

Supplemental Agreement Form

THE STATE OF TEXAS §  
  §  
COUNTY OF HIDALGO §

**SUPPLEMENTAL AGREEMENT NO. 1**  
**TO AGREEMENT FOR PROFESSIONAL ENGINEERING SERVICES**

**THIS SUPPLEMENTAL AGREEMENT** is made pursuant to the terms and conditions of paragraph 5 of the Agreement made by and between **HIDALGO COUNTY**, acting herein by and through the **Commissioner's Court**, hereinafter called the "**Owner**", and **Cruz – Hogan Consultants, Inc.** Professional Engineers of, **McAllen**, Texas, hereinafter called the "**Engineer**".

**WITNESSETH**

**WHEREAS**, the **Owner** and the **Engineer** executed the **Agreement** on the **January 10<sup>th</sup>** day of **January 2017** concerning Engineering for **City of Weslaco - 2016 Waterline Improvements Phase 2 Project** hereinafter referred to as the ("**Project**") and,

**WHEREAS**, Article **3** of the **Agreement**, **Term**, establishes the termination date of this agreement; and,

**WHEREAS**, it has become necessary to amend the Agreement in order to extend the termination date for an additional one (1) year in order to complete the scope of services for this project.

**A. AGREEMENT**

**NOW THEREFORE**, premises considered, the **Owner** and the **Engineer** agree that said **Agreement** is amended as follows:

- I. Article 3 of the **Agreement**, **Term**, is revised to extend the termination date of January 9, 2018 to **January 9, 2019** for a total of an additional year in order to complete the scope of services for this project.

All other provisions are unchanged and remain in full force and effect.

IN WITNESS WHEREOF, the Engineer and the Owner have caused this Supplemental Agreement to the Agreement for Professional Services to be executed as of the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

**THE OWNER:  
HIDALGO COUNTY**

*Ramon Garcia*  
By: Ramon Garcia, County Judge



ATTEST:

1/9/18 ms

*Arturo Guajardo Jr.*  
Arturo Guajardo Jr., County Clerk

**THE ENGINEER:  
Cruz – Hogan Consultants, Inc.**

*OS Cruz*  
By: Orlando S. Cruz, P.E., President

**LIST OF ATTACHMENTS**

Certificate of Insurance

# CRUZ-HOGAN *Consultants, Inc.*

ENGINEERS | PLANNERS | CONSULTANTS

McAllen | Harlingen | Weslaco  
TBPE Firm Reg No. F-4860

December 18, 2017

Diana R. Serna  
Director  
County of Hidalgo-Urban County Program  
427 E. Duranta Avenue, Suite 107  
Alamo, Texas 78516

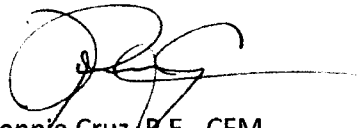
RE: City of Weslaco-2016 Waterline Improvements Phase 2 Project  
Extension for Supplemental Agreement

Dear Mrs. Serna,

We would like to request an extension for the UCP-City of Weslaco-2016 Waterline Improvements Phase 2 Project. The Professional Service Agreement was for a period of 1 year effective January 10, 2017 and will expire January 09, 2018. We would like to request an additional year to complete the project.

If you have any questions please feel free to call me at 956-682-5022.

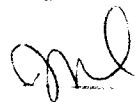
Thank you,



Ronnie Cruz, P.E., CFM  
Vice-President

RC/cr

DEC 18 2017





Policy Number:

Date Entered: 12/14/2017

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/14/2017

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 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 <b>RISKPRO Insurance Agency, LLC</b> 901 Waterfall Way, Suite 407 Richardson, Texas 75080	CONTACT NAME:	
	PHONE (A/C No., Ext): (972) 235-3030	FAX (A/C, No): (972) 235-3556
E-MAIL ADDRESS: brunker@riskpro.us		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: SENTINEL INSURANCE COMPANY, LIMITED		11000
INSURER B: Hartford Accident and Indemnity Company		22357
INSURER C:		16691
INSURER D:		
INSURER E:		
INSURER F:		

INSURED **Cruz-Hogan Consultants, Inc.**  
  
605 East Violet  
Suite 5  
McAllen, TX 78504

### 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			46 SBA NV4715	5/16/2017	5/16/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			46 SBA NV4715	5/16/2017	5/16/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			46 SBA NV4715	5/16/2017	5/16/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
B	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	46 WBC AB7729	7/30/2017	7/30/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

Coverage is subject to all policy terms, conditions, exclusions and endorsements.

<b>CERTIFICATE HOLDER</b> Hidalgo County Purchasing Department 2802 South Business Highway 281 Edinburg TX 78539	<b>CANCELLATION</b> 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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**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.**  
Cruz-Hogan Consultants, Inc.  
McAllen, TX United States

Certificate Number:  
2017-294112

Date Filed:  
12/14/2017

**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:

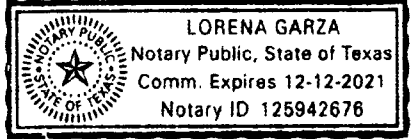
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
5016-80-0310-5000-8000-UCP-ML  
Professional Engineering Services

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 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*[Signature]*  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Orlando S. Cruz, this the 18<sup>th</sup> day of December 2017, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Lorena Garza  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath