

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

OFFICE USE ONLY CERTIFICATION OF FILING

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

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

Certificate Number:
 2020-673116

Date Filed:
 09/29/2020

Date Acknowledged:

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

Hidalgo County Urban County Program

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

#M-19-UC-48-0501-RC-13

DEMO & RECON OF 2 UNITS IN THE COUNTY WIDE AREA, 1 UNIT IN THE CITY OF DONNA, 1 UNIT IN THE CITY OF ALAMO & 1 UNIT IN THE CITY OF EDCOUCH

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

5 Check only if there is NO Interested Party.

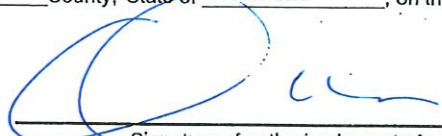
6 UNSWORN DECLARATION

My name is RG Enterprises, LLC dba G&G Contractors and my date of birth is 06/05/1978

My address is 711 E. Wisconsin Rd, Edinburg, TX, 78539, USA
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 30 day of September 2020
(month) (year)



Signature of authorized agent of contracting business entity
 (Declarant)

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			Controlling	Intermediary
	Garza, Rene	Edinburg, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bert Whisenant Insurance 816 East Hackberry Avenue McAllen TX 78501		CONTACT NAME: Sylvia Briones, CISR PHONE (A/C, No, Ext): (956) 686-8323 E-MAIL ADDRESS: SBriones@bwi-ins.com FAX (A/C, No): (888) 512-2080	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Clear Blue Specialty (USG)	
		INSURER B: Merchants National Ins Co (USG)	
		INSURER C: Texas Mututal Ins Co	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Andrew Nicolas Salinas DBA: A-One Insulation 3500 N. Birch St. Pharr TX 78577			

COVERAGES **CERTIFICATE NUMBER:** CL206101481 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	AR01-RS-2001667-00	04/24/2020	04/24/2021	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	Y	EXL0001835	04/24/2020	04/24/2021	EACH OCCURRENCE \$ 2,000,000
	DED RETENTION \$						AGGREGATE \$ 2,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	0001325998	05/30/2020	04/24/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

The General Liability Policy includes a Blanket Automatic Additional Insured that provides additional insured status to the certificate holder only when there is a written contract between the insured and the certificate holder that requires such status. The General Liability Policy includes a Blanket Automatic Waiver of Subrogation that provides waiver status to the certificate holder only when there is a written contract between the insured and the certificate holder that requires such status. Primary and NonContributory endorsement is included in the General Liability Policy. Blanket Waiver of Subrogation to the Workers Compensation Policy

CERTIFICATE HOLDER**CANCELLATION**

Hidalgo County Urban County Program
 1916 Tesoro St.

Pharr

TX 78577

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
A ONE INSULATION
PHARR, TX United States

Certificate Number:
2020-673092

Date Filed:
09/29/2020

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

Date Acknowledged:

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

Bid No: M-19-UC-48-0501-RC-13
Demolition & Reconstruction of homes

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

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Andrew Salinas, and my date of birth is 12-24-1991.

My address is 3500 N. Birch st. (street), Pharr (city), Tx (state), 78577 (zip code), US (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 29th day of September, 2020.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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 PHARR, TX United States

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Urban County Program

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			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)



Guadalupe Garcia <guadalupe.garcia@co.hidalgo.tx.us>

Fwd: Requesting approval from DA's

1 message

Guadalupe Garcia <guadalupe.garcia@co.hidalgo.tx.us>

Wed, Oct 14, 2020 at 2:57 PM

To: Victor Garza <victor.garza@da.co.hidalgo.tx.us>, "Meza, Maritsa" <maritsa.meza@co.hidalgo.tx.us>, "avila, patricio" <patricio.avila@co.hidalgo.tx.us>, Antonio Barco <antonio.barco@co.hidalgo.tx.us>, "montoya, irene" <irene.montoya@co.hidalgo.tx.us>, "delagarza, steven" <steven.delagarza@co.hidalgo.tx.us>

Good afternoon, can you please review the attached Construction Loan Agreements for the HOME division of the UCP. There are five agreements, each house will be submitted for construction approval . There are two different Construction companies. See attached Bid Tabulation sheet. Agenda is being submitted for County Commissioner' Court approval for October 20, 2020. With "Pending legal review and approval" language.

Should you have any questions or need additional information, please call me ASAP.

Thankyou for your prompt attention to this matter. Have a blessed day!

Be safe!

Guadalupe V. Garcia.

UCP Coordinator III

Hidalgo County-Urban County Program

1916 Tesoro Street,

Pharr, Texas 78577

956-787-8127 Ext. 2237

<https://www.hidalgocounty.us/618/Urban-County>

1 Peter 4:8. There is no fear in love.

----- Forwarded message -----

From: **Maritsa Meza** <maritsa.meza@co.hidalgo.tx.us>

Date: Wed, Oct 14, 2020 at 1:50 PM

Subject: Requesting approval from DA's

To: Guadalupe Garcia <guadalupe.garcia@co.hidalgo.tx.us>, montoya, irene <irene.montoya@co.hidalgo.tx.us>

Cc: delagarza, steven <steven.delagarza@co.hidalgo.tx.us>

Good Afternoon Lupita,

Please route the following contracts to Victor Garza, DA's office for approval. Contracts are set to be on Tuesday October 20th Commissioners Court. If you have any questions or concerns please let me know.

Thankyou

--

Maritsa Meza

Administrative Assistant

Hidalgo County Urban County Program

1916 Tesoro St. Pharr, TX 78577

Ph#: (956) 787-8127 Ext: 2244

6 attachments




Contreras Contract.pdf


1012K




Delgado contract.pdf

990K

 **Maldonado Contract.pdf**
1002K

 **Escobedo Contract.pdf**
997K

 **Cantu Contract (1).pdf**
998K

 **Bid Tabulation-Insurance for contracts.pdf**
3308K