



SAENBRO-01

AOROPEZA

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/21/2023

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> Hub International Insurance Services 121 Pecan Blvd Mc Allen, TX 78501	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(956) 682-2841</b> FAX (A/C, No): <b>(956) 630-4015</b> E-MAIL ADDRESS:  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : <b>Scottsdale Insurance Company</b></td> <td style="border: none;"><b>41297</b></td> </tr> <tr> <td style="border: none;">INSURER B : <b>Berkshire Hathaway Homestate Insurance Company</b></td> <td style="border: none;"><b>20044</b></td> </tr> <tr> <td style="border: none;">INSURER C : <b>Texas Mutual Insurance Company</b></td> <td style="border: none;"><b>22945</b></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Scottsdale Insurance Company</b>	<b>41297</b>	INSURER B : <b>Berkshire Hathaway Homestate Insurance Company</b>	<b>20044</b>	INSURER C : <b>Texas Mutual Insurance Company</b>	<b>22945</b>	INSURER D :		INSURER E :		INSURER F :	
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<b>INSURED</b> <div style="background-color: yellow; padding: 2px;"> <b>Saenz Brothers Construction, LLC</b>            3226 N Victoria Rd            Donna, TX 78537         </div>															

**COVERAGES****CERTIFICATE NUMBER:****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																					
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Ded - \$5,000 per Occ</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC General Aggregate for All Project OTHER:			<b>RBS0183561</b>	<b>4/23/2023</b>	<b>4/23/2024</b>	<table style="width: 100%; border: none;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>100,000</b></td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>5,000</b></td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>2,000,000</b></td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>2,000,000</b></td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table>	EACH OCCURRENCE	\$	<b>1,000,000</b>	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	<b>100,000</b>	MED EXP (Any one person)	\$	<b>5,000</b>	PERSONAL & ADV INJURY	\$	<b>1,000,000</b>	GENERAL AGGREGATE	\$	<b>2,000,000</b>	PRODUCTS - COMP/OP AGG	\$	<b>2,000,000</b>		\$	
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<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <span style="float: right;">Y/N</span> <div style="text-align: center; border: 1px solid black; padding: 2px;"><b>N</b></div> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	<b>0002076821</b>	<b>4/23/2023</b>	<b>4/23/2024</b>	<table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>1,000,000</b></td> </tr> <tr> <td><input type="checkbox"/> OTH-ER</td> <td style="text-align: right;">\$</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>1,000,000</b></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>1,000,000</b></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><b>1,000,000</b></td> </tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	\$	<b>1,000,000</b>	<input type="checkbox"/> OTH-ER	\$		E.L. EACH ACCIDENT	\$	<b>1,000,000</b>	E.L. DISEASE - EA EMPLOYEE	\$	<b>1,000,000</b>	E.L. DISEASE - POLICY LIMIT	\$	<b>1,000,000</b>						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**"GLO 2016 State Mitigation Competition, Hidalgo County Main Floodwater Channel Expansion - Phase 2, Segment D"**  
 Bid No. 6553-94-0309-5200-0000-UCP-AA  
 30 day Notice of Cancellation in favor of Certificate Holder except 10 days for non-payment.  
 Automobile - Uninsured/Underinsured Motorists limit \$100,000. Combined Single Limit Bodily Injury and Property Damage

**CERTIFICATE HOLDER****CANCELLATION**

<div style="background-color: yellow; padding: 5px;"> <b>Hidalgo County Urban County Program</b>            1916 Tesoro St.            Pharr, TX 78577         </div>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Raul Cabaza III</i></p>
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