



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

July 16, 2021

Kalifa's Western Wear, Inc
209 S 16th Street
McAllen, Texas 78501
Attn: Mr. Abdala Kalifa

Delivered via email: kalifa7@aol.com
Term: October 1, 2021– September 30, 2022

**Re: Project No. 21-110-JLC – “Lease of Office Space - McAllen”
Extension 2 of 3 for Contract C-19-175-08-27**

Dear Mr. Abdala Kalifa,

This letter is to notify you that Hidalgo County has chosen the option to exercise the second **One (1) Year Extension** under the same rates, terms, and conditions with Kalifa's Western Wear, Inc for the above referenced project.

To proceed, please return the following to Hidalgo County Purchasing Department via email to jireh.lcabello@co.hidalgo.tx.us no later than **4 PM Tuesday, July 20, 2021:**

1. Form 1295 – filed with the Texas Ethics Commission and the Unsworn Declaration filled out
2. On box 3, please reference **21-110-JLC**
3. Updated Certificate of Insurance – ensure Hidalgo County is listed as a Certificate Holder
4. Signed Acknowledgment of Receipt of this Notice from an authorized representative

This item will be placed on the agenda for Commissioners' Court approval on July 27, 2021. Failure to submit all items requested in a timely manner, may result in delay of award.

Abdala Kalifa Authorized Representative Name Abdala Kalifa Signature July 16, 2021 Date

Hidalgo County Purchasing Department appreciates your business. If any further assistance is required, please do not hesitate to call Purchasing Department (956) 318-2626, extension 4868

Sincerely,

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent
P.P. Jireh S. Lira Cabello
Contract Specialist I

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.

Kalifa's Western Wear, Inc.
McAllen, TX United States

Certificate Number:
2021-779945

Date Filed:
07/16/2021

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

City of McAllen-WIC 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.

21-110-JLC
Lease of Office Space - McAllen

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 Abdala Kalifa, and my date of birth is 08/30/1949.

My address is 209 S. 16th Street, McAllen, TX, 78501, 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 16 day of JULY, 20 21.
(month) (year)

Abdala Kalifa

Signature of authorized agent of contracting business entity
(Declarant)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/19/2021

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 Lone Star Insurance Services, Inc 520 E Nolana, Ste 110 (P. O. Box 3988) 78502 McAllen TX 78504	CONTACT NAME: Melba Robledo	FAX (A/C, No): (956) 682-1742	
	PHONE (A/C, No, Ext): (956) 682-1722	E-MAIL ADDRESS: robledom@lonestar-ins.com	
INSURED Kalifa Real Estates, LLC / Kalifa Western Wear 209 S. 16th ST McAllen TX 78501	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Maxum Indemnity Company(AMWE)		
	INSURER B: Evanston Ins Co. (AMWE)		
	INSURER C: Hartford Accident and Indemnity Company		
	INSURER D: Velocity Risk Underwriters		
	INSURER E:		
INSURER F:			

COVERAGES CERTIFICATE NUMBER: CL2171901255 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	N	BDG-0157550-01	02/03/2021	02/03/2022	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input 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 Employee Benefits \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			EZXS3042963	02/03/2021	02/03/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	DED RETENTION \$						PER STATUTE OTH-ER
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	65WBCAN4977	02/03/2021	02/03/2022	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Property - Coverage -220 S. Bicentennial, McAllen, TX 78501			VNB-CN-0002880-01	02/03/2021	02/03/2022	\$1,050,407 Building

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

CERTIFICATE HOLDER

Hidalgo County Purchasing Dept.
2802 South Business HWY 281
Edinburg TX 78539

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Melba Robledo

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