



E-18-107-04-24

2802 S. Bus. Hwy 281  
Edinburg, Texas 78539  
Phone: (956) 318-2626  
Fax: (956) 318-2629  
[www.co.hidalgo.tx.us/purchasing](http://www.co.hidalgo.tx.us/purchasing)

April 10, 2018

CTC Distributing, Ltd  
Bidder's name  
Attn: Mr. Madden  
615 Blaze Blvd  
Address  
Edinburg, Texas 78539  
City, State, Zip Code

email: [k\\_madden@ctcdistributing.com](mailto:k_madden@ctcdistributing.com)

Term: Aug. 02, 2018 thru Aug. 01, 2019

**Re: HB Form 1295 Required/Renewal/Extension Notice**  
**Contract/Renewal# E-18-107-Hidalgo County – "Off Premises Record Storage-Pick-up Retrieval Delivery and Shredding Services"**

Dear Mr. Madden,

Be advised, that in order to proceed with the County's option to extend/renew its first (1<sup>st</sup>) of the two (2) one (1) year renewal term, under the same rates, terms and conditions as provided in the current contract with **CTC Distributing, Ltd.** for the referenced project, the County is required, as of January 1, 2016, to comply with the **Texas Government Code, §2252.908**, and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed Certificate of Interested Parties Form 1295, to the County before the County may enter into a contract with the business entity.

In order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

[https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm)

In box 3 of **Form 1295**, provide **Reference No. E-18-107**. Once completed and filed "*unsworn declaration*" Form 1295 must be printed and signed and submitted to our office by the deadline stated below

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court on April, 24, 2018**, the signed notarized "**HB Form 1295**" and "**Extension Notice**" must be received in our office completed by no later than Friday, April 13, 2018 or sooner if possible. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your "Updated Certificate of Insurance" with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: [yolanda.velasquez@co.hidalgo.tx.us](mailto:yolanda.velasquez@co.hidalgo.tx.us) by no later than date reflected above.

By:

Date:

4/10/2018

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department (956)318-2626.

Sincerely,

*Martha L. Salazar*

Martha L. Salazar, CPPB  
Hidalgo County Purchasing Agent

MLS/yzv  
Enclosures



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/10/2018

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><br>McAfee Insurance Agency<br>P. O. Box 625<br>321 Second Street<br>Mercedes TX 78570 |  | <b>CONTACT NAME:</b> Mindy Rivera<br><b>PHONE (A/C, No, Ext):</b> (956)565-2481<br><b>FAX (A/C, No):</b> (956)565-2733<br><b>E-MAIL ADDRESS:</b> mindy@mcafeeagency.com                                                              |  |
| <b>INSURED</b><br>Goldman Services, Inc., etal<br>615 Blaze Blvd<br>Edinburg TX 78539                 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> United Fire Group<br><b>INSURER B:</b> Texas Mutual Ins. Co.<br><b>INSURER C:</b> Hanover Insurance Company<br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

## COVERAGES

**CERTIFICATE NUMBER:** 18-19 WC RENEWAL

**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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |                                                                                 | 60483938       | 11/21/2017              | 11/21/2018              | EACH OCCURRENCE \$ 1,000,000             |
|          |                                                                                                                                                                                                                                                                                                                 |           | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000                            |                |                         |                         |                                          |
|          |                                                                                                                                                                                                                                                                                                                 |           | MED EXP (Any one person) \$ 10,000                                              |                |                         |                         |                                          |
|          |                                                                                                                                                                                                                                                                                                                 |           | PERSONAL & ADV INJURY \$ 1,000,000                                              |                |                         |                         |                                          |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                       |           |                                                                                 | 60483938       | 11/21/2017              | 11/21/2018              | GENERAL AGGREGATE \$ 2,000,000           |
|          |                                                                                                                                                                                                                                                                                                                 |           | PRODUCTS - COMP/OP AGG \$ 2,000,000                                             |                |                         |                         |                                          |
|          |                                                                                                                                                                                                                                                                                                                 |           | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                |                |                         |                         |                                          |
|          |                                                                                                                                                                                                                                                                                                                 |           | BODILY INJURY (Per person) \$                                                   |                |                         |                         |                                          |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                               |           |                                                                                 | 60483938       | 11/21/2017              | 11/21/2018              | BODILY INJURY (Per accident) \$          |
|          |                                                                                                                                                                                                                                                                                                                 |           | PROPERTY DAMAGE (Per accident) \$                                               |                |                         |                         |                                          |
|          |                                                                                                                                                                                                                                                                                                                 |           | Underinsured motorist \$ 1,000,000                                              |                |                         |                         |                                          |
|          |                                                                                                                                                                                                                                                                                                                 |           | EACH OCCURRENCE \$ 5,000,000                                                    |                |                         |                         |                                          |
| B        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                      | Y/N<br>Y  | N/A                                                                             | 0001176109     | 01/05/2018              | 01/05/2019              | AGGREGATE \$ 5,000,000                   |
|          |                                                                                                                                                                                                                                                                                                                 |           | PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> |                |                         |                         |                                          |
|          |                                                                                                                                                                                                                                                                                                                 |           | E.L. EACH ACCIDENT \$ 1,000,000                                                 |                |                         |                         |                                          |
|          |                                                                                                                                                                                                                                                                                                                 |           | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000                                         |                |                         |                         |                                          |
| C        | Motor Truck Cargo<br>Warehouse Legal Liability                                                                                                                                                                                                                                                                  |           |                                                                                 | IHD 3260703-09 | 06/03/2017              | 06/03/2018              | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                                                                                 |           | Per Conveyanc/\$100,000 Deduct/1,000                                            |                |                         |                         |                                          |
|          |                                                                                                                                                                                                                                                                                                                 |           |                                                                                 |                |                         |                         | 500,000/per occ Deduct/1,000             |

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

## CERTIFICATE HOLDER

## CANCELLATION

Hidalgo County Purchasing Department

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

AI-64416

Purchasing Department 10. D.

CC CONSENT

Hidalgo County

**Meeting Date:** 04/24/2018

**Submitted For:** Marty Salazar, PURCHASING DEPT.

**Submitted By:** Yolanda Velasquez, PURCHASING DEPT.

**Department:** PURCHASING DEPT.

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**Information**

**CAPTION**

Acceptance and approval to exercise the County's option to utilize the first (1st) [of two (2) one year renewal options allowed] under contract C-17-059-07-11-[with same rates, terms and conditions] with vendor, CTC Distributing, Ltd. for the provision of "Off Premises Record Storage, Pick-up, Retrieval Delivery and Shredding Services" effective 08-11-18 through 08-12-19.

**BACKGROUND**

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**Fiscal Impact**

**CALENDAR YEAR:** 2018

**ACCT. #:** 8-1238-412-00-090-003-0-350

**FUNDS AVAILABLE Y/N?:** Y

**MATCHING FUNDS Y/N?:**

**BUDGETARY IMPACT:**

Funds available as of 4-12-18

**CALENDAR YEAR:** 2018

**ACCT. #:** 8-1100-415-50-190-002-0-350

**FUNDS AVAILABLE Y/N?:** Y

**MATCHING FUNDS Y/N?:**

**BUDGETARY IMPACT:**

Funds available as of 4-12-18

**CALENDAR YEAR:** 2018

**ACCT. #:** 8-1100-415-18-160-001-0-350

**FUNDS AVAILABLE Y/N?:** Y

**MATCHING FUNDS Y/N?:**

**BUDGETARY IMPACT:**

Funds available as of 4-12-18

**CALENDAR YEAR:** 2018

**ACCT. #:** 8-1100-421-00-280-001-0-350

**FUNDS AVAILABLE Y/N?:** Y

**MATCHING FUNDS Y/N?:**

**BUDGETARY IMPACT:**

Funds available as of 4-12-18

**CALENDAR YEAR:** 2018

**ACCT. #:** 8-1100-444-00-370-001-0-350

**FUNDS AVAILABLE Y/N?:** Y

**MATCHING FUNDS Y/N?:**

**BUDGETARY IMPACT:**

Funds available as of 4-12-18

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**Attachments**

Signed Extension/Updated Insurance

Form 1295

C17-059-07-11-CTC Distributing

CTC-Sam

---

**Form Review**

**Inbox**

**Reviewed By**

**Date**

Purchasing - Internal

Marty Salazar

04/11/2018 04:49 PM

Budget & Management

Veronica Ortiz

04/11/2018 04:52 PM

Ivan Cantu

Ivan Cantu

04/12/2018 08:48 AM

Final Approval

Monica Salinas

04/20/2018 05:16 PM

Form Started By: Yolanda Velasquez

Started On: 04/09/2018 02:22 PM

Final Approval Date: 04/20/2018

THE STATE OF TEXAS §  
COUNTY OF HIDALGO §

**SERVICE CONTRACT  
C-17-059-07-11**

|                                                           |
|-----------------------------------------------------------|
| FILED                                                     |
| AT <u>10:30</u> O'CLOCK <u>A</u> M                        |
| JUL 25 2017                                               |
| ARTURO GUJARDO, JR. COUNTY CLERK<br>HIDALGO COUNTY, TEXAS |
| BY <u>[Signature]</u> DEPUTY                              |

THIS CONTRACT is made and entered into this 11<sup>th</sup> day of July by and between the **COUNTY OF HIDALGO, TEXAS** ("County"), and **CTC Distributing, LTD** a Texas. ("Company").

WHEREAS, Company responded to advertised notices for bids for **"Off-Premises Storage, Records Management, Pick Up, Retrieval Delivery & Shredding Services for Hidalgo County;**

WHEREAS, Company submitted a bid to provide services in accordance with the specifications as bid (the "Services"), a copy of such specifications and bid being attached hereto as Exhibits "A" and "B" respectively, and incorporated herein for all purposes (the "Specifications"); and

WHEREAS, in recognition of and in consideration of Company's agreement to perform the Services in accordance with Specifications, the Commissioners Court of County awarded the bid to Company.

NOW, THEREFORE, in mutual consideration of the foregoing and the further consideration of the following, the parties hereto agree as follows:

1. County and Company hereby agree that this Contract is entered into in order to provide the Services to locations at Hidalgo County. This Contract does not extend to any third parties any duties or benefits conferred in any manner hereunder or otherwise.

2. Company hereby promises and agrees to render and provide, during the

term of this Contract, and shall be obligated to render and provide the Services in accordance with the RFB within **Hidalgo County** following a request for Services by **Hidalgo County** or his designated agent. Company agrees in performing the Services that it will use proper professional standards, comply with any and all appropriate laws and regulations in providing the Services, and devote such time as is necessary to safely and efficiently provide the Services.

3. This Contract shall be for a period beginning **August 02, 2017** and ending on **August 01, 2018** and may be extended at the sole discretion of the County for an additional two (2) one (1) year terms, unless this Contract is terminated pursuant to the provisions herein, whichever occurs first. County also reserves the right to continue this bid for an additional ninety (90) day grace period, under the same rates terms and conditions due.

4. As a condition of this Contract, Company shall hold and maintain throughout the term of this Contract all licenses and permits required, or which may be required by any authority during the term hereof to provide the Services.

5. All trucks or vehicles operated by the Company to perform the Services shall contain all equipment required by any authority to operate on streets and roads and all persons in the employ of Company who operate such trucks or vehicles shall have the required licenses, qualifications, skill and expertise to perform such Services and shall comply with all laws, rules and regulations prescribed by any agency or authority having jurisdiction with regard to the operation of such trucks or vehicles in providing the Services.

6. As consideration for rendering the Service provided for in this Contract, the

County agrees to pay Company the amounts specified in Exhibit "B" attached hereto payable against written invoice submitted by Company.

7. Company shall provide insurance in force on all its vehicles and all persons connected with providing services under this Contract naming County as an additional insured (with the coverages and in the amounts described on Exhibit "C" attached hereto and incorporated herein at this point for all purposes), and shall furnish to County certificates of such insurance coverage.

8. Company shall provide a sufficient number of trucks, vehicles, personnel and equipment available to safely and efficiently provide the Services.

9. Company shall indemnify and hold harmless County, its elected officials, employees and agents from any and all claims, damages, losses, and expenses including attorney's fees for the defense of any action against County arising out of, resulting from, or connected with the provision of the Services by Company under this Contract. Said indemnity shall cover any act or failure to act by the Company, its agents or employees.

10. This Contract shall not be assignable in whole or in part by either party without prior written consent of the other party.

11. It is expressly agreed that this Contract and the performance by the parties hereunder does not create any agency relationship or master-servant relationship, that County has no supervision of the performance of the Services provided by Company, and that Company is an independent contractor under this Contract.

12. Any notice required or permitted to be given hereunder shall be in writing

and shall be delivered personally or sent by certified mail, postage prepaid, as set forth below:

If to County:                   **The County of Hidalgo  
Attn: County Judge  
100 E. Cano St, 2<sup>nd</sup> Floor  
Edinburg, Texas 78539**

If to Company                   **CTC Distributing, LTD  
Attn. Brian Kelly Madden  
615 Blaze Blvd.  
Edinburg, Texas 78539**

13. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

14. Any contract award to a successful bidder will be in effect until (a) this contract expires, (b) delivery and acceptance of products, and/or performance of Services ordered, or (c) terminated by County without cause upon thirty (30) days written notice prior to cancellation.

