplies
Living Direct, Inc.	T & A Valve Industries, Inc.
Louisiana Utilities Supply Company	The Parnell-Martin Companies LLC
Louisiana Chemical Pipe, Valve & Fitting, Inc. dba Wolseley Industrial Group	The Plumbers Warehouse
LUSCO	The Plumbing Source Inc.
Lyon Conklin & Co., Inc.	The Stock Market
Mastercraft Cabinets	Tubeco Fabrication, Inc.
Matera Paper Company, Inc.	Underground Pipe & Valve Inc.
McFarland Supply Co., Inc.	United Automatic
Michigan Meter Technology	Water Works Supplies
Michigan Pipe & Valve-Flint, Inc.	Webb Distributors
Michigan Pipe & Valve-Lansing, Inc.	Western Air Systems and Controls, Inc.
Monotube Pile Corporation	Westfield Lighting
Northern Water Works Supply, Inc.	WIA of California, Inc.
Onda-Lay Pipe and Rental, Inc.	Wolseley Industrial Group
Page's Appliances	Wolseley Industrial Plastics
Palermo Supply	Wolseley Investments Acquisitions, Inc.
Park Supply	Wolseley Investments, Inc.
PCS Industries d/b/a HP Products Corp.	Wolseley NA Construction Services, LLC
Pipe Products	Wolseley North America, Inc.
Plumbing Décor	Wolseley North American Consulting, LLC
Plumb Source	Wolseley North American Services, Inc.
Powell Pipe & Supply Company	WPCC Forwarding
Power Equipment Direct Inc.	
P.V. Sullivan Supply Co., Inc.	
R Supply Company	
Ramapo Wholesalers	

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Ferguson Enterprises, Inc. dba Ferguson Waterworks
Mission, TX United States

Certificate Number:
2017-201296

Date Filed:
05/02/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

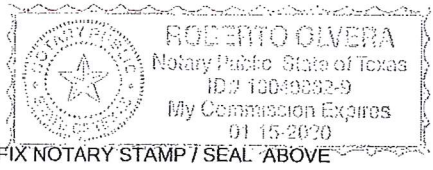
Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
2017-046C
Pipes & Miscellaneous Items

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Francisco Guerra
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Francisco Guerra III, this the 2nd day of May, 20 17, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Roberto Olivera
Printed name of officer administering oath

BCM/CBB
Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Ferguson Enterprises, Inc. dba Ferguson Waterworks
Mission, TX United States

Certificate Number:
2017-201296

Date Filed:
05/02/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

Date Acknowledged:
05/04/2017

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
2017-046-04-05-FAZ
Pipes & Miscellaneous Items

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/01/2016

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 have ADDITIONAL INSURED provisions or 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 Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED HD Supply, Inc. and its subsidiaries Cumberland Center II 3100 Cumberland Blvd Atlanta GA 30339 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: National Union Fire Ins Co of Pittsburgh		19445
	INSURER B: New Hampshire Ins Co		23841
	INSURER C: American Home Assurance Co.		19380
	INSURER D: Illinois National Insurance Co		23817
	INSURER E:		
INSURER F:			

RECEIVED
 AUG 08 2016
 [Signature]

COVERAGES **CERTIFICATE NUMBER: 570063267478** **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL3796702	08/30/2016	08/30/2017	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY			CA 2935911 AOS	08/30/2016	08/30/2017	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000
A	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA 2935910 MA CA 2935912 VA	08/30/2016	08/30/2017	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	WC01411982 AOS WC01411985 AK, AZ, VA	08/30/2016	08/30/2017	<input checked="" type="checkbox"/> PER STATUTE <input 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: PIPES - (REINFORCED POLYETHYLENE PIPE, CORRUGATES PVC AND STEEL STORM SEWER PIPES, PLUMBING PIPES, AND ADDITIONAL MISCELLANEOUS ITEMS) - BID NO. 2013-064-02-27-YZV. HIDALGO COUNTY IS INCLUDED AS ADDITIONAL INSURED IN ACCORDANCE WITH THE POLICY PROVISIONS OF THE GENERAL LIABILITY POLICY. HD SUPPLY INC.

CERTIFICATE HOLDER HIDALGO COUNTY Attn: PURCHASING DEPARTMENT 2812 S BUSINESS HWY 281 EDINBURG TX 78539 USA	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 <i>Aon Risk Services Northeast, Inc.</i>
--	--

Holder Identifier :

Certificate No : 570063267478

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY
1 Name of business entity filing form, and the city, state and country of the business entity's place of business. HD Supply Waterworks, Ltd. McAllen, TX United States	CERTIFICATION OF FILING Certificate Number: 2017-203701 Date Filed: 05/08/2017 Date Acknowledged:
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Hidalgo County Purchasing Department	

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

RFB: No. 2017-046-04-05-FAZ
 Pipes & Related Miscellaneous Items

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joel Garcia, this the 8th day of May, 2017, to certify which, witness my hand and seal of office.

Rosa E Coss Rosa E Coss Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
 2017-203701

Date Filed:
 05/08/2017

Date Acknowledged:
 05/08/2017

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

HD Supply Waterworks, Ltd.
 McAllen, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County Purchasing Department

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

RFB: No. 2017-046-04-05-FAZ
 Pipes & Related Miscellaneous Items

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/22/2017

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 McAfee Insurance Agency P. O. Box 625 321 Second Street Mercedes TX 78570	CONTACT NAME: Consuelo Cavazos, CISR PHONE (A/C No. Ext): (956) 565-2481 E-MAIL ADDRESS: consuelo@mcafeeagency.com	FAX (A/C No.): (956) 565-2733
	INSURER(S) AFFORDING COVERAGE	
INSURED Rio Valley Pipe, LLC 3609 West Palma Vista Drive Palmview TX 78572-1861	INSURER A: Ironshore Specialty Ins. Co	
	INSURER B: National Liability & Fire Ins	
	INSURER C: Texas Mutual Ins. Co.	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 2017-2018 **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 INSD	SUBR WVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			003075700	2/22/2017	2/22/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73TRS073449	2/22/2017	2/22/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			003075800	2/22/2017	2/22/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0001198034	10/27/2016	10/27/2017	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Contract No. C-15-013A-04-28 "Pipes and Miscellaneous Items" Hidalgo County

CERTIFICATE HOLDER

Hidalgo County Purchasing Department
 2802 S Business Hwy 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 *Robert R Garza*

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CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Rio Valley Pipe, LLC
Palmview, TX United States

Certificate Number:
2017-201867

Date Filed:
05/03/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County Purchasing Department

Date Acknowledged:

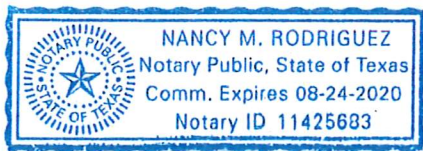
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
2017-046-04-05-FAZ
Pipes & Related Miscellaneous Items

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Hinesoa, this the 3rd day of May, 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Nancy M. Rodriguez
Printed name of officer administering oath

Notary
Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Rio Valley Pipe, LLC
 Palmview, TX United States

Certificate Number:
 2017-201867

Date Filed:
 05/03/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County Purchasing Department

Date Acknowledged:
 05/04/2017

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
 2017-046-04-05-FAZ
 Pipes & Related Miscellaneous Items

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath