

HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET  
HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET

DEPT NAME: COUNTY OF HIDALGO URBAN COUNTY PROGRAM  
Bid Opening Date: December 06, 2017  
Description of Bid: Demolition and Reconstruction of Five (5) Units in the Countywide Area. One (1) Unit in the City of San Juan, One (1) Unit in the City of Weslaco, one (1) Unit in the City of Elsa, and Two (2) Units in the City of Mercedes, and the Rehabilitation of one (1) Unit in the City of Hidalgo  
Grant #: M-16-UC-48-0501-RC-07

Bid Opening Time: 9:30 am

RG ENTERPRISES dba G & G CONTRACTORS		
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED
1 P. Gonzalez	\$78,740.00	BB INCLUDED
2 D. Tafolla	\$61,740.00	BB INCLUDED
3 M. Gonzalez	\$63,740.00	BB INCLUDED
4 J. Vasquez	\$63,740.00	BB INCLUDED
5 J. Borrego	\$63,740.00	BB INCLUDED
6 A. Luna	\$63,740.00	BB INCLUDED
7 F. Rios	\$61,740.00	BB INCLUDED
8 G. Benavidez	\$61,740.00	BB INCLUDED
9 N. Garza	\$61,740.00	BB INCLUDED
10 S. Jacquez	\$61,740.00	BB INCLUDED
11 A. Garza	\$25,740.00	BB INCLUDED

Quality Investments		
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED
1 P. Gonzalez	\$71,999.99	BB INCLUDED
2 D. Tafolla	\$62,999.99	BB INCLUDED
3 M. Gonzalez	\$62,999.99	BB INCLUDED
4 J. Vasquez	\$62,999.99	BB INCLUDED
5 J. Borrego	\$62,999.99	BB INCLUDED
6 A. Luna	\$62,999.99	BB INCLUDED
7 F. Rios	\$62,499.99	BB INCLUDED
8 G. Benavidez	\$62,999.99	BB INCLUDED
9 N. Garza	\$62,999.99	BB INCLUDED
10 S. Jacquez	\$62,999.99	BB INCLUDED
11 A. Garza	No Bid	BB INCLUDED

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

# 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.**  
RG Enterprises, LLC dba G&G Contractors  
Edinburg, TX United States

Certificate Number:  
2017-290933

Date Filed:  
12/05/2017

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

Date Acknowledged:  
12/07/2017

**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.**

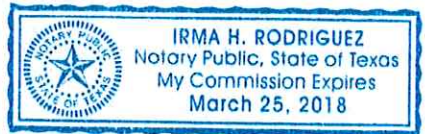
M-16-UC-48--0501-RC-07

DEMOLITION AN RECONSTRUCTION OF (5) IN THE COUNTYWIDE AREA, (1) SAN JUAN,(1) IN THE CITY OF WESLACO, (1) IN THE CITY OF ELSA, AND (2) IN THE CITY OF MERCEDES, AND (1) REHABILITATION IN CITY HIDALGO

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary
	Garza, Rene	Edinburg, TX United States	X	

**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]*  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rene Garza, this the 07 day of December, 2017, to certify which, witness my hand and seal of office.

*[Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

Irma H 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

Certificate Number:  
2017-291826

Date Filed:  
12/07/2017

Date Acknowledged:  
12/07/2017

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

QUALITY INVESTMENTS  
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-Urban County Program

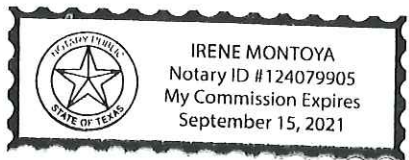
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

M-16-UC-48-0501-RC-07  
DEMOLITION AND RECONSTRUCTION OF HOUSES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Emigdio, Villanueva	Mission, TX United States	X	

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.

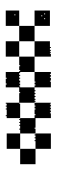


*[Signature]*  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Emigdio Villanueva, this the 7 day of December, 2017, to certify which, witness my hand and seal of office.

*[Signature]* \_\_\_\_\_ Printed name of officer administering oath  
Irene Montoya  
\_\_\_\_\_  
Notary Title of officer administering oath



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/20/2017

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).

<b>PRODUCER</b> Southern American Insurance Agency 13823 Schmidt Road Cypress TX 77429		<b>CONTACT NAME:</b> Sue Coyle <b>PHONE (A/C, No, Ext):</b> (281) 890-9294 <b>FAX (A/C, No):</b> (281) 890-2229 <b>E-MAIL ADDRESS:</b> suoc@southernamericanins.com	
<b>INSURED</b> Quality Investments, DBA: Emigdio Villanueva Jr. P. O. Box 943 Mission TX 78573		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Texas Mutual Insurance Co. NAIC # 22945 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:** 17-18 WC      **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 INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input 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					COMBINED SINGLE LIMIT (Per accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	0001112441	1/1/2017	1/1/2018	E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

<b>CERTIFICATE HOLDER</b> County of Hidalgo Urban County Program 427 East Duaranta Alamo, TX 78516	<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 S American Ins. Agcy. <i>C. A. McClave</i>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/13/2017

**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 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).**

<b>PRODUCER</b>  EDDIE VILLARREAL INSURANCE AGENCY 2167 S. MCCOLL RD EDINBURG, TEXAS 78539 (956)381-0951	<b>CONTACT</b> NAME: VIOLA ALLEN  PHONE (A/C, NO, EXT): (956)381-0951      FAX (A/C, NO): (956)318-0237  E-MAIL ADDRESS: viola.evillarreal@farmersagency.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>	<b>NAIC #</b>
R G ENTERPRISES, LLC DBA G & G CONTRACTORS 711 E. WISCONSIN RD EDINBURG, TEXAS 78539	INSURER A: ESSEX INSURANCE COMPANY      39020 INSURER B: TEXAS COUNTY MUTUAL      24392 INSURER C: TEXAS MUTUAL INSURANCE CO.      22945 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 NAME 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	ADDTL 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"/> PROJECT <input type="checkbox"/> LOC OTHER:			3ED8689	03/16/17	03/16/18	EACH OCCURRENCE      \$ 1,000,000. DAMAGE TO RENTED PREMISES (Ea Occurrence)      \$ 100,00. 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. \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			604891354	03/14/17	03/14/18	COMBINED SINGLE LIMIT (Ea accident)      \$ 1,000,000. 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 DED      RETENTION \$						EACH OCCURRENCE      \$ AGGREGATE      \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)      Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		SBP-0001221990	03/15/17	03/15/18	<input type="checkbox"/> PER STATUTE <input checked="" 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)  
**GENERAL CONSTRUCTION**  
 URBAN COUNTY HOUSING PROJECTS

<b>CERTIFICATE HOLDER</b> HIDALGO COUNTY URBAN COUNTY PROGRAM 427 DURANTE AVE., SUITE 107 ALAMO, TEXAS 78516	<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
---	--