15. This Agreement shall be binding upon and inure to the benefit of and be enforceable by the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

16. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

17. Commitment of Current Revenues Only. In the event that , during any

term hereof, the Commissioners Court does not appropriate sufficient funds to met the obligations of County under this Agreement, County may terminate this Agreement upon ninety (90) days written notice to Company. County agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of County pursuant to the provisions of Tex. Loc. Govt. Code Ann '271.903 (Vernon Supp. 1996).

18. This Agreement contains the entire contract between the parties hereto and each party acknowledges that neither has made (either directly or through any agent or representative) any representation or agreement in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by County and not otherwise.

19. Immunities: Nothing in this Agreement is intended to and County does not hereby waive, release or relinquish any right to assert any of the defenses County enjoys by virtue of the state or federal constitution, laws, rules or regulations, and any sovereign, official or qualified immunity available to County as to any claim or action of any person, entity, or individual against County.

WITNESS our hands in duplicate originals this \_\_\_\_ day of \_\_\_\_\_, 2017.

**COUNTY OF HIDALGO**

By: Ramon Garcia  
Ramon Garcia, County Judge

**ATTEST:**

By: Arturo Guajardo  
Arturo Guajardo, County Clerk



APPROVED BY  
COMMISSIONERS' COURT  
ON: 7/11/17 *grb*

COMPANY: **CTC Distributing LTD.**  
By: Brian Kelly Madden

Printed Name: Brian Kelly Madden

Title: General Manager

Approved by Commissioners' Court on 7-11-17

APPROVED AS TO FORM:

Atlas & Hall, & Rodriguez, L.L.P.

By: Stephen L. Crain  
Stephen L. Crain, Attorney

# **EXHIBIT “A”**

REQUEST FOR BID

PROCUREMENT PACKET



Hidalgo County Purchasing Office  
2812 S. Business Highway 281  
Administration Building  
Edinburg, Texas 78539  
(956) 318-2626/ Fax: (956) 292-7612

May 22, 2017

\_\_\_\_\_  
Bidder's name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State, Zip Code

Re: **HIDALGO COUNTY**  
Request for Bids -**"Off Premises Record Storage-Pick-up Retrieval Delivery & Shredding Services"**  
**RFB Bid No: 2017-059-06-07-YZV**

Dear Sir/Madam:

Enclosed, please find the Request for Bids (RFB) packet. **Modifications and new requirements** have been added and implemented. Carefully read and review all instructions, Requirements and Specifications.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the Request for Bids process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626 x 4881.

Sincerely,

Martha L. Salazar, CPPB  
Hidalgo County Purchasing Agent

MLS/yzv  
Enclosures



## HIDALGO COUNTY PURCHASING DEPARTMENT

2812 S. Business Highway 281  
Administration Building  
Edinburg, Texas 78539  
(956) 318-2626/ Fax: (956) 292-7612

REQUEST FOR BIDS (RFB)

### TABLE OF CONTENTS

HIDALGO COUNTY (All Funding Sources)

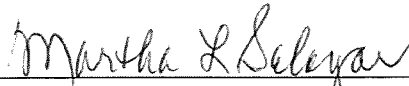
**"Off Premises Record Storage-Pick-up Retrieval Delivery & Shredding Services"**

**RFB NO: 2017-05-06-07-YZV**

| ITEM | DESCRIPTION                                                         | NO. OF<br>PAGES |
|------|---------------------------------------------------------------------|-----------------|
| 1.   | Request For Bid Letter                                              | 1               |
| 2.   | Request for Bid, Legal Notice                                       | 9               |
| 3.   | Exhibit A, Specifications                                           | 13              |
| 4.   | Exhibit B, Bid Page                                                 | 2               |
| 5.   | Exhibit C, Insurance Requirements                                   | 4               |
| 6.   | Exhibit D, (CIQ) Conflict of Interest Questionnaire (if applicable) | 2               |
| 7.   | Exhibit E, Vendor/Bidder Application and W-9 form(s)                | 6               |
| 8.   | Exhibit F, Certification Regarding Debarment                        | 1               |
| 9.   | Exhibit G, Title VI Appendices "A" through "E"                      | 6               |
| 10.  | Draft Service Contract                                              | 9               |
| 11.  | RFB Submittal Checklist                                             | 1               |

The above mentioned items shall be found in this Request for Bids-Goods/Products-RFB packet that is attached herewith. Should you find that any of the listed items are not attached in its entirety, please contact Purchasing by calling (956) 318-2626 or e-mail, to advise us of the missing documentation, and Purchasing will forward information either through facsimile, e-mail or by U.S. Mail.

Thank you.

  
Martha L. Salazar, CPPB, Purchasing Agent

May 22, 2017  
Date

Bid No:2017-059-06-07-YZV

Buyer : Yolanda Z. Velasquez

Tel. No: (956) 318-2626 ext 4881

# **REQUEST FOR BIDS**

## **HIDALGO COUNTY**

### **“Off Premises Record Storage-Pick-up, Retrieval Delivery & Shredding Services”**

## **BID OPENING DATE**

June 07, 2017

Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department

#### **Project Buyer Contact Information:**

Yolanda Velasquez, Buyer III

(956) 318-2626 Ext. 4881

[yolanda.velasquez@co.hidalgo.tx.us](mailto:yolanda.velasquez@co.hidalgo.tx.us)



1. Sealed bids will be received for **“HIDALGO COUNTY (ALL FUNDING SOURCES) -“Off Premises Record Storage-Pick-up, Retrieval Delivery and Shredding Services”** in accordance with the specifications attached as **Exhibit "A"** hereto. Bids should address all specifications set forth. Bidders may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). Strong rationale must be presented for any deviation from the specifications. Hidalgo County reserves the right to reject the deviation and its effect on the overall bid.
2. **One (1) original and Three (3) copies** of all bids are required with the bidders name and return address clearly typed and or/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package: **BID NO.: 2017-059-06-07-YZV“HIDALGO COUNTY Off Premises Record Storage-Pick-up, Retrieval Delivery and Shredding Services – ”** and at County's Purchasing Department with a physical address: 2802 S. Business 281 and a mailing address: 2812 S. Business Hwy 281, Administration Building, Edinburg, Texas, **on or before 9:30 A.M., WEDNESDAY, June 07, 2017. NO FACSIMILES, EMAILS OR LATE ARRIVALS WILL BE ACCEPTED. ANY RFB RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE WITH REFERENCE TO ““HIDALGO COUNTY – Off Premises Record Storage-Pick-up, Retrieval Delivery and Shredding Services ”RFB NO.: 2017-059-06-07-YZV”** Hidalgo County reserves the right to refuse and reject any/all bids and to waive any/all formalities or technicalities, or to accept the bids considered the best and most advantageous to Hidalgo County.

Additionally, all forms listed below must be properly executed and included with your bid:

1. Legal Notice (See page 8);
  2. Bid Page – Procurement Form – (See **Exhibit “B”**);
  3. Insurance pages with Acknowledgment Forms (See **Exhibit “C”**);
  4. Form CIQ-Conflict of Interest Questionnaire (See **Exhibit “D”**);
  5. Vendor Bidder Application & W-9 forms (See **Exhibit “E”**);
  6. Certification Regarding Debarment (See **Exhibit “F”**); and
  7. SAMS.gov Registration Acknowledgement (See Number 18 below).
3. Hidalgo County reserves the right to: A. separate and accept, or eliminate any item(s) listed under this bid that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all bids submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid for approval; C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so; D. award the contract to the responsible bidder who submits the lowest and best bid. "Lowest and best" means a bid or offer providing the best value considering associated direct and indirect costs, including transport, maintenance, reliability, life cycle, warranties, and customer service after a sale.
  4. The Bidder shall not substitute items named in the bid without the express written consent of Hidalgo County. Failure of the delivered item to perform as specified or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the

contract to the next-lowest responsible bidder, or to reject all bids and re-advertise.

5. For work to be performed at a County owned or operated location, each bidder shall, in its sole discretion, visit the job site before preparing the bid and thoroughly familiarize himself/herself with existing conditions. Bidder should take field dimensions and note all circumstances which affect the dollar amount of the bid.
6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, bidders are required to include illustrations, specifications, explanation of warranties, and service data with their bid including catalogue numbers and any necessary references.
7. No bid may be withdrawn within thirty (30) days from the scheduled time to open bids.
8. Proposed prices are to remain firm for a minimum of ninety (90) days after bid opening.
9. Any interpretations, amendments, corrections or changes to this bid document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Bids. Bidders shall acknowledge receipt of all addenda as a part of their bid.
10. County reserves the right to accept or reject any or all Bids.
11. Costs are to be net F.O.B., County Prepaid.
12. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request.
13. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a bid or contract hereunder will not be construed to create a debt of the County which is payable out of funds beyond the current fiscal year.
14. Upon award and prior to execution of a contract, Sole Proprietorships are required to submit a copy of their social security cards to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy of their Federal ID Number Certificate.
15. DELIVERY INSTRUCTIONS:
  - . No deliveries accepted after 3:00 P.M., Monday-Friday.
  - . At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, Purchasing Agent before delivery will be accepted.
  - . If you need additional information call the office listed below:

Hidalgo County Purchasing Department  
Martha L. Salazar, Purchasing Agent  
(956) 318-2626

16. BILLING AND PAYMENT INSTRUCTIONS:

- . Invoices must include:
  - a) Name and address of successful bidder
  - b) Name and address of receiving department or official
  - c) Purchase Order Number (if any)
  - d) Notation - "HIDALGO COUNTY (ALL FUNDING SOURCES) -RFB NO.: 2017-059-06-07-YZV- Off Premises Record Storage-Pick-up, Retrieval Delivery and Shredding Services "  
Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.
  - e) Contract number must be indicated on all invoices
- . Discount payments will be considered when offered.
- . Contact person for Billing and Payment questions:

Hidalgo County Auditor's Office  
2808 S. Business Hwy 281  
Edinburg, TX 78539  
(956) 318-2511

17. SCHEDULE OF EVENTS

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Bid Opening, 9:30 A.M.            | <u>June 07, 2017</u>              |
| Award of Contract                 | <u>                    , 2017</u> |
| Commence Work or Deliver Products | <u>                    2017</u>   |

18. BID OR PERFORMANCE BOND AND DEBARMENT CERTIFICATION; PAYMENT UNDER CONTRACT:

. If the contract proposed is for the construction of public works or is for a contract for goods & services exceeding \$100,000, all bidders shall furnish a good and sufficient bid bond in the amount of five percent of the total contract price. A bid bond must be executed with a surety company authorized to do business in Texas. All bidders are also required to furnish a certification or acknowledgment stating that the contractor or vendor is free from suspension or debarment pursuant to federal regulation 45CFR Part 76. Register at SAMs System for Award Management @ [www.sam.gov](http://www.sam.gov).

. Together with the signing of a contract or issuance of a purchase order following the acceptance of a bid, and prior to commencement of the actual work, the bidder shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds \$50,000.

. If the contract is for \$50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and material men have been paid.

. If a contract is for the construction, alteration or repair of public buildings or

public works, the contractor *shall* provide a payment bond for a contract in excess of Twenty Five Thousand Dollars (\$25,000.00), as required by Tex. Govt. Code Ch. 2253.

For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications.

19. TITLE VI NOTICE/ NONDISCRIMINATION

a. "The County of Hidalgo, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat.252, 42 U.S.C. §§2000d to 2000d-4) and the Regulations, hereby notifies all bidders that it will affirmatively ensure that any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded full and fair opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award."

b. The appropriate clauses of Appendices "A" through "E" as delineated in the USDOT Standard Title VI/Nondiscrimination Assurances - Specific Assurances are hereby incorporated by reference as applicable. Title VI Appendices "A" through "E" are attached as **Exhibit "G"**.

c. Bidder will attach all applicable notices to which it is obligated to provide or submit as part of the bid, including Form FHWA 1273 to be submitted by all contractors and subcontractors in relation to construction contracts.

20. ETHICAL STANDARDS:

. It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.

. It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

. No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

NOTICE:

ALL COMMUNICATIONS BY A VENDOR TO THE COUNTY, ITS OFFICIALS, AND DEPARTMENT HEADS REGARDING THIS PROCUREMENT SHALL BE DONE THROUGH THE HIDALGO COUNTY PURCHASING DEPARTMENT.

21. DISCLOSURE OF CONFLICT OF INTEREST

. Effective January 1, 2016, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit E, the vendor, person, consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contracts or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful bidder fails to comply with Texas

Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

**Completed Form CIQ must be submitted to the Hidalgo County Clerk's Office located at 100 N. Closner, Edinburg, Texas 78539 - Hidalgo County Courthouse.**

**COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE RESPONDENT. QUESTIONS REGARDING COMPLIANCE SHOULD BE DIRECTED TO YOUR LEGAL COUNSEL.**

22. CERTIFICATE OF INTERESTED PARTIES (FORM HB1295)

As of January 1, 2016, to comply with Texas Government Code Section §2252.908, and the rules issued by the Texas Ethics Commission found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code, we have updated and revised our RFB packet. In accordance with these requirements, business must submit a completed Certificate of Interested Parties Form 1295 to the County before the County may enter into a contract with the business entity. In box 3 of Form 1295, you will provide the RFB Project No. (2017-059), as shown on the packet. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office either by facsimile transmission to (956) 292-7612 or via email to: [yolanda.velasquez@co.hidalgo.tx.us](mailto:yolanda.velasquez@co.hidalgo.tx.us). Hidalgo County cannot enter into a contract until Form 1295 is submitted. Therefore, failure to timely submit Form 1295 signed and notarized may result in delay of award. Full instructions for completion and submittal of Form 1295 may be found on the Texas Ethics Commission website:

**<https://www.ethics.state.tx.us/tec/1295-Info.htm>**

THE AWARDED VENDOR WILL HAVE THIRTY (30) DAYS FROM THE DATE THE HIDALGO COUNTY COMMISSIONER'S COURT APPROVES THIS AGREEMENT TO SUBMIT THE SIGNED NOTARIZED FORM 1295. *HIDALGO COUNTY CANNOT ENTER INTO A CONTRACT UNTIL FORM 1295 IS SUBMITTED.*

23. If, during the life of any contract or bid awarded, the successful bidder's net prices generally available to other customers for items awarded herein are reduced below the contracted

price, it is understood and agreed that the benefits of such reduction shall be extended to the County.

24. Bids, and all goods and services provided hereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.
25. Minimum Standards for Responsible Prospective Bidders: A prospective bidder must affirmatively demonstrate bidder's responsibility. A prospective bidder, by submitting a bid, represents to County that it meets the following requirements:
  - . Possess or is able to obtain adequate financial resources as required to perform under the bid;
  - . Be able to comply with the required or proposed delivery schedule;
  - . Have a satisfactory record of performance;
  - . Have a satisfactory record of integrity and ethics;
  - . Be otherwise qualified and eligible to receive an award.
26. Successful bidder will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful bidder's officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.
27. Any contract award to a successful bidder will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty day's written notice prior to cancellation.
28. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful bidder; County reserves the right to terminate any contract immediately in the event a successful bidder fails to:
  - A. Meet schedules;
  - B. Pay any required fees or taxes; or
  - C. Otherwise perform in accordance with the specifications.
29. Successful bidder shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful bidder, or of any agent, employee, subcontractor or supplier of successful bidder in the execution of, or performance under, any contract which may result from bid award or which arises from any event or casualty happening on or within County premises themselves or happening upon or in any halls, elevators, entrances, stairways or approaches of or to such County facilities. Successful bidder shall pay any judgment with costs which may be obtained against County growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful bidder's indemnity hereunder shall include, but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods and services provided by successful bidder.
30. Successful bidder shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all

defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Bids shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful bidder within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.

31. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.
32. The successful bidder shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.

# LEGAL NOTICE

Bid  
for

## HIDALGO COUNTY

"Off Premises Record Storage-Pick-up, Retrieval Delivery and Shredding Services"

**BID NO.: 2017-059-06-07-YZV**

To: Martha L. Salazar, CPPB, Purchasing Agent  
Physical Address: 2802 S. Business Hwy. 281 - Administration Building  
Mailing/Postal Address: 2812 S. Business Hwy. 281  
Edinburg, Texas 78539

In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned bidder proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned bidder further agrees, upon acceptance of its bid, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Specifications within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Bidder acknowledges receipt of all of the pages of the documents referenced in the Invitation to Bid Checklist presented in connection with this procurement. Bidder understands that Hidalgo County reserves the right to reject any or all bids and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid.

Bidder agrees that this bid shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder: \_\_\_\_\_

Address: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**HIDALGO COUNTY (All Funding Sources)**  
**"OFF PREMISES STORAGE, RECORDS MANAGEMENT, PICK-UP,**  
**RETRIEVAL DELIVERY & SHREDDING SERVICES"**  
**BID № 2017-059-06-07YZV**

**SPECIFICATIONS AND REQUIREMENTS:**

1. Revisions to the bid specifications shall not be permitted. Such changes shall constitute a failure to meet the minimum specifications and shall result in a bidder being disqualified from the selection process.
2. Services will be on an **"as needed basis"**. Should the County determine it is in the best interest to keep all documents in-house or to allow the Contract to expire on its own terms, the County shall provide a minimum of sixty (60) days written notice to the vendor that Hidalgo County intends to transport its (own Hidalgo County) files from the current awarded vendor's storage to its own (Hidalgo County) facility or another facility **at no additional cost to the County.**
3. The bidder must provide the following services:
  - a. Storage of all new/additional records, in a new proper storage box;
  - b. Pick-up of files and/or boxes for storage on a daily basis twice a day (morning & afternoon) and on an emergency basis at the discretion of the County described in page 5 (#25) herein and in Exhibit "H";
  - c. Deliver files/boxes requested by the Department;
  - d. Any storage boxes requiring replacement shall be provided at no charge to the County.
  - e. All files/boxes for each County Department/Office must be kept in one location and in close proximity to each other (i.e., all files/boxes of the District Clerk shall be kept in one location within the storage facility).
  - f. All files sent to storage or that are retrieved from storage shall be maintained with a reference tracking system before delivery to the appropriate County Department or re-filed. (Described particularly in page 5 (#26).
  - g. Over a period of twelve (12) months, the awarded vendor shall provide an inventory of all files stored on its site. An updated inventory progress report shall be provided to the appropriate County Department on a monthly basis as more particularly described in page 5 (#26) of these specifications.
  - h. Document Destruction/Shredding-the service of shredding documents by company as requested by user department and/or as scheduled for shredding on label attached to file box.
4. For purposes of this RFB:

**"Delivery"** is defined as the actual carrying and turning over to the intended recipient of a file or box requested from storage.

**"Pick-Up"** is defined as the actual physical carrying and transporting of a file or box from the County Department by the bidder with the intent of filing and storing such file or box at the bidder's facility.

**“Retrieval”** shall mean the actual transport of a file from storage which is then prepared for delivery to the appropriate County department. Any instance in which a file is requested more than once because the selected bidder failed to deliver or locate such file after the initial request, shall not be considered or counted as a separate retrieval regardless of the reason such delivery was not made.

**“Request”** A request for a file or box shall consist of a County Department’s designated person providing written form (See Exhibit “G”) to the selected bidder of the exact file/box being sought for Retrieval and Delivery.

**“Document Destruction” Or “Shredding”** Shredder to meet NAID specs of 3/8” and baled. Personnel should be background screened and have a signed confidentiality statements on file with the company. Final disposition of shred paper should be pulping.

The services listed in #3 above consisting of the delivery, pickup, storage, retrieval and request of files and/or boxes are hereinafter collectively referred to as the “Services”.

5. It is the contractor’s sole responsibility to review and comply with all applicable statutes or regulations. All record storage management and destruction/shredding of documents must also be conducted in accordance with applicable State of Texas Library Commission rules and regulations including, but not limited to the schedules that are made a part hereof. You may access these at the following web address:  
<https://www.tsl.texas.gov/slr/recordspubs/index>
  - a. Imaging & Microfilming Standards and Procedures (Local Government Bulletin A)
  - b. Electronic Records Standards and Procedures (Local Government Bulletin B)
  - c. Inventory and scheduling Records (Local Government Bulletin C)
  - d. Local Government Records Act (Local Government Bulletin D)
6. The Storage facility must be located entirely within Hidalgo County.
  - a) Contractor will provide complete description of location including a physical address of facility where records will be stored and managed.
  - b) Contractor must commit sufficient staff, equipment and vehicles to comply with all specifications and render all requirements defined by Hidalgo County. Contractor must also provide all information requested in the specifications and/or requirements. Failure to do so may disqualify the bidder from the procurement process.
7. The storage facility must be free of dust and dirt buildup.
8. The facility should be a standalone structure, or if shared with other businesses, a firewall of approved construction must separate the two entities.
9. If the storage location is in a structure with other unrelated tenants, the nature of that business will be assessed by Hidalgo County Purchasing Department to determine if such business may expose the County to any significant risks that may affect the overall integrity of records stored. This

determination will be made solely by Hidalgo County and if a risk is determined, the bidder may be disqualified from the procurement process.

10. The facility shall maintain a good fire prevention program based on good housekeeping procedures, including but not limited to:
  - a) Smoking or use of open flame devices in storage areas shall be prohibited.
  - b) The facility shall have appropriate fire detection and suppression systems with such procedures in place to ensure their effectiveness.
  - c) Such systems must include adequate smoke and fire early warning systems.
  - d) Sprinkler systems should be equipped with a warning mechanism to alert staff of activation and have manual shut-off device to prevent unnecessary water damage to the records
  - e) Halon is a preferred suppression system (same as or equivalent too) meeting specifications of this requirements.
11. The facility must be climate and humidity controlled. The humidity shall not exceed 60% and the temperature shall not exceed 90 degrees Fahrenheit in the paper records storage area. The temperature should be checked in summer months randomly.
12. Boxes shall not be stacked more than four (4) boxes high.
13. The contractor must maintain an adequate pest control program that includes at least two **termite, silverfish and carpenter ants** inspections per year (at least once every six (6) months) by a qualified pest control service. Proof of such inspections must be provided to each individual county department(s) under this bid. Failure to provide proof of inspections within 10 days of such inspections may result in Hidalgo County terminating the contract without notice to the vendor. User department(s) including in this bid shall be notified immediately if any insect infestation is detected inside the storage facility.
14. Air quality must be maintained in a manner that ensures that no contaminant that may cause damage to records (i.e. mold) occurs.
15. The current awarded contractor for this bid is **CTC Distributing** and it does not permit the inspection of their premises by interested bid participants.
16. **Records Inventory List:** For the purposes of this bid submittal, the current contractor has submitted the following inventory, and to the best of the County's knowledge, such inventory as of **January 31, 2017** includes the following:

| INVENTORY                  | DISTRICT<br>CLERK'S | PURCHASING<br>DEPARTMENT | SHERIFF'S<br>OFFICE | HUMAN<br>RESOURCES |
|----------------------------|---------------------|--------------------------|---------------------|--------------------|
| Letter/Legal Size Boxes    | 24,750              | 1076                     | 2,752               | 172                |
| Letter Transfer Size Boxes | 0                   | 0                        | 0                   | 0                  |
| Legal Transfer Size Boxes  | 0                   | 0                        | 0                   | 0                  |
| Non-Standard Size Boxes    | 0                   | 0                        | 0                   | 0                  |
| Books                      | 0                   | 0                        | 0                   | 0                  |
| Check Boxes                | 0                   | 0                        | 0                   | 0                  |

17. Bidders are advised that all County departments hold their most active files, but may at any time request such records to be made part of existing storage inventory. A "Request" for a file or box shall consist of a County Department's designated person providing a written form (see Exhibit "G") to the selected bidder of the exact for the exact file/box being sought for Retrieval and Delivery.
18. If necessary, upon award of bid the transfer of all inventory from the current storage facility will be conducted under the supervision of the user department(s) authorized designee and the Purchasing Department. **All expenses associated with the transfer of inventory shall be at the County's expense and shall be the responsibility of the County.** However, selected bidder must be prepared to resume immediate, uninterrupted, efficient transition of all specified requirements and services.
19. Minimum detailed specifications are included for storage boxes. Compliance with all specifications and conditions are required. No substitutions allowed. (meets minimum specifications)

|                                   |                                                                                                                          |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Specification(s) for Storage Box: | Letter/Legal<br>12 W x 15 L x 10 H<br>Separate Cover<br>Triple Walled (Width)<br>Double Walled (Length)<br>Double Bottom |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------|

20. **Security Guidelines:** The contractor shall provide protection against sabotage, theft, and vandalism. All visitors to the storage facility must be required to register upon entrance and monitored during their stay. Exits should be in areas that are closely monitored.
21. **On-site Access:** The selected bidder will work with the user department(s) on special projects requiring the temporary staging of records at the record storage facility. These projects are usually for the purpose of verifying contents before destruction, renumbering boxes, conducting detail searches, and for shifting files throughout a range of boxes. Hidalgo County will provide a minimum of 24 hours notice for projects that involve staging of ten (10) or more boxes.

Hidalgo County reserves the right to access the storage premises with reasonable written notice during regular work hours for the purposes of auditing, inspecting, and/or confirming storage methods.

22. **NOTE: ALL RECORDS SHALL BE PICKED UP, DELIVERED, AND TRANSPORTED TO AND FROM THE USER DEPARTMENT(S) OFFICE BY CONTRACTOR'S EMPLOYEES AND USING CONTRACTOR'S VEHICLES.**

QUESTIONS/CONCERNS- ABOUT FILES SHOULD BE IN EMAIL FORM TO HAVE RECORDS.

23. **Response Time.** The parties agree to the following response time by Company:
  - a. Files and boxes shall be picked up for storage within five (5) days of receipt of work order from the Department.
  - b. Retrieval and Delivery of files from storage to the Department shall occur twice a day - by 10:00 a.m. and by 3:00 p.m. on the same day a request is made so long as such request is made no later than 1:00 p.m. For orders placed after 1:00 p.m., files and boxes shall be delivered on the next business day by 10:00 a.m.
  - c. In the case there is an emergency request for the delivery of a file or box, such delivery shall be made within 2 business hours from the time of the request.

24. All files or boxes recalled from storage shall be delivered within the time-frame stated above. However, if a file has not been delivered within this time frame, the maximum allowable Response Time for a status report (i.e. in route, delivered, not found, etc.), shall be 24 hours from the time the file/box is Requested. **Continued failure to meet these requirements may be cause for termination of the contract.**
25. **Hours of Services Required:** Hours of Service shall be normal business hours, 8:00 a.m. through 5:00 p.m., Monday through Friday, excluding holidays. However, service must be available at a moment's notice, 24 hours a day, upon written notification by the user department of an emergency situation; See Exhibit "H" Request for Emergency Services)
26. **Monthly Reports:** Hidalgo County requires monthly activity reports reflecting the total number of containers in storage by category (i.e. probate/criminal/civil), number of new containers added, number of containers permanently removed, number of boxes/files requested, number of boxes retrieved, number of boxes delivered/number of shredded files/boxes and the number of boxes picked up for storage. In addition to this information, the monthly report should include a list of files requested but not found (Monthly reports shall be due at the County Department no later than the 10<sup>th</sup> day after the end of each month. Monthly reports may be emailed to the care of: [yolanda.velasquez@co.hidalgo.tx.us](mailto:yolanda.velasquez@co.hidalgo.tx.us)).

The following electronic inventory and tracking system must be provided to identify each individual file before delivery to the appropriate user department or re-filed. All files sent to storage or that are retrieved from storage shall be maintained with a reference tracking system:

- Must maintain an electronic database that is accessible from multiple sites.
  - Document jackets must provide some type electronic tracking mechanism, preferably an RFID tag on the jacket or to a lesser extend a bar code.
  - An exact electronic inventory of all files must be provided as needed to the County.
  - Both the vendor site and the County must have compatible readers and access to the inventory at all times.
  - All files must be accounted for and tracked through the electronic system at all times, at all sites.
  - Electronic tag on case jacket must be of an accepted industry standard format.
  - RFID (tracking system) is a preferred method; vendor/bidder will not be disqualified for providing a bid on any other tracking system. If the tracking system submitted by the vendor in the bid is not the system preferred by Hidalgo County (as indicated and specified in the bid packet), Hidalgo County reserves the right to request a demonstration of the system in order to assess and ensure compliance with Hidalgo County needs and requirements.
27. **Additional Information:** Hidalgo County is requesting that any and all questions, inquiries and clarification regarding this RFB, bids, proposals or statements of qualifications be addressed to, Martha L. Salazar, CPPB, Purchasing Agent, 2802 So. Business 281, Edinburg, Texas 78539. TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.
- ALL WRITTEN INQUIRIES WILL BE ACCEPTED VIA FACSIMILE TO: 956-318-2629 OR VIA EMAIL TO: [yolanda.velasquez@co.hidalgo.tx.us](mailto:yolanda.velasquez@co.hidalgo.tx.us) NO LATER THAN, Monday, **May 29, 2017** 5:00 P.M. Responses to said inquiries will be sent to all applicants via facsimile or email by no later than, 5:00 P.M., Wednesday, **May 31, 2017**.
28. **TERM OF CONTRACT:** The initial term of contract will be for an initial one (1) year period The County shall have the right to extend the contract for two (2) additional one (1) year terms under the same rates/fees, terms and conditions reflected in the County's bid award described on the Bid Page (Exhibit "B").

29. **OPTION TO RENEW:** Hidalgo County may renew the contract for two (2) additional one (1) year periods except as otherwise provided herein, all terms and conditions will remain unchanged and in full force and effect. The option to renew, if exercised, shall be executed in the form of a change order to be issued no sooner than ninety (90) days prior to expiration of the contract and no later than thirty (30) days of the final day.
30. **GRACE PERIOD:** Hidalgo County reserves the right to continue this bid under the same terms and conditions for an additional ninety (90) day grace period at the end of the contract term for unforeseen delays in the award of a new bid, or the county's inability to obtain all records from the storage site.
31. **CONTRACT AWARD:** Hidalgo County reserves the right to award a contract to the responsible bidder meeting all specifications and submitting the lowest bid for all items and Services identified in the Specifications and General Provisions.

Upon the termination or expiration of the Contract, the vendor shall make available to the County any and all County files it holds in its possession in a timely manner but in no circumstances any longer than thirty (30) days upon termination or expiration of the Contract in order for the County to transport such files to its own or another facility. All files shall be made available to the County for transport at no additional cost to the County.

All files held in storage on behalf of the County are records belonging the public and must be returned to the County regardless of when and/or where they are located in the future.

32. **PURCHASE ORDER:** Contractor will not perform any services until a purchase order number is assigned by the designated representative of the Purchasing Department. Contractor will reference contract number and purchase orders on all invoices submitted to the Hidalgo County District Clerk. Actual requirements will be stated through issuance of individual purchase orders against the contract, and no obligation to pay for any quantities shall be deemed to exist unless or until such purchase orders are issued.
- \*33. **TERMINATION:** The contract awarded to the successful bidder will be in effect until (a) the contract expires, (b) performance of all specifications, requirements and services ordered, or (c) terminated by county with sixty (60) day's written notice with or without cause, or (d) upon award of contract to a new bidder, whichever comes first.
34. **CONTRACT ADMINISTRATOR:** For purposes of monitoring performance, establishing requirements, approving and coordinating schedules, users, and equipment, the County Purchasing Department named below shall act as contract administrator on behalf of Hidalgo County:

**HIDALGO COUNTY PURCHASING DEPARTMENT  
ATTN: CONTRACT ADMINISTRATOR(S)  
2812 S. BUSINESS HWY 281 (NEW ADMINISTRATION BLDG.)  
EDINBURG, TX 78539  
(956) 318-2626**

35. **ADDITIONAL PROVISION:** The following clauses or provisions must be included in the contract:
- A. **Liquidated Damages Clause:** The vendor acknowledges that the files and documents being stored are important public records, and that the ultimate safety and security of the documents and files rests

with the District Clerk. The vendor and Hidalgo County agree that the loss of files or documents by the vendor will result in certain damages and costs to the County which are not accurately ascertainable. Therefore, in the event that a file is lost or destroyed as a result of the negligent or willful act of the vendor or its agents, employees, officers or contractors, and said loss or destruction is not covered by insurance required to be maintained under other provisions of these specifications, the vendor and Hidalgo County agree that the vendor shall pay to the Hidalgo County District Clerk, as liquidated damages, the sum of \$1,000.00 for each file or portion of a file which is lost or destroyed within 10 days upon the discovery of the lost or destroyed file or portion thereof. The vendor and Hidalgo County agree that the amount established by this provision as liquidated damages is reasonable under the circumstances existing at the time of the execution of this contract with vendor pursuant to this procurement.

36. **SCOPE OF CONTRACT:** The contract for the procurement of the Services describes herein shall be as follows:

- a) **A firm fixed price, estimated quantity contract** calling for delivery of the products and Services identified in the Bid Specifications, including the **Records Inventory List** (see page 3, Specifications above), at the stated prices, submitted by the bidder.
- b) Upon acceptance of a bid by Hidalgo County Commissioners' Court and issuance of a Contract Award by the Hidalgo County Purchasing Agent, contractor shall be obligated to perform the services at the stated prices, within the time specified, and in accordance with all Legal Notices and Specifications contained herein.
- c) During the term of the agreement, should the volume of boxes decrease for **the Purchasing Department**, THIS BID SHALL BE **ON A PRO-RATED PER BOX (UNIT COST) AS VOLUME OF BOXES DECREASES**. for the storage of Hidalgo County records at a staffed facility and at which all files will be stored in proper storage. Hidalgo County reserves the right to utilize whichever option is most beneficial to Hidalgo County Purchasing Department.

The quantities stated in the **Records JANUARY 31, 2017**. This represents a realistic estimate based on past consumption for purposes of securing a bid price. **The quantities are not firm and are not hereby ordered or called for.** No County department is required to use the services of the selected bidder at any time but shall only use such services as may be convenient and necessary for the proper records management operation of the particular office and department. Actual requirements for services will be stated through issuance of individual purchase orders against the contract, and no obligation to pay for any quantities shall be deemed to exist unless or until such purchase orders are issued.

**CHANGES TO GENERAL SCOPE OF CONTRACT:** The County Purchasing Agent may at any time, by written order, and without notice to the sureties, if any, make changes within the general scope of this contract in any one of the following:

- a. Method of delivery or pickup of files
- b. Place of deliveries.
- c. Correction of errors of a general administrative nature of other mistakes, the correction of which does not affect the scope of the contract, or does not result in expense to the Contractor.
- d. Description of services to be provided which do not result in additional expenses to the Contractor.
- e. Time of performance (i.e. hours of day, days of week, etc.)

- f. 37. **FUNDING:** Funds for payment on the proposed contract have been provided through the COUNTY OF HIDALGO budget approved by Commissioners' Court for 2017 year only. State of Texas statutes prohibit the obligations and expenditure of public funds beyond the fiscal year for which a budget has been approved. However, the cost of items or services covered by this contract is considered a recurring requirement and is included as a standard and routine expense of Hidalgo County to be included in each proposed budget within the foreseeable future.

County Commissioners' Court expect this to be an integral part of future budgets to be approved during the period of the proposed contract except for unanticipated needs or events which may prevent such payments against the contract. However, COUNTY OF HIDALGO cannot guarantee the availability of funds, and enters into this contract only to the extent such funds are made available. The Fiscal Year for County extends from January 1<sup>st</sup> to December 31<sup>st</sup> of each calendar year.

38. **INVOICING:** All invoices submitted by contractor must reference the contract number and purchase order number(s) on the invoice. Hidalgo County will not pay invoices that are in excess of the amount authorized by the purchase order number or the contract.
39. **DESIGNATED COUNTY HOLIDAYS 2017:** No deliveries will be requested on designated holidays, unless specific prior arrangements have been made. Below is the approved holiday schedule. Future schedules are expected to be similar.

| 2017 COUNTY HOLIDAYS   |                       |
|------------------------|-----------------------|
| NEW YEAR'S DAY         | 01/02/2017            |
| MARTIN LUTHER KING DAY | 01/16/2017            |
| PRESIDENT'S DAY        | 02/20/2017            |
| GOOD FRIDAY            | 04/14/2017            |
| MEMORIAL DAY           | 05/29/2017            |
| INDEPENDENCE DAY       | 07/04/2017            |
| LABOR DAY              | 09/04/2017            |
| COLUMBUS DAY           | 10/09/2017            |
| VETERAN'S DAY          | 11/10/2017            |
| CHRISTMAS              | 12/25/2017-12/26/2017 |
| NEW YEAR'S EVE         | 12/29/2017            |

**EXHIBIT "A"**

STATE OF TEXAS                   §

§

COUNTY OF HIDALGO   §

**AFFIDAVIT**

**BEFORE ME**, the undersigned \_\_\_\_\_ authority on this \_\_\_\_\_ day personally appeared who, being by me duly sworn, upon oath says: that he/she is duly qualified and authorized to make this affidavit for and on behalf of \_\_\_\_\_, bidder/offeror /contractor, of \_\_\_\_\_ County, Texas, and is fully cognizant of the facts herein set out and affirms to the truth and accuracy of the certifications made herein by signing this affidavit; that the bidder/offeror/contractor has received the list of key persons dated \_\_\_\_\_, 2017, and attached to this affidavit as Exhibit "A"; that he/she personally read the said Exhibit "A"; that he/she can read the English language; and that he/she has no knowledge of any key person with whom the bidder/offeror is doing business or has done business during the 365-day period immediately prior to the date of this affidavit whose name is not disclosed in the bid, offer, or contract.

Bidder/Offeror/Contractor

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Typed or Printed Name of Affiant

\_\_\_\_\_  
Title of Affiant

\_\_\_\_\_  
Address

**SUBSCRIBED AND SWORN** to before me by the said \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 2017, to certify which witness my hand and seal of office.

Notary Public in and for \_\_\_\_\_ County, Texas.

\_\_\_\_\_  
Typed or printed name of notary

My commission expires:

**EXHIBIT "A"**

**ATTACHMENT 1**

Bidder acknowledges that Bidder is doing business or has done business during the 365-day period immediately prior to the date on which this bid is due with the following key persons and warrants that these are the only such key persons.

1. \_\_\_\_\_  
Print Name \_\_\_\_\_  
Title \_\_\_\_\_
  
2. \_\_\_\_\_  
Print Name \_\_\_\_\_  
Title \_\_\_\_\_

If no one is listed above, Bidder warrants that Bidder is not doing business and has not done business during the 365-day period immediately prior to the date on which this bid is due with any key person.

**HIDALGO COUNTY**

**OFF PREMISES STORAGE, RECORDS MANAGEMENT, PICK UP,  
RETRIEVAL & DELIVERY SERVICES" for  
RFB No. 2017-059-06-07-YZV**

- I. **Vehicles:** List vehicles to be utilized for this Project: Make/Model, Vehicle Identification Numbers, License Plate Numbers, for each vehicle currently owned and/or leased by bidder which shall be covered under insurance requirements as set forth by Hidalgo County. (If additional space is required a second sheet is provided.) Vendor must provide the following information:

| Year/ Make/Model | Vehicle Identification No. | License Plate No. | Vendor Owned or Leased |
|------------------|----------------------------|-------------------|------------------------|
|                  |                            |                   |                        |
|                  |                            |                   |                        |
|                  |                            |                   |                        |
|                  |                            |                   |                        |
|                  |                            |                   |                        |

- II. **System/Equipment:** List equipment that you will be utilizing to render the services detailed in the specifications.(i.e. shelving, file storage, tracking system).

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- III. **Staffing:** Number of employees that will be assigned to render all specifications detailed herein for storage boxes for Hidalgo County? Explain staff positions and duties.

**EXHIBIT "F"**

**KEY LIST**

**"OFF PREMISES STORAGE, RECORDS MANAGEMENT, PICK UP,  
RETRIEVAL & DELIVERY SERVICES" for  
HIDALGO COUNTY  
BID NO.: 2017-059-06-07-YZV**

**LIST OF KEY PERSONS**

| <b>NAME OF INDIVIDUAL HOLDING<br/>OFFICE/POSITION</b> | <b>POSITION HELD</b>            |
|-------------------------------------------------------|---------------------------------|
| HON. RAMON GARCIA                                     | HIDALGO COUNTY JUDGE            |
| HON. DAVID L. FUENTES                                 | HIDALGO COUNTY PRECINCT NO. 1   |
| HON. EDUARDO "EDDIE" CANTU                            | HIDALGO COUNTY PRECINCT NO. 2   |
| HON. JOE M. FLORES                                    | HIDALGO COUNTY PRECINCT NO. 3   |
| HON. JOSEPH PALACIOS                                  | HIDALGO COUNTY PRECINCT NO. 4   |
| HON. J.E. "EDDIE" GUERRA                              | HIDALGO COUNTY SHERIFF          |
| HON. LAURA HINOJOSA                                   | HIDALGO COUNTY DISTRICT CLERK   |
| MARTHA L. SALAZAR                                     | HIDALGO COUNTY PURCHASING AGENT |

**EXHIBIT "G"**

| <b>INFORMATION REQUEST FORM</b>                                                                                                                                                                  |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| File No Requested:                                                                                                                                                                               | Cause No:    |
| Style of Case:                                                                                                                                                                                   |              |
| Requested by (Entity):                                                                                                                                                                           |              |
| Picked up by:                                                                                                                                                                                    |              |
| Signature:                                                                                                                                                                                       | Date & Time: |
| This is to certify that the above –named person is duly authorized to receive the information being requested herein. It is this party's responsibility to ensure the return of these documents. |              |
| Hidalgo County District Clerk, or Assignee:                                                                                                                                                      |              |
| Date & Time Returned:                                                                                                                                                                            |              |
| Returned by:                                                                                                                                                                                     | Signature:   |

Hidalgo County "Information Request Form" 2/2014

**EXHIBIT "H"**

| <b>REQUEST FOR EMERGENCY SERVICES</b>                                                                                                                                                                                                                                                                                                     |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <p>This to authorize the retrieval and delivery of records under emergency (special) circumstances mentioned in Section VI, Hours of Service Required, and Section IX Contract (Special) Provisions, of the:</p> <p><b><i>"Off-Premises Storage, Records Management, Pick-Up &amp; Delivery Services" –</i></b></p> <p>_____ (Entity)</p> |                       |
| <p>I _____, hereby acknowledge that an urgency exists which warrants the immediate retrieval and delivery of the records listed on the attached Exhibit "G".</p>                                                                                                                                                                          |                       |
| <p>_____<br/>Type Department Head and/or Designee</p>                                                                                                                                                                                                                                                                                     | <p>_____<br/>Date</p> |

Hidalgo County "Request for Emergency Services" 2/2014

## EXHIBIT "B"

### BID PAGE

"OFF PREMISES STORAGE, RECORDS MANAGEMENT,  
PICK UP, RETRIEVAL, DELIVERY & SHREDDING SERVICES" for  
HIDALGO COUNTY

BID NO.: 2017-059-06-07-YZV

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**(A) PRICE FOR STORAGE OF CURRENT AND FUTURE RECORDS INVENTORY: DISTRICT CLERK'S OFFICE**

MONTHLY \$ \_\_\_\_\_ ANNUAL \$ \_\_\_\_\_

---

**(B) PRICE FOR STORAGE OF CURRENT AND FUTURE RECORDS INVENTORY PURCHASING DEPARTMENT**

MONTHLY \$ \_\_\_\_\_ ANNUAL \$ \_\_\_\_\_

During the term of the agreement, should the volume of boxes decrease for the Purchasing Department, THIS BID SHALL BE **ON A PRO-RATED PER BOX (UNIT COST) AS VOLUME OF BOXES DECREASES**. Hidalgo County reserves the right to utilize whichever option is most beneficial to Hidalgo County Purchasing Department.

UNIT COST: \$ \_\_\_\_\_

---

**(C) PRICE FOR STORAGE OF CURRENT AND FUTURE RECORDS INVENTORY: SHERIFF'S OFFICE**

MONTHLY \$ \_\_\_\_\_ ANNUAL \$ \_\_\_\_\_

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**(D) PRICE FOR STORAGE OF CURRENT AND FUTURE RECORDS INVENTORY: HUMAN RESOURCES OFFICE**

MONTHLY \$ \_\_\_\_\_ ANNUAL \$ \_\_\_\_\_

---

**(E) BIDDER IS TO PROVIDE A BID PRICE FOR STORAGE BOXES. (PLEASE SPECIFY BOX SIZE)**

BID PRICE \$ \_\_\_\_\_ SIZE: \_\_\_\_\_ (LETTER SIZE)

BID PRICE \$ \_\_\_\_\_ SIZE: \_\_\_\_\_ (LEGAL SIZE)

---

**(F) BIDDER SHALL PROVIDE A BID PRICE FOR SHREDDING SERVICES.**

BID PRICE \$ \_\_\_\_\_ LETTER SIZE BOX

BID PRICE \$ \_\_\_\_\_ LEGAL SIZE BOX

## EXHIBIT "B"

### BID PAGE

"OFF PREMISES RECORD STORAGE,,  
PICK UP, RETRIEVAL, DELIVERY & SHREDDING SERVICES" for  
HIDALGO COUNTY  
BID NO.: 2014-059-06-07-YZV

---

Hidalgo County will award to the responsible bidder submitting the **lowest bid** for the item(s) as specified/identified in the Schedule of Items (Records Inventory List) and meeting all specifications/requirements for all departments.

All bidders must present costs on a monthly basis in equal amounts for up to 36 months. No deviations in monthly cost will be accepted. This is a term contract with a Firm fixed monthly rate regardless of the services provided. **NO DEVIATIONS FROM HIDALGO COUNTY SPECIFICATIONS WILL BE ACCEPTED.**

Hidalgo County will award this contract on yearly basis, commencing on the date of award and/or execution of contract. The County of Hidalgo has the sole option to renew and extend for an additional two (2) - one (1) year periods.

---

BIDDER/COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE No: \_\_\_\_\_ FAX No: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# **EXHIBIT "C"**

## **Insurance Requirements**

The Bidder awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the bidder in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. A Five Hundred Thousand Dollar (\$500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.
2. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars (\$300,000.00) per person and Five Hundred Thousand Dollars (\$500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand (\$500,000.00) arising out of the services provided to County hereunder.
3. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;
4. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

**Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto).** Certificates of insurance shall name Hidalgo County as additional insured and must be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

Revised 10/01/08

|              |  |                                                                                                                                                                                                             |  |                 |
|--------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|
| <b>ACORD</b> |  | <b>CERTIFICATE OF INSURANCE</b>                                                                                                                                                                             |  | DATE (MM/DD/YY) |
| PRODUCER     |  | 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. |  |                 |
|              |  | <b>INSURERS AFFORDING COVERAGE</b>                                                                                                                                                                          |  |                 |
| INSURED      |  | INSURER A:                                                                                                                                                                                                  |  |                 |
|              |  | INSURER B:                                                                                                                                                                                                  |  |                 |
|              |  | INSURER C:                                                                                                                                                                                                  |  |                 |
|              |  | 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 THEIR TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                       | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                                |
|----------|---------------------------------------------------------------------------------------------------------|---------------|----------------------------------|-----------------------------------|-------------------------------------------------------|
| A        | <b>GENERAL LIABILITY</b>                                                                                |               |                                  |                                   | EACH OCCURRENCE \$                                    |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                   |               |                                  |                                   | FIRE DAMAGE (Any one fire) \$                         |
|          | <input type="checkbox"/> CLAIMS MADE OCCUR                                                              |               |                                  |                                   | MEDICAL (Any one person) \$                           |
|          | <input type="checkbox"/> OWNER'S & CONT. PROT                                                           |               |                                  |                                   | PERSONAL & ADV INJURY \$                              |
|          | <input type="checkbox"/> OWNER'S PROTECTIVE LIABILITY                                                   |               |                                  |                                   | ANNUAL AGGREGATE \$                                   |
|          | <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT <input type="checkbox"/> LOC |               |                                  |                                   | PRODUCTS - COMP/OP AGG \$                             |
|          |                                                                                                         |               |                                  |                                   |                                                       |
| B        | <b>AUTOMOBILE LIABILITY</b>                                                                             |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident) \$                |
|          | <input type="checkbox"/> ANY AUTO                                                                       |               |                                  |                                   | BODILY INJURY (Per person) \$                         |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                                |               |                                  |                                   | BODILY INJURY (Per accident) \$                       |
|          | <input type="checkbox"/> SCHEDULED AUTOS                                                                |               |                                  |                                   | PROPERTY DAMAGE (Per accident) \$                     |
|          | <input type="checkbox"/> HIRED AUTOS                                                                    |               |                                  |                                   |                                                       |
|          | <b>GARAGE LIABILITY</b>                                                                                 |               |                                  |                                   | AUTO ONLY-EA ACCIDENT \$                              |
|          | <input type="checkbox"/> ANY AUTO                                                                       |               |                                  |                                   | OTHER THAN AUTO ONLY EA ACC AGG \$                    |
| C        | <b>EXCESS LIABILITY</b>                                                                                 |               |                                  |                                   | EACH OCCURRENCE \$                                    |
|          | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                                     |               |                                  |                                   | AGGREGATE \$                                          |
|          | <input type="checkbox"/> DEDUCTIBLE                                                                     |               |                                  |                                   | \$                                                    |
|          | <input type="checkbox"/> RETENTION \$                                                                   |               |                                  |                                   | \$                                                    |
| D        | <b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>                                                    |               |                                  |                                   | WC STATUS: <input type="checkbox"/> OTHER TORY LIMITS |
|          |                                                                                                         |               |                                  |                                   | E.L. EACH ACCIDENT \$                                 |
|          |                                                                                                         |               |                                  |                                   | E.L. DISEASE-EA EMPLOYEE \$                           |
|          |                                                                                                         |               |                                  |                                   | E.L. DISEASE-POLICY LIMIT \$                          |
|          | <b>OTHER</b>                                                                                            |               |                                  |                                   |                                                       |

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

|                                                                                                          |                                           |                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER                                                                                       | ADDITIONAL INSURED; INSURER LETTER: _____ | CANCELLATION                                                                                                                                                                                                                                                                                                                                                            |
| <b>Hidalgo County</b><br>Attn: Purchasing Department<br>2812 S Highway Bus. 281<br>Edinburg, Texas 78539 |                                           | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30</b> 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.<br>AUTHORIZED REPRESENTATIVE |

# Insurance Requirement Acknowledgment

I, \_\_\_\_\_, authorized representative for \_\_\_\_\_  
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: \$\_\_\_\_\_ General Liability: \$\_\_\_\_\_

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

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
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, \_\_\_\_\_, possess all of the APPLICABLE:

1. Licenses: \_\_\_\_\_

2. Bonds: \_\_\_\_\_

3. Certificates: \_\_\_\_\_

4. Permits: \_\_\_\_\_

5. Other: \_\_\_\_\_

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, certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**CONFLICT OF INTEREST QUESTIONNAIRE**  
**For vendor doing business with local governmental entity**

**FORM CIQ**

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

**OFFICE USE ONLY**

Date Received

**1 Name of vendor who has a business relationship with local governmental entity.**

**2** ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3 Name of local government officer about whom the information is being disclosed.**

\_\_\_\_\_  
Name of Officer

**4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes

☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes

☐ No

**5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

**6** ☐ **Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).**

**7**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

## **CONFLICT OF INTEREST QUESTIONNAIRE**

### **For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

**HIDALGO COUNTY  
PURCHASING DEPARTMENT  
Bidder/Vendor Application**

**Complete in print or type. Please return this application to the Hidalgo County Purchasing Department  
thru Facsimile: (956) 318-2629 or (956) 292-7612  
in person or regular mail to: 2812 S. Business Hwy. 281 , Edinburg, Texas 78539  
or email: [purchasing@co.hidalgo.tx.us](mailto:purchasing@co.hidalgo.tx.us)**

|                                                                                                                                                                                      |                                                                                         |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------|
| Company Name:                                                                                                                                                                        | Telephone No. (     )                                                                   |                                          |
| dba Name:                                                                                                                                                                            |                                                                                         |                                          |
| Legal Name:                                                                                                                                                                          |                                                                                         |                                          |
| Mailing Address :                                                                                                                                                                    | Fax No. (     )                                                                         |                                          |
| Physical Address:                                                                                                                                                                    |                                                                                         |                                          |
| City, State, Zip                                                                                                                                                                     | Tax I.D. No.                                                                            |                                          |
| Remit to Address :                                                                                                                                                                   | City, State, Zip                                                                        |                                          |
| E-Mail Address:                                                                                                                                                                      |                                                                                         |                                          |
| Representative(s) Name(s) & Title(s)                                                                                                                                                 |                                                                                         |                                          |
| Type of Organization (check one):<br>_____ Individual<br>_____<br>_____ LLC                                                                                                          | _____ Partnership<br><br>_____ Sole Proprietor<br>_____ Other, Specify _____ Non-Profit |                                          |
| State Identification No. _____ Federal Identification No. or (if individual) SS No.<br>(Please attached completed W-9 form with this application)                                    |                                                                                         |                                          |
| State of Incorporation: _____ Date: _____ Other: _____                                                                                                                               |                                                                                         |                                          |
| Type of Business (check one):<br>_____ Manufacturer<br>_____ Distributor<br>_____ Service Organization<br>_____ Wholesaler<br>_____ Retailer<br>_____ Broker<br>Other, Specify _____ |                                                                                         |                                          |
| Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:<br>_____<br>_____<br>_____                                                                           |                                                                                         |                                          |
| <b><u>Small and/or Disadvantaged Business Information (check application criteria)</u></b>                                                                                           |                                                                                         |                                          |
| <b><u>Small Business:</u></b> _____ <b><u>Disadvantaged Business (At Least 51% Ownership)</u></b> _____                                                                              |                                                                                         |                                          |
| <input type="checkbox"/> Less than 125,000 annual gross receipt                                                                                                                      | <input type="checkbox"/> Black American                                                 | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Less than 250,000 annual gross receipt                                                                                                                      | <input type="checkbox"/> Hispanic American                                              | <input type="checkbox"/> Women           |
| <input type="checkbox"/> Less than 499,000 annual gross receipt                                                                                                                      | <input type="checkbox"/> Asian Pacific American                                         | <input type="checkbox"/> Other           |
| <input type="checkbox"/> More than 500,000 annual gross receipt                                                                                                                      |                                                                                         |                                          |
| Have you been certified as a HUB or an MBE/WBE source?:<br><div style="text-align: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</div>                       |                                                                                         |                                          |
| Indicate Certification No.(s): _____ or are Certificate(s) attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                       |                                                                                         |                                          |
| What type of product(s) is/are solicited by your company?:                                                                                                                           |                                                                                         |                                          |
| Would you like to be provided with specifications for procurements of such products?: <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                                                                                         |                                          |
| <b>To Be Completed by the County:</b> Rec'd by (Purchasing): _____ Date Rec'd by (Purchasing): _____                                                                                 |                                                                                         |                                          |
| Date Forwarded Information to Auditor's Office: _____ Entry Date: _____ Vendor No.: _____                                                                                            |                                                                                         |                                          |

### **HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION**

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: ☐ Yes ☐ No

If yes, by whom?: ☐ Texas Building & Procurement Commission ☐ Other \_\_\_\_\_

Indicate Certification No(s): \_\_\_\_\_ or Are Certificate(s) Attached?: ☐ Yes ☐ No

---

### **LIST OF CERTIFIED HUB SUBCONTRACTORS**

(Attach additional pages if necessary)

What percentage of the Bid, RFP, or RFQ is to be subcontracted with Certified HUB sources?: \_\_\_\_\_%  
(List HUB Subcontractor information below).

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable): ☐ Texas Building & Procurement Commission ☐ Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: (    )  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

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HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable): ☐ Texas Building & Procurement Commission ☐ Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: (    )  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

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HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable): ☐ Texas Building & Procurement Commission ☐ Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: (    )  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

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Form

**W-9**(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service**Request for Taxpayer  
Identification Number and Certification****Give Form to the  
requester. Do not  
send to the IRS.**Print or type  
See Specific Instructions on page 2.**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.**2** Business name/disregarded entity name, if different from above**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
- ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_
- Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
- ☐ Other (see instructions) ▶ \_\_\_\_\_
- ☐ C Corporation
- ☐ S Corporation
- ☐ Partnership
- ☐ Trust/estate

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

**6** City, state, and ZIP code**7** List account number(s) here (optional)**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Social security number**

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|  |  |  |  | - |  |  |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|--|--|

or

**Employer identification number**

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign  
Here**Signature of  
U.S. person ▶

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . .                                                            | THEN the payment is exempt for . . .                                                                                                                                                                          |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest and dividend payments                                                         | All exempt payees except for 7                                                                                                                                                                                |
| Broker transactions                                                                    | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4                                                                                                                                                                                     |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>                                                                                                                                                             |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4                                                                                                                                                                                     |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [irs.gov](http://irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

| For this type of account:                                                                                                                                                                   | Give name and SSN of:                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1. Individual                                                                                                                                                                               | The individual                                                                                          |
| 2. Two or more individuals (joint account)                                                                                                                                                  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)                                                                                                                                | The minor <sup>2</sup>                                                                                  |
| 4. a. The usual revocable savings trust (grantor is also trustee)<br>b. So-called trust account that is not a legal or valid trust under state law                                          | The grantor-trustee <sup>1</sup><br>The actual owner <sup>1</sup>                                       |
| 5. Sole proprietorship or disregarded entity owned by an individual                                                                                                                         | The owner <sup>3</sup>                                                                                  |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))                                                                              | The grantor <sup>4</sup>                                                                                |
| For this type of account:                                                                                                                                                                   | Give name and EIN of:                                                                                   |
| 7. Disregarded entity not owned by an individual                                                                                                                                            | The owner                                                                                               |
| 8. A valid trust, estate, or pension trust                                                                                                                                                  | Legal entity <sup>4</sup>                                                                               |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553                                                                                                                   | The corporation                                                                                         |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization                                                                                                 | The organization                                                                                        |
| 11. Partnership or multi-member LLC                                                                                                                                                         | The partnership                                                                                         |
| 12. A broker or registered nominee                                                                                                                                                          | The broker or nominee                                                                                   |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity                                                                                       |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))                                          | The trust                                                                                               |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**Certification  
Regarding Debarment, Suspension and Ineligibility**

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and
- d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date: \_\_\_\_\_

If the bidder is unable to certify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

EXHIBIT "G"  
APPENDICES

## APPENDIX A

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") agrees as follows:

1. **Compliance with Regulations:** The contractor (hereinafter includes consultants) will comply with the Acts and the Regulations relative to Nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation, the Federal Highway Administration, as they may be amended from time to time, which are herein incorporated by reference and made a part of this contract.
2. **Nondiscrimination:** The contractor, with regard to the work performed by it during the contract, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The contractor will not participate directly or indirectly in the discrimination prohibited by the Acts and the Regulations, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR Part 21.
3. **Solicitations for Subcontracts, Including Procurements of Materials and Equipment:** In all solicitations, either by competitive bidding, or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the contractor of the contractor's obligations under this contract and the Acts and the Regulations relative to Nondiscrimination on the grounds of race, color, or national origin.
4. **Information and Reports:** The contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the Recipient or the Federal Highway Administration to be pertinent to ascertain compliance with such Acts, Regulations, and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the contractor will so certify to the Recipient or the Federal Highway Administration, as appropriate, and will set forth what efforts it has made to obtain the information.
5. **Sanctions for Noncompliance:** In the event of a contractor's noncompliance with the Nondiscrimination provisions of this contract, the Recipient will impose such contract sanctions as it or the Federal Highway Administration may determine to be appropriate, including, but not limited to:
  - a. withholding payments to the contractor under the contract until the contractor complies; and/or
  - b. cancelling, terminating, or suspending contract, in whole or in part.
6. **Incorporation of Provisions:** The contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations and directives issued pursuant thereto. The contractor will take action with respect to any subcontract or procurement as the Recipient or the Federal Highway Administration may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the contractor may request the Recipient to enter into any litigation to protect the interests of the Recipient. In addition, the contractor may request the United States to enter into the litigation to protect the interests of the United States.

## APPENDIX B

### CLAUSES FOR DEEDS TRANSFERRING UNITED STATES PROPERTY

The following clauses will be included in deeds effecting or recording the transfer of real property, structures, or improvements thereon, or granting interest therein from the United States pursuant to the provisions of Assurance 4:

NOW, THEREFORE, the U.S. Department of Transportation as authorized by law and upon the condition that the **COUNTY OF HIDALGO** will accept title to the lands and maintain the project constructed thereon in accordance with all applicable federal statutes, the Regulations for the Administration of all Department of Transportation programs, and the policies and procedures prescribed by the Federal Highway Administration of the U.S. Department of Transportation in accordance and in compliance with all requirements imposed by Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation pertaining to and effectuating the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252; 42 U.S.C. § 2000d to 2000d-4), does hereby remise, release, quitclaim and convey unto the **COUNTY OF HIDALGO** all the right, title and interest of the U.S. Department of Transportation in and to said lands described in Exhibit 1 attached hereto and made a part hereof.

#### (HABENDUM CLAUSE)

TO HAVE AND TO HOLD said lands and interests therein unto **COUNTY OF HIDALGO** and its successors forever, subject, however, to the covenants, conditions, restrictions and reservations herein contained as follows, which will remain in effect for the period during which the real property or structures are used for a purpose for which Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits and will be binding on the **COUNTY OF HIDALGO**, its successors and assigns.

The **COUNTY OF HIDALGO**, in consideration of the conveyance of said lands and interests in lands, does hereby covenant and agree as a covenant running with the land for itself, its successors and assigns, that (1) no person will on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination with regard to any facility located wholly or in part on, over, or under such lands hereby conveyed [,] [and]\* (2) that the **COUNTY OF HIDALGO** will use the lands and interests in lands and interests in lands so conveyed, in compliance with all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation, Effectuation of Title VI of the Civil Rights Act of 1964, and as said Regulations and Acts may be amended[, and (3) that in the event of breach of any of the above-mentioned nondiscrimination conditions, the Department will have a right to enter or re-enter said lands and facilities on said land, and that above described land and facilities will thereon revert to and vest in and become the absolute property of the U.S. Department of Transportation and its assigns as such interest existed prior to this instruction].\*

(\*Reverted clause and related language to be used only when it is determined that such a clause is necessary in order to make clear the purpose of Title VI.)

## APPENDIX C

### CLAUSES FOR TRANSFER OF REAL PROPERTY ACQUIRED OR IMPROVED UNDER THE ACTIVITY, FACILITY, OR PROGRAM

The following clauses will be included in deeds, licenses, leases, permits, or similar instruments entered into by the **COUNTY OF HIDALGO** pursuant to the provisions of Assurance 7(a):

- A. The (grantee, lessee, permittee, etc. as appropriate) for himself/herself, his/her heirs, personal representatives, successors in interest, and assigns, as a part of the consideration hereof, does hereby covenant and agree [in the case of deeds and leases add "as a covenant running with the land"] that:
  - 1. In the event facilities are constructed, maintained, or otherwise operated on the property described in this (deed, license, lease, permit, etc.) for a purpose for which a U.S. Department of Transportation activity, facility, or program is extended or for another purpose involving the provision of similar services or benefits, the (grantee, licensee, lessee, permitted, etc.) will maintain and operate such facilities and services in compliance with all requirements imposed by the Acts and Regulations (as may be amended) such that no person on the grounds of race, color, or national origin, will be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities.
- B. With respect to licenses, leases, permits, etc., in the event of breach of any of the above Nondiscrimination covenants, **COUNTY OF HIDALGO** will have the right to terminate the (lease, license, permit, etc.) and to enter, re-enter, and repossess said lands and facilities thereon, and hold the same as if the (lease, license, permit, etc.) had never been made or issued.\*
- C. With respect to a deed, in the event of breach of any of the above Nondiscrimination covenants, the **COUNTY OF HIDALGO** will have the right to enter or re-enter the lands and facilities thereon, and the above described lands and facilities will there upon revert to and vest in and become the absolute property of the **COUNTY OF HIDALGO** and its assigns.\*

(\*Reverted clause and related language to be used only when it is determined that such a clause is necessary in order to make clear the purpose of Title VI.)

## APPENDIX D

### CLAUSES FOR CONSTRUCTION/USE/ACCESS TO REAL PROPERTY ACQUIRED UNDER THE ACTIVITY, FACILITY OR PROGRAM

The following clauses will be included in deeds, licenses, permits, or similar instruments/agreements entered into by **COUNTY OF HIDALGO** pursuant to the provisions of Assurance 7(b):

- A. The (grantee, licensee, permittee, etc., as appropriate) for himself/herself, his/her heirs, personal representatives, successors in interest, and assigns, as a part of the consideration hereof, does hereby covenant and agree (in the case of deeds and leases add, "as a covenant running with the land") that (1) no person on the ground of race, color, or national origin, will be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land, and the furnishing of services thereon, no person on the ground of race, color, or national origin, will be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, (3) that the (grantee, licensee, lessee, permittee, etc.) will use the premises in compliance with all other requirements imposed by or pursuant to the Acts and Regulations, as amended, set forth in this Assurance.
- B. With respect to (licenses, leases, permits, etc.), in the event of breach of any of the above Nondiscrimination covenants, **COUNTY OF HIDALGO** will have the right to terminate the (license, permit, etc., as appropriate) and to enter or re-enter and repossess said land and the facilities thereon, and hold the same as if said (license, permit, etc., as appropriate) had never been made or issued.\*
- C. With respect to deeds, in the event of breach of any of the above Nondiscrimination covenants, **COUNTY OF HIDALGO** will there upon revert to and vest in and become the absolute property of **COUNTY OF HIDALGO** and its assigns.\*

(\*Reverted clause and related language to be used only when it is determined that such a clause is necessary in order to make clear the purpose of Title VI.)

## APPENDIX E

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") agrees to comply with the following nondiscrimination statutes and authorities; including but not limited to:

### **Pertinent Nondiscrimination Authorities:**

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq., 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin); and 49CFR Part 21.
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42U.S.C. § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Federal-Aid Highway Act of 1973, (23U.S.C. § 324et seq.), (prohibits discrimination on the basis of sex);
- Section 504 of the Rehabilitation Act of 1973, (29U.S.C. § 794 et seq.), as amended, (prohibits discrimination on the basis of disability); and 49CFRPart 27;
- The Age Discrimination Act of 1975, as amended,(42U.S.C. § 6101 et seq.), (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982, (49U.S.C. § 4 71, Section 4 7123),as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987,(PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms "programs or activities" to include all of the programs or activities of the Federal-aid recipients, sub recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131-12189)as implemented by Department of Transportation regulations at 49C.F.R. parts 37 and 38;
- The Federal Aviation Administration's Nondiscrimination statute (49U.S.C. § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);
- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures discrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 U .S.C. 1681 et seq).

THE STATE OF TEXAS   §  
                                  §  
COUNTY OF HIDALGO   §

**SERVICE CONTRACT  
C-17-059-00-00**

THIS CONTRACT is made and entered into this \_\_\_\_day of\_\_\_\_\_ by and between the **COUNTY OF HIDALGO, TEXAS** ("County"), and \_\_\_\_\_ a Texas. ("Company").

WHEREAS, Company responded to advertised notices for bids for **"Off-Premises Storage, Records Management, Pick Up, Retrieval Delivery & Shredding Services for Hidalgo County** (the "Services");

WHEREAS, Company submitted a bid to provide services in accordance with the specifications as bid, a copy of such specifications and bid being attached hereto as Exhibits "A" and "B" respectively, and incorporated herein for all purposes (the "Specifications"); and

WHEREAS, in recognition of and in consideration of Company's agreement to perform the Services in accordance with Specifications, the Commissioners Court of County awarded the bid to Company.

NOW, THEREFORE, in mutual consideration of the foregoing and the further consideration of the following, the parties hereto agree as follows:

1. County and Company hereby agree that this Contract is entered into in order to provide the Services to locations at   **Hidalgo County**  . This Contract does not extend to any third parties any duties or benefits conferred in any manner hereunder or otherwise.

2. Company hereby promises and agrees to render and provide, during the

term of this Contract, and shall be obligated to render and provide the Services in accordance with the RFB within **Hidalgo County** following a request for Services by **Hidalgo County** or his designated agent. Company agrees in performing the Services that it will use proper professional standards, comply with any and all appropriate laws and regulations in providing the Services, and devote such time as is necessary to safely and efficiently provide the Services.

3. This Contract shall be for a period beginning \_\_\_\_\_ and ending on \_\_\_\_\_ and may be extended at the sole discretion of the County for an additional two (2) one (1) year terms, unless this Contract is terminated pursuant to the provisions herein, whichever occurs first. County also reserves the right to continue this bid for an additional ninety (90) day grace period, under the same rates terms and conditions due.

4. As a condition of this Contract, Company shall hold and maintain throughout the term of this Contract all licenses and permits required, or which may be required by any authority during the term hereof to provide the Services.

5. All trucks or vehicles operated by the Company to perform the Services shall contain all equipment required by any authority to operate on streets and roads and all persons in the employ of Company who operate such trucks or vehicles shall have the required licenses, qualifications, skill and expertise to perform such Services and shall comply with all laws, rules and regulations prescribed by any agency or authority having jurisdiction with regard to the operation of such trucks or vehicles in providing the Services.

6. As consideration for rendering the Service provided for in this Contract, the

County agrees to pay Company the amounts specified in Exhibit "B" attached hereto payable against written invoice submitted by Company.

7. Company shall provide insurance in force on all its vehicles and all persons connected with providing services under this Contract naming County as an additional insured (with the coverages and in the amounts described on Exhibit "C" attached hereto and incorporated herein at this point for all purposes), and shall furnish to County certificates of such insurance coverage.

8. Company shall provide a sufficient number of trucks, vehicles, personnel and equipment available to safely and efficiently provide the Services.

9. Company shall indemnify and hold harmless County, its elected officials, employees and agents from any and all claims, damages, losses, and expenses including attorney's fees for the defense of any action against County arising out of, resulting from, or connected with the provision of the Services by Company under this Contract. Said indemnity shall cover any act or failure to act by the Company, its agents or employees.

10. This Contract shall not be assignable in whole or in part by either party without prior written consent of the other party.

11. It is expressly agreed that this Contract and the performance by the parties hereunder does not create any agency relationship or master-servant relationship, that County has no supervision of the performance of the Services provided by Company, and that Company is an independent contractor under this Contract.

12. Any notice required or permitted to be given hereunder shall be in writing

and shall be delivered personally or sent by certified mail, postage prepaid, as set forth below:

If to County:                   **The County of Hidalgo  
Attn: County Judge  
100 E. Cano St, 2<sup>nd</sup> Floor  
Edinburg, Texas 78539**

If to Company                   \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

14. Any contract award to a successful bidder will be in effect until (a) this contract expires, (b) delivery and acceptance of products, and/or performance of Services ordered, or (c) terminated by County without cause upon thirty (30) days written notice prior to cancellation.

15. This Agreement shall be binding upon and inure to the benefit of and be enforceable by the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

16. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

17. Commitment of Current Revenues Only. In the event that , during any term hereof, the Commissioners Court does not appropriate sufficient funds to met the obligations of County under this Agreement, County may terminate this Agreement upon ninety (90) days written notice to Company. County agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of County pursuant to the provisions of Tex. Loc. Govt. Code Ann '271.903 (Vernon Supp. 1996).

18. This Agreement contains the entire contract between the parties hereto and each party acknowledges that neither has made (either directly or through any agent or representative) any representation or agreement in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by County and not otherwise.

19. Immunities: Nothing in this Agreement is intended to and County does not hereby waive, release or relinquish any right to assert any of the defenses County enjoys by virtue of the state or federal constitution, laws, rules or regulations, and any sovereign, official or qualified immunity available to County as to any claim or action of any person, entity, or individual against County.

WITNESS our hands in duplicate originals this \_\_\_\_ day of \_\_\_\_\_, 2017.

**COUNTY OF HIDALGO**

By: \_\_\_\_\_  
Ramon Garcia, County Judge

**ATTEST:**

By: \_\_\_\_\_  
Arturo Guajardo Jr., County Clerk

**COMPANY**

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Approved by Commissioners' Court on \_\_\_\_\_

APPROVED AS TO FORM:

Atlas & Hall, & Rodriguez, L.L.P.

By: \_\_\_\_\_  
Stephen L. Crain, Attorney

**EXHIBIT “B”**  
**BID PAGE**

**EXHIBIT "B"**

**BID PAGE**

"OFF PREMISES STORAGE, RECORDS MANAGEMENT,  
PICK UP, RETRIEVAL, DELIVERY & SHREDDING SERVICES" for  
HIDALGO COUNTY  
BID NO.: 2017-059-06-07-YZV

OPENED  
9596-111

Witnessed

**(A) PRICE FOR STORAGE OF CURRENT AND FUTURE RECORDS INVENTORY: DISTRICT CLERK'S OFFICE**

MONTHLY \$ 28,700.00 ANNUAL \$ 344,400.00

**(B) PRICE FOR STORAGE OF CURRENT AND FUTURE RECORDS INVENTORY PURCHASING DEPARTMENT**

MONTHLY \$ 700.00 ANNUAL \$ 8,400.00

During the term of the agreement, should the volume of boxes decrease for the Purchasing Department, THIS BID SHALL BE **ON A PRO-RATED PER BOX (UNIT COST) AS VOLUME OF BOXES DECREASES**. Hidalgo County reserves the right to utilize whichever option is most beneficial to Hidalgo County Purchasing Department.

UNIT COST: \$ 0.65

**(C) PRICE FOR STORAGE OF CURRENT AND FUTURE RECORDS INVENTORY: SHERIFF'S OFFICE**

MONTHLY \$ 1,789.00 ANNUAL \$ 21,468.00

**(D) PRICE FOR STORAGE OF CURRENT AND FUTURE RECORDS INVENTORY: HUMAN RESOURCES OFFICE**

MONTHLY \$ 112 ANNUAL \$ 1,344.00

**(E) BIDDER IS TO PROVIDE A BID PRICE FOR STORAGE BOXES. (PLEASE SPECIFY BOX SIZE)**

BID PRICE \$ 3.25 SIZE: 12W X 15L X 10H (LETTER SIZE)

BID PRICE \$ 3.25 SIZE: 12W X 12L X 10H (LEGAL SIZE)

**(F) BIDDER SHALL PROVIDE A BID PRICE FOR SHREDDING SERVICES.**

BID PRICE \$ 2.75 LETTER SIZE BOX

BID PRICE \$ 3.75 LEGAL SIZE BOX

## EXHIBIT "B"

### BID PAGE

"OFF PREMISES RECORD STORAGE,,  
PICK UP, RETRIEVAL, DELIVERY & SHREDDING SERVICES" for  
HIDALGO COUNTY  
BID NO.: 2014-059-06-07-YZV

Hidalgo County will award to the responsible bidder submitting the **lowest bid** for the item(s) as specified/identified in the Schedule of Items (Records Inventory List) and meeting all specifications/requirements for all departments.

All bidders must present costs on a monthly basis in equal amounts for up to 36 months. No deviations in monthly cost will be accepted. This is a term contract with a Firm fixed monthly rate regardless of the services provided. NO DEVIATIONS FROM HIDALGO COUNTY SPECIFICATIONS WILL BE ACCEPTED.

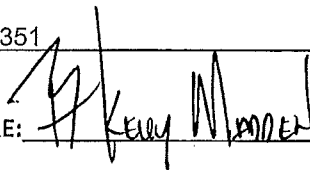
Hidalgo County will award this contract on yearly basis, commencing on the date of award and/or execution of contract. The County of Hidalgo has the sole option to renew and extend for an additional two (2) - one (1) year periods.

BIDDER/COMPANY NAME: CTC Distributing, Ltd.

ADDRESS: 615 Blaze Blvd.

