



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2023

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><br>Etiel Reyes Farmers Insurance Agency<br>1905 Hollow Rd<br><br>Weslaco TX 78599 |  | <b>CONTACT</b><br>NAME: Etiel Reyes<br><br><b>PHONE</b><br>(A/C, NO, EXT): 956-969-0107 |  | <b>FAX</b><br>(A/C, NO): 956-969-0210 |               |
|   |  | <b>E-MAIL</b><br>ADDRESS: info.etielreyes@gmail.com                                     |  |                                       |               |
|   |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  |                                       | <b>NAIC #</b> |
| <b>INSURED</b><br>Rene Olivarez<br>dba: Renoworks, LLC<br>3620 Ida St<br>Edinburg TX 78539        |  | <b>INSURER A:</b> James River Insurance Company   |  | 24082                                 |               |
|   |  | <b>INSURER B:</b>   |  |                                       |               |
|   |  | <b>INSURER C:</b>   |  |                                       |               |
|   |  | <b>INSURER D:</b>   |  |                                       |               |
|   |  | <b>INSURER E:</b>   |  |                                       |               |
|   |  | <b>INSURER F:</b>   |  |                                       |               |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

| INSR LTR   | TYPE OF INSURANCE  | ADDTL INSD   | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|--|--|--|----------|---------------|-------------------------|-------------------------|---|--------------|
| A  | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>        |  |          | 00101922-3    | 03/11/2023              | 03/11/2024              | EACH OCCURRENCE                           | \$ 1,000,000 |
|  | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |  |          |               |                         |                         | 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 |
| GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |  |  |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
| A  | <b>AUTOMOBILE LIABILITY</b>  |  |          | BAS60491690   | 10/24/2023              | 10/24/2024              | COMBINED SINGLE LIMIT (Ea accident)       | \$ 500,000   |
|  | <input type="checkbox"/> ANY AUTO  |  |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|  | <input type="checkbox"/> OWNED AUTOS ONLY                                      | <input type="checkbox"/> SCHEDULED AUTOS                 |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|  | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                           | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|  |  |  |          |               |                         |                         |   | \$           |
|  | <b>UMBRELLA LIAB</b>   |  |          |               |                         |                         | EACH OCCURRENCE                           | \$           |
|  | <b>EXCESS LIAB</b>   |  |          |               |                         |                         | AGGREGATE                                 | \$           |
|  | DED  | RETENTION \$   |          |               |                         |                         |   | \$           |
|  | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                           |  |          | N/A           |                         |                         | PER STATUTE                               | OTHER \$     |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    | Y/N  |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|  | If yes, describe under DESCRIPTION OF OPERATIONS below                         |  |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|  |  |  |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
|  |  |  |          |               |                         |                         |   |              |

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

General Contractor  
Project Description:  
GLO 2015 State Mitigation Competition, Hidalgo County Main Floodwater Channel Expansion -Phase 1, Segment B"

|                                     |  |  |  |
|-------------------------------------|--|--|--|
| <b>CERTIFICATE HOLDER</b>           |  | <b>CANCELLATION</b>  |  |
| Hidalgo County Urban County Program |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |  |
| 1916 N. Tesoro Blvd                 |  | AUTHORIZED REPRESENTATIVE  |  |
| Pharr TX 78577                      |  |  |  |



**TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

**Schedule**

1.  Specific Waiver

Name of person or organization

Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: All Texas operations

3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.  
(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)  
This endorsement, effective on 1/8/23 at 12:01 a.m. standard time, forms a part of:

Policy no. 0002042242 of Texas Mutual Insurance Company effective on 1/8/23

Issued to: RENOWORKS LLC

This is not a bill



**Authorized representative**

NCCI Carrier Code: 29939

1/5/23