

PO BOX 1628
BRACKETTVILLE, TX 78832
Phone: 830-563-9128
aaarroofingbrackett@sbcglobal.net

AAA ROOFING

FAX

To: General Contractor

From: Meghan Oswald

Pages: 1

Date: May 22, 2025

Re: Webb County Health Services Roofing Retrofit – Laredo, Texas

Prices guaranteed for 60 days.

ROOFING BID

RE: WEBB COUNTY HEALTH SERVICES ROOFING RETROFIT – LAREDO, TEXAS

Propose to furnish labor and materials for the following:

Removal of existing sheet metal components; install loose-laid 3” flute-fill insulation between panel seams; install one (1) layer of 1.5” (mechanically attached); install Carlisle 60mil TPO roofing membrane over polyiso (including parapet walls) (mechanically attached); install fully adhered TPO base flashing at mechanical curbs and parapet walls; install pre-molded TPO pipe boots at all pipe penetrations; install 24ga coping, gutters and downspouts; 20-year NDL manufacturer warranty and 2-year installer warranty.

TOTAL LABOR & MATERIALS-----\$45,520.00****

*****We carry Workers’ Comp & General Liability Insurance with standard limits.*****

*****Any additional limits, additional insured’s, waivers of subrogation required by the General Contractors will be an additional cost added to this bid of...\$500/waiver*****

Public Health Services Building Roofing Retrofit
Bid Price Sheet Form A

Bid Item	Unit	Quantity	Unit Cost	Total
Existing Sheet Metal Removal	LS	1	\$ 5,968.00	\$ 5,968.00
Flute-Fill Insulation	SF	4400	\$ 1.68	\$ 7,392.00
Polyiso Roof Insulation	SF	4400	\$ 1.40	\$ 6,160.00
TPO Membrane Roofing	SF	4800	\$ 3.75	\$ 18,000.00
Sheet Metal Parapet Coping	LF	320	\$ 20.00	\$ 6,400.00
Sheet Metal Gutter	LF	80	\$ 20.00	\$ 1,600.00
Grand Total				\$ 45,520.00

Note: A Payment Bond will be required if cost is over \$25,000 as well as a copy of the supplier's Certificate of Insurance.

Peter D. Perez

Name

/s/ Peter D Perez

Signature

Owner

Title

PO Box 1628

Address

Brackettville, Tx 78832

City, State, Zip

830-563-9128

Telephone Number

aaarroofingbrackett@sbcglobal.net

Email

ADDENDUM NUMBER 1 TO THE BID DOCUMENTS

Addendum Date: May 19, 2025

BID DOCUMENT

“Public Health Services Building Roofing Retrofit”

A. This Addendum shall be considered part of the bid documents for the above-mentioned project as though it had been issued at the same time and shall be incorporated integrally therewith. Where provisions of the following supplementary data differ from those of the original bid documents, this Addendum shall govern and take precedence. **BIDDERS MUST SIGN THE ADDENDUM AND SUBMIT IT WITH THEIR BIDS/PROPOSALS.**

B. Bidders are hereby notified that they shall make any necessary adjustments in their estimates as a result of this Addendum. It will be construed that each bidder's proposal is submitted with full knowledge of all modifications and supplemental data specified herein.

Except as described below, the original bid document remains unchanged. The bid documents are modified and/or clarified, as follows:

- Documents “Roof Inspection Report have been included under the “Attachments” tab.

BIDDER MUST ACKNOWLEDGE THIS ADDENDUM BY SIGNING BELOW AND ATTACHING THE SIGNED ADDENDUM TO THE BID FORM(s):

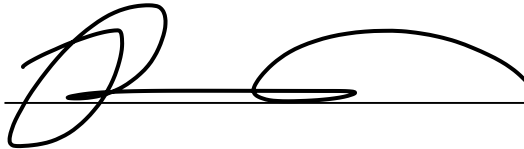
Company Name

AAA Roofing

Contact Person

Peter Perez

Signature

A handwritten signature in black ink, appearing to be 'Peter Perez', written over a horizontal line.

Date

5/22/2025

THIS CONCLUDES ADDENDUM NO. 1 IN ITS ENTIRETY.

This Addendum is being transmitted electronically via our E-Bid site @
<https://webbcountybid.ionwave.net/Login.aspx>. If you have any questions, please direct them to;
Juan Guerrero Jr. (956) 523-4149 or email at juguerrero@webbcountytexas.gov.

ADDENDUM NUMBER 2 TO THE BID DOCUMENTS

Addendum Date: May 20, 2025

BID DOCUMENT

“Public Health Services Building Roofing Retrofit”

A. This Addendum shall be considered part of the bid documents for the above-mentioned project as though it had been issued at the same time and shall be incorporated integrally therewith. Where provisions of the following supplementary data differ from those of the original bid documents, this Addendum shall govern and take precedence. **BIDDERS MUST SIGN THE ADDENDUM AND SUBMIT IT WITH THEIR BIDS/PROPOSALS.**

B. Bidders are hereby notified that they shall make any necessary adjustments in their estimates as a result of this Addendum. It will be construed that each bidder's proposal is submitted with full knowledge of all modifications and supplemental data specified herein.

Except as described below, the original bid document remains unchanged. The bid documents are modified and/or clarified, as follows:

- See below questions submitted for this project.
 1. Is the 20'x20' flat single ply membrane area to be included in this RFP? **The 20'x20' area is to be included for TPO overlay including appropriate end treatments and center drain terminations.**
 2. The scope of work does not mention the installation of 2x blocking along the gutter edge, which is highly recommended for wind uplift securement by the manufacturers. With the 3" flute filler and 1.5" ISO this would require (3) layers of 2x6 blocking along the gutter edge. Can an addendum issued for this to be added to the scope of work so we are all bidding apples for apples? **See attached “Health Services Roofing Edge Blocking Detail”**
 3. Is a bid bond required? **Bonding requirements apply for bids greater than \$25,000?**
 4. The front parapet wall, once the insulation is installed, will only be approximately 2-3" above the finished roof. This is not a desirable height for coping cap installation. Would the county entertain utilizing an edge metal detail (still warranted by manufacturer) in lieu of coping cap? This will eliminate seams of coping cap as the edge metal can be stripped in with flashing and seamless. **Submit bid for use of coping cap in order to remain comparable to other bidders. This edge metal detail can be bid as an alternate for consideration if base bid is awarded.**

**BIDDER MUST ACKNOWLEDGE THIS ADDENDUM BY SIGNING
BELOW AND ATTACHING THE SIGNED ADDENDUM TO THE BID
FORM(s):**

Company Name

AAA Roofing

Contact Person

Peter Perez

Signature

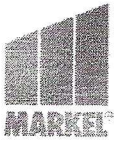


Date

May 22, 2025

THIS CONCLUDES ADDENDUM NO. 2 IN ITS ENTIRETY.

This Addendum is being transmitted electronically via our E-Bid site @
<https://webbcountybid.ionwave.net/Login.aspx>. If you have any questions, please direct them to;
Juan Guerrero Jr. (956) 523-4149 or email at juguerrero@webbcountytexas.gov.



TEXAS STATUTORY PAYMENT BOND
(Public Works)

Bond No. 4477790

KNOW ALL MEN BY THESE PRESENTS:

THAT, Peter D. Perez dba AAA Roofing, LLC (hereinafter called the Principal), as principal, and SureTec Insurance Company, 2103 CityWest Boulevard, Suite 1300, Houston, TX 77042, (address), a corporation organized and existing under the laws of the State of Texas, licensed to do business in the State of Texas and admitted to write bonds, as surety, (hereinafter called the Surety), are held and firmly bound unto Webb County, Texas (hereinafter called the Oblige), in the amount of Forty-Five Thousand Five Hundred Twenty and 00/100's Dollars (\$45,520.00) for the payment whereof, the said Principal and Surety bind themselves, and their heirs, administrators, executors, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has entered into a certain contract with the Oblige, dated the ____ day of ____, 2025 for Public Health Services Roofing Retro Fit, which contract is hereinafter referred to as the "Contract."

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said Principal shall pay all claimants supplying labor and material to him or a subcontractor in the prosecution of the work provided for in said Contract, then, this obligation shall be null and void; otherwise to remain in full force and effect;

PROVIDED, HOWEVER, that this bond is executed pursuant to the provisions of Chapter 2253 of the Texas Government Code and all liabilities on this bond shall be determined in accordance with the provision, conditions and limitations of said Chapter to the same extent as if it were copied at length herein.

IN WITNESS WHEREOF, the said Principal and Surety have signed and sealed this instrument this ____ day of ____, 2025.

**Principal: Peter D. Perez dba AAA
Roofing, LLC**

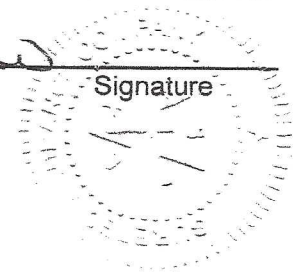
By:  Signature

Name: Peter D Perez
Title: Owner

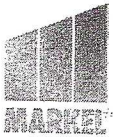
SureTec Insurance Company

By:  Signature

**Name: Brad Ballew
Attorney-in-Fact**



The Rider(s) Attached Hereto Is/Are Incorporated in the Bond and Contains Important Coverage Information and Limitations



TEXAS STATUTORY PERFORMANCE BOND

(Public Works)

Bond No. 4477790

KNOW ALL MEN BY THESE PRESENTS:

THAT, Peter D. Perez dba AAA Roofing, LLC (hereinafter called the Principal, and SureTec Insurance Company, 2103 CityWest Boulevard, Suite 1300, Houston, TX 77042, (address), a corporation organized and existing under the laws of the State of Texas, licensed to do business in the State of Texas and admitted to write bonds, as surety, (hereinafter called the Surety), are held and firmly bound unto Webb County, Texas (hereinafter called the Obligee), in the amount of Forty-Five Thousand Five Hundred Twenty and 00/100's Dollars (\$45,520.00) for the payment whereof, the said Principal and Surety bind themselves, and their heirs, administrators, executors, successors, and assigns, jointly and severally, firmly by these presents.

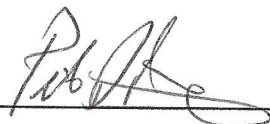
WHEREAS, the Principal has entered into a certain contract with the Obligee, dated the ____ day of ____, 2025 for Public Health Services Roofing Retro Fit, which contract is hereinafter referred to as the "Contract."

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said Principal shall faithfully perform the work required by the Contract then this obligation shall be null and void; otherwise to remain in full force and effect;

PROVIDED, HOWEVER, that this bond is executed pursuant to the provisions of Chapter 2253 of the Texas Government Code and all liabilities on this bond shall be determined in accordance with the provision, conditions and limitations of said Chapter to the same extent as if it were copied at length herein.

IN WITNESS WHEREOF, the said Principal and Surety have signed and sealed this instrument this ____ day of ____, 2025.

**Principal: Peter D. Perez dba AAA
Roofing, LLC**

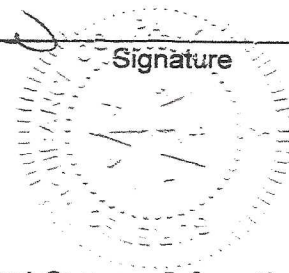
By:  Signature

Name: Peter D Perez
Title: Owner

SureTec Insurance Company

By:  Signature

**Name: Brad Ballew
Attorney-in-Fact**



The Rider(s) Attached Hereto Is/Are Incorporated in the Bond and Contains Important Coverage Information and Limitations

JOINT LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That SureTec Insurance Company, a Corporation duly organized and existing under the laws of the State of Texas and having its principal office in the County of Harris, Texas and Markel Insurance Company (the "Company"), a corporation duly organized and existing under the laws of the state of Illinois, and having its principal administrative office in Glen Allen, Virginia, does by these presents make, constitute and appoint:

David S. Ballew, Brad Ballew, Connie Davis, David Fernea, Grant Ballew

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on their own behalf, individually as a surety or jointly, as co-sureties, and as their act and deed any and all bonds and other undertaking in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

Fifty Million and 00/100 Dollars (\$50,000,000.00)

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolutions adopted by the Board of Directors of SureTec Insurance Company and Markel Insurance Company:

"RESOLVED, That the President, any Senior Vice President, Vice President, Assistant Vice President, Secretary, Assistant Secretary, Treasurer or Assistant Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the SureTec Insurance Company and Markel Insurance Company, as the case may be, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

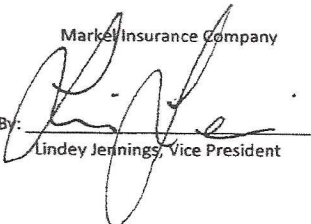
IN WITNESS WHEREOF, Markel Insurance Company and SureTec Insurance Company have caused their official seal to be hereunto affixed and these presents to be signed by their duly authorized officers on the 30th day of April, 2025.

SureTec Insurance Company

By: 
Michael C. Keimig, President



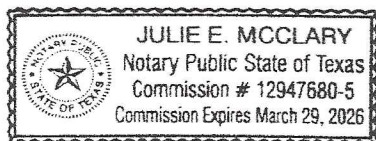
Markel Insurance Company

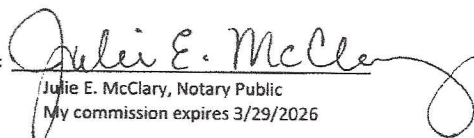
By: 
Lindey Jennings, Vice President

State of Texas
County of Harris:

On this 30th day of April, 2025 A. D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICERS OF THE COMPANIES, to me personally known to be the individuals and officers described in, who executed the preceding instrument, and they acknowledged the execution of same, and being by me duly sworn, disposed and said that they are the officers of the said companies aforesaid, and that the seals affixed to the proceeding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and their signatures as officers were duly affixed and subscribed to the said instrument by the authority and direction of the said companies, and that Resolutions adopted by the Board of Directors of said Companies referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.

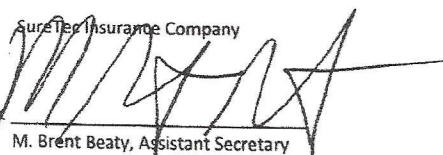


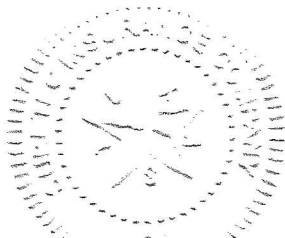
By: 
Julie E. McClary, Notary Public
My commission expires 3/29/2026

We, the undersigned Officers of SureTec Insurance Company and Markel Insurance Company do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

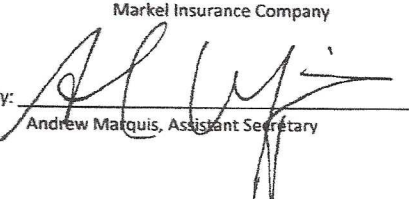
IN WITNESS WHEREOF, we have hereunto set our hands, and affixed the Seals of said Companies, on the _____ day of _____, 2025.

SureTec Insurance Company

By: 
M. Brent Beaty, Assistant Secretary



Markel Insurance Company

By: 
Andrew Matquis, Assistant Secretary

Any Instrument Issued in excess of the penalty stated above is totally void and without any validity: 4221356
For verification of the authority of this Power you may call (713)812-0800 on any business day between 8:30 AM and 5:00 PM CST.

SureTec Insurance Company

IMPORTANT NOTICE

Statutory Complaint Notice/Filing of Claims

To obtain information or make a complaint: You may call the Surety's toll free telephone number for information or to make a complaint or file a claim at: 1-866-732-0099. You may also write to the Surety at:

SureTec Insurance Company
9500 Arboretum Blvd., Suite
400
Austin, TX 78759

You may contact the Texas Department of Insurance to obtain information on companies, coverage, rights or complaints at 1-800-252- 3439. You may write the Texas Department of Insurance at:

PO Box 149104
Austin, TX 78714-
9104
Fax#: 512-490-1007
Web: <http://www.tdi.state.tx.us>
Email: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIMS DISPUTES: Should you have a dispute concerning your premium or about a claim, you should contact the Surety first. If the dispute is not resolved, you may contact the Texas Department of Insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/29/2025

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 Edwards Graham Insurance Agency 1906 Veterans Blvd., PO Box 420007 Del Rio TX 78842-0007		CONTACT NAME: Edwards Graham Ins Agency PHONE (A/C, No, Ext): 830-775-2411 FAX (A/C, No): 830-774-5184 E-MAIL ADDRESS: sonia@edwardsgraham.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: James River Ins Co	12203
		INSURER B: Kinsale Insurance Company	38920
		INSURER C: Texas Mutual Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 20250529105819891

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC ☐ OTHER:	N	N	001456361	07/08/2024	07/08/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$	N	N	01001207104	07/08/2024	07/08/2025	EACH OCCURRENCE \$ AGGREGATE \$
	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 ☒ Y	N/A	N	TSF0001144051	04/05/2025	04/05/2026

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

Owner Peter Perez is excluded on Workers Compensation policy.

CERTIFICATE HOLDER**CANCELLATION**Webb County Texas
1110 Washington St.
Laredo TX 78040

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

Rachel A. Beaver