CITY: Edinburg STATE: Texas ZIP CODE: 78539

PHONE No: (956) 686-4351 FAX No: (956) 787-9804

AUTHORIZED SIGNATURE: 

PRINTED NAME: Brian Kelly Madden

TITLE: General Manager EMAIL: k\_madden@ctcdistributing.com

# **EXHIBIT “C”**

## **INSURANCE REQUIREMENTS**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/24/2017

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><br>McAfee Insurance Agency<br>P. O. Box 625<br>321 Second Street<br>Mercedes TX 78570               |  | <b>CONTACT NAME:</b> Mindy Rivera<br><b>PHONE (A/C, No, Ext):</b> (956) 565-2481 <b>FAX (A/C, No):</b> (956) 565-2733<br><b>E-MAIL ADDRESS:</b> mindy@mcafeeagency.com                                                               |  |
| <b>INSURED</b><br>Goldman Services, Inc., etal<br>CTC Distributing, LTD<br>615 Blaze Blvd<br>Edinburg TX 78539-7062 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> United Fire Group<br><b>INSURER B:</b> Texas Mutual Ins. Co.<br><b>INSURER C:</b> Hanover Insurance Company<br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

COVERAGES CERTIFICATE NUMBER: 17-18 CARGO RENEWAL 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                                          |                                                                    |          | 60483938       | 11/21/2016              | 11/21/2017                         | EACH OCCURRENCE \$ 1,000,000                                                    |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |                                                                    |          |                |                         |                                    | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000                            |
|          |                                                                                                           |                                                                    |          |                |                         |                                    | MED EXP (Any one person) \$ 10,000                                              |
|          |                                                                                                           |                                                                    |          |                |                         |                                    | PERSONAL & ADV INJURY \$ 1,000,000                                              |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |                                                                    |          |                |                         |                                    | GENERAL AGGREGATE \$ 2,000,000                                                  |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                                                    |          |                |                         |                                    | PRODUCTS - COM/OP AGG \$ 2,000,000                                              |
|          | OTHER:                                                                                                    |                                                                    |          |                |                         |                                    | Employee Benefits: \$                                                           |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY                                                  |                                                                    |          | 60483938       | 11/21/2016              | 11/21/2016                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                |
|          | <input checked="" type="checkbox"/> ANY AUTO                                                              |                                                                    |          |                |                         |                                    | BODILY INJURY (Per person) \$                                                   |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                                  | <input type="checkbox"/> SCHEDULED AUTOS                           |          |                |                         |                                    | BODILY INJURY (Per accident) \$                                                 |
|          | <input type="checkbox"/> HIRED AUTOS                                                                      | <input type="checkbox"/> NON-OWNED AUTOS                           |          |                |                         |                                    | PROPERTY DAMAGE (Per accident) \$                                               |
|          |                                                                                                           |                                                                    |          |                |                         | Underinsured motorist \$ 1,000,000 |                                                                                 |
| A        | <input type="checkbox"/> UMBRELLA LIAB                                                                    |                                                                    |          | 60483938       | 11/21/2016              | 11/21/2016                         | EACH OCCURRENCE \$                                                              |
|          | <input type="checkbox"/> EXCESS LIAB                                                                      | <input type="checkbox"/> OCCUR                                     |          |                |                         |                                    | AGGREGATE \$                                                                    |
|          | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                      | <input type="checkbox"/> CLAIMS-MADE                               |          |                |                         |                                    | \$                                                                              |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                             |                                                                    |          | 0001176109     | 1/5/2017                | 1/5/2018                           | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A |          |                |                         |                                    | E.L. EACH ACCIDENT \$ 1,000,000                                                 |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |                                                                    |          |                |                         |                                    | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000                                         |
|          |                                                                                                           |                                                                    |          |                |                         |                                    | E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                        |
| C        | Motor Truck Cargo                                                                                         |                                                                    |          | IHD 3260703-09 | 6/3/2017                | 6/3/2018                           | Single Conveyance \$100,000 Deduct/1,000                                        |
|          | Warehouse Legal Liability                                                                                 |                                                                    |          |                |                         |                                    | 500,000 per occ Deduct/1,000                                                    |

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

## CERTIFICATE HOLDER

Hidalgo County  
Purchasing Department  
2812 S Highway Bus 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

Richard Garza/MIN

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2017

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.

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| <b>PRODUCER</b><br>McAfee Insurance Agency<br>P. O. Box 625<br>321 Second Street<br>Mercedes TX 78570              | <b>CONTACT NAME:</b> Mindy Rivera<br><b>PHONE (A/C, No, Ext):</b> (956) 565-2481<br><b>FAX (A/C, No):</b> (956) 565-2733<br><b>E-MAIL ADDRESS:</b> mindy@mcafeeagency.com                                                                                                                                                                                                                |                               |        |                              |  |                                  |  |                                      |  |            |  |            |  |            |  |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|------------------------------|--|----------------------------------|--|--------------------------------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>Goldman Services, Inc., etal<br>CTC Distributing, LTD<br>615 Blaze Bld<br>Edinburg TX 78539-7062 | <table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: United Fire Group</td><td></td></tr><tr><td>INSURER B: Texas Mutual Ins. Co.</td><td></td></tr><tr><td>INSURER C: Hanover Insurance Company</td><td></td></tr><tr><td>INSURER D:</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: United Fire Group |  | INSURER B: Texas Mutual Ins. Co. |  | INSURER C: Hanover Insurance Company |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE                                                                                      | NAIC #                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                              |  |                                  |  |                                      |  |            |  |            |  |            |  |
| INSURER A: United Fire Group                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                              |  |                                  |  |                                      |  |            |  |            |  |            |  |
| INSURER B: Texas Mutual Ins. Co.                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                              |  |                                  |  |                                      |  |            |  |            |  |            |  |
| INSURER C: Hanover Insurance Company                                                                               |                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                              |  |                                  |  |                                      |  |            |  |            |  |            |  |
| INSURER D:                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                              |  |                                  |  |                                      |  |            |  |            |  |            |  |
| INSURER E:                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                              |  |                                  |  |                                      |  |            |  |            |  |            |  |
| INSURER F:                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                              |  |                                  |  |                                      |  |            |  |            |  |            |  |

**COVERAGES**

CERTIFICATE NUMBER: 17-18 WC RENEWAL

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 SUBR INSD WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------|-------------------------------------------|--------------|------------------------------|--------------|--------------------------------|--------------|-----------------------|--------------|------------------------|--------------|--------------------|----|
| A                                               | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X                  | 60483938       | 11/21/2016              | 11/21/2017              | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 200,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Employee Benefits:</td><td>\$</td></tr></table> | EACH OCCURRENCE                                 | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 200,000   | MED EXP (Any one person)     | \$ 10,000    | PERSONAL & ADV INJURY          | \$ 1,000,000 | GENERAL AGGREGATE     | \$ 2,000,000 | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | Employee Benefits: | \$ |
| EACH OCCURRENCE                                 | \$ 1,000,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| DAMAGE TO RENTED PREMISES (Ea occurrence)       | \$ 200,000                                                                                                                                                                                                                                                                                                      |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| MED EXP (Any one person)                        | \$ 10,000                                                                                                                                                                                                                                                                                                       |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| PERSONAL & ADV INJURY                           | \$ 1,000,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| GENERAL AGGREGATE                               | \$ 2,000,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| PRODUCTS - COMP/OP AGG                          | \$ 2,000,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| Employee Benefits:                              | \$                                                                                                                                                                                                                                                                                                              |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| A                                               | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                            |                    | 60483938       | 11/21/2016              | 11/21/2017              | <table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Underinsured motorist</td><td>\$ 1,000,000</td></tr></table>                                                                                                                    | COMBINED SINGLE LIMIT (Ea accident)             | \$ 1,000,000 | BODILY INJURY (Per person)                | \$           | BODILY INJURY (Per accident) | \$           | PROPERTY DAMAGE (Per accident) | \$           | Underinsured motorist | \$ 1,000,000 |                        |              |                    |    |
| COMBINED SINGLE LIMIT (Ea accident)             | \$ 1,000,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| BODILY INJURY (Per person)                      | \$                                                                                                                                                                                                                                                                                                              |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| BODILY INJURY (Per accident)                    | \$                                                                                                                                                                                                                                                                                                              |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| PROPERTY DAMAGE (Per accident)                  | \$                                                                                                                                                                                                                                                                                                              |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| Underinsured motorist                           | \$ 1,000,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| A                                               | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                 |                    | 60483938       | 11/21/2016              | 11/21/2017              | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr></table>                                                                                                                                                                                                                                                                                                                               | EACH OCCURRENCE                                 | \$ 5,000,000 | AGGREGATE                                 | \$ 5,000,000 |                              |              |                                |              |                       |              |                        |              |                    |    |
| EACH OCCURRENCE                                 | \$ 5,000,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| AGGREGATE                                       | \$ 5,000,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| B                                               | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                          | Y/N<br>Y           | 0001176109     | 1/5/2017                | 1/5/2018                | <table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.I. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.I. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.I. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>                                                                                                                                                         | <input checked="" type="checkbox"/> PER STATUTE | OTH-ER       | E.I. EACH ACCIDENT                        | \$ 1,000,000 | E.I. DISEASE - EA EMPLOYEE   | \$ 1,000,000 | E.I. DISEASE - POLICY LIMIT    | \$ 1,000,000 |                       |              |                        |              |                    |    |
| <input checked="" type="checkbox"/> PER STATUTE | OTH-ER                                                                                                                                                                                                                                                                                                          |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| E.I. EACH ACCIDENT                              | \$ 1,000,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| E.I. DISEASE - EA EMPLOYEE                      | \$ 1,000,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| E.I. DISEASE - POLICY LIMIT                     | \$ 1,000,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| C                                               | Motor Truck Cargo<br>Warehouse Legal Liability                                                                                                                                                                                                                                                                  |                    | IHD 3260703-08 | 6/3/2016                | 6/3/2017                | <table border="1"><tr><td>Single Conveyance/\$100,000</td><td>Deduct/1,000</td></tr><tr><td>500,000 per occ</td><td>Deduct/1,000</td></tr></table>                                                                                                                                                                                                                                                                                                             | Single Conveyance/\$100,000                     | Deduct/1,000 | 500,000 per occ                           | Deduct/1,000 |                              |              |                                |              |                       |              |                        |              |                    |    |
| Single Conveyance/\$100,000                     | Deduct/1,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |
| 500,000 per occ                                 | Deduct/1,000                                                                                                                                                                                                                                                                                                    |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |              |                                           |              |                              |              |                                |              |                       |              |                        |              |                    |    |

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

**CERTIFICATE HOLDER****CANCELLATION**

Hidalgo County  
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

Richard Garza/MIN

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## Additional Named Insureds

### Other Named Insureds

CTC asset Company, Ltd

CTC Asset Management #1 LLC

CTC Asset Management #2 LLC

CTC Distributing, Ltd

Gold Madden LLC

Limited Liability Company, Additional Named Insured

Goldman & Marcus Enterprises, Inc.

Goldman Family Management Trust

PODS of South Texas

The Adobe Group, Inc.

## ADDITIONAL COVERAGES

|                      |                          |               |                   |                 |
|----------------------|--------------------------|---------------|-------------------|-----------------|
| Ref #                | Description<br>Aggregate | Coverage Code | Form No.          | Edition Date    |
| Limit 1<br>2,000,000 | Limit 2                  | Limit 3       | Deductible Amount | Deductible Type |
| Premium              |                          |               |                   |                 |

|                      |                           |               |                            |                 |
|----------------------|---------------------------|---------------|----------------------------|-----------------|
| Ref #                | Description<br>Each Claim | Coverage Code | Form No.                   | Edition Date    |
| Limit 1<br>1,000,000 | Limit 2                   | Limit 3       | Deductible Amount<br>1,000 | Deductible Type |
| Premium              |                           |               |                            |                 |

|                      |                                                         |                        |                   |                 |
|----------------------|---------------------------------------------------------|------------------------|-------------------|-----------------|
| Ref #                | Description<br>Uninsured motorist combined single limit | Coverage Code<br>UMCSL | Form No.          | Edition Date    |
| Limit 1<br>1,000,000 | Limit 2                                                 | Limit 3                | Deductible Amount | Deductible Type |
| Premium              |                                                         |                        |                   |                 |

|                  |                          |                      |                   |                 |
|------------------|--------------------------|----------------------|-------------------|-----------------|
| Ref #            | Description<br>PIP-Basic | Coverage Code<br>PIP | Form No.          | Edition Date    |
| Limit 1<br>2,500 | Limit 2                  | Limit 3              | Deductible Amount | Deductible Type |
| Premium          |                          |                      |                   |                 |

|         |                                        |                        |                   |                 |
|---------|----------------------------------------|------------------------|-------------------|-----------------|
| Ref #   | Description<br>Experience Mod Factor 1 | Coverage Code<br>EXP01 | Form No.          | Edition Date    |
| Limit 1 | Limit 2                                | Limit 3                | Deductible Amount | Deductible Type |
| Premium |                                        |                        |                   |                 |

|         |             |               |                   |                 |
|---------|-------------|---------------|-------------------|-----------------|
| Ref #   | Description | Coverage Code | Form No.          | Edition Date    |
| Limit 1 | Limit 2     | Limit 3       | Deductible Amount | Deductible Type |
| Premium |             |               |                   |                 |

|         |             |               |                   |                 |
|---------|-------------|---------------|-------------------|-----------------|
| Ref #   | Description | Coverage Code | Form No.          | Edition Date    |
| Limit 1 | Limit 2     | Limit 3       | Deductible Amount | Deductible Type |
| Premium |             |               |                   |                 |

|         |             |               |                   |                 |
|---------|-------------|---------------|-------------------|-----------------|
| Ref #   | Description | Coverage Code | Form No.          | Edition Date    |
| Limit 1 | Limit 2     | Limit 3       | Deductible Amount | Deductible Type |
| Premium |             |               |                   |                 |

|         |             |               |                   |                 |
|---------|-------------|---------------|-------------------|-----------------|
| Ref #   | Description | Coverage Code | Form No.          | Edition Date    |
| Limit 1 | Limit 2     | Limit 3       | Deductible Amount | Deductible Type |
| Premium |             |               |                   |                 |

|         |             |               |                   |                 |
|---------|-------------|---------------|-------------------|-----------------|
| Ref #   | Description | Coverage Code | Form No.          | Edition Date    |
| Limit 1 | Limit 2     | Limit 3       | Deductible Amount | Deductible Type |
| Premium |             |               |                   |                 |