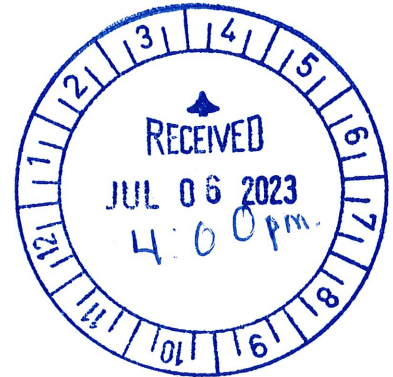


To:



Webb County Purchasing Department  
1110 Washington Street, STE. 101  
Laredo, Texas, 78040

**BID DOCUMENTS FOR:**  
ITB 2023-008 SELF HELP CENTER HOUSING REHAB  
TDHCA  
7523 KAY BAILEY

**BID DUE ON JULY 7, 2023 @10am.**



MIDAS CONTRACTORS, LLC  
203 VALLADOLID  
LAREDO, TX 78046  
P 956-231-9142  
P 956-625-8259

nelso@midascontractors.com



**Bidder Information**

Name of Company: Midas Contractors, LLC  
Address: 2710 Zacatecas St.  
City and State: Laredo, Tx.  
Phone: (956) 231-9142  
Email Address: nelso@midascontractors.com

Signature of Person Authorized to Sign:

  
Signature  
Nelso Molina  
Print Name  
Managing Member  
Title

Indicate status as to "Partnership", "Corporation", "Land Owner", etc.

S. Corporation  
7/10/2023  
(Date)

Note:

All submissions relative to this ITB shall become the property of Webb County and are nonreturnable.

If any further information is required, please call the Webb County Contract Administrator, Juan Guerrero, at (956)523-4125.

**\*Please place this form as your cover page for this ITB package.**

 **AIA** Document A310™ – 2010

**Bid Bond**

**CONTRACTOR:**

*(Name, legal status and address)*

Midas Contractors, LLC  
2710 Zacatecas St  
Laredo, TX 78046

**SURETY:**

*(Name, legal status and principal place of business)*

American Alternative Insurance Corporation  
555 College Road East  
Princeton, NJ 08543

**OWNER:**

*(Name, legal status and address)*

Webb County  
1110 Washington St., Ste 101  
Laredo, TX 78040

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**BOND AMOUNT:** Five Percent of the Greatest Amount Bid (5% G.A.B.)

**PROJECT:**

*(Name, location or address, and Project number, if any)*

ITB 2023-008 Self Help Center Housing Rehab TDHCA

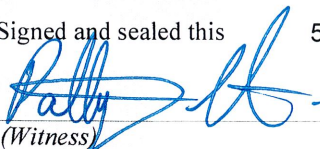
Project Number, if any: Contract No. 7220013

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 5th day of July, 2023

  
*(Witness)*

  
*(Witness)* Kim Alia

Midas Contractors, LLC  
*(Principal)*  *(Seal)*

*(Title)* Nelson Nbling, managing member  
American Alternative Insurance Corporation

*(Surety)*  *(Seal)*

*(Title)* Russ Frenzel, Attorney-in-Fact

Init.

CERTIFIED COPY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the AMERICAN ALTERNATIVE INSURANCE CORPORATION, a corporation organized and existing by virtue of the laws of the State of Delaware ("Corporation") with offices at 555 College Road East, Princeton, N.J. 08543, has made, constituted and appointed, and by these presents, does make, constitute and appoint:

Russ Frenzel; Blaine Allen; Brady K. Cox; William D. Baldwin; Brent Baldwin; Michael B. Hill; Keith Rogers; Drew Green; Sam Freireich; Brock Anglin; Cindy Alford; and Yamillec Ramos

its true and lawful Attorneys-in-Fact, at Princeton, in the State of New Jersey, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety or Co-surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate said Company for any portion of the penal sum thereof in excess of the sum of One Hundred Million Dollars (\$100,000,000). Such bonds and undertakings for said purposes, when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary. This appointment is made under and by authority of a certain Resolution adopted at a meeting of the Board of Directors of said Company duly held on the 27th day of August, 1975, a copy of which appears below.

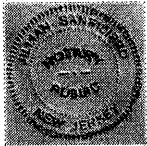
IN WITNESS WHEREOF, the AMERICAN ALTERNATIVE INSURANCE CORPORATION has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this 24th day of September, 2021.



By: [Signature] Michael G. Kerner President
Attest: [Signature] Ignacio Rivera Deputy General Counsel & Secretary

STATE OF NEW JERSEY, COUNTY OF SOMERSET

The foregoing instrument was acknowledged before me by means of online notarization this 24th day of September, 2021, by Michael G. Kerner and Ignacio Rivera, who are personally known to me.



[Signature] Jillian Sanfilippo Notary Public State of New Jersey My Commission Expires February 8, 2026

SECRETARY'S CERTIFICATE

The undersigned, Ignacio Rivera, hereby certifies:

- 1. That the undersigned is Secretary of American Alternative Insurance Corporation, a corporation of the State of Delaware;
2. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of said Corporation on the day of its date, and has not since been revoked, amended or modified;
3. That the original resolution of which the following is a copy was duly adopted at, and recorded in the minutes of, a regular meeting of the Board of Directors of said Corporation duly held on August 4, 1998, and has not since been revoked, amended or modified.

RESOLVED, that each of the following officers of this Corporation, namely, the President, the Executive Vice President, the Senior Vice Presidents, and the Vice Presidents, be, and they hereby are, authorized, from time to time in their discretion, to appoint such agent or agents or attorney or attorneys-in-fact as deemed by them necessary or desirable for the purpose of carrying on this Corporation's business, and to empower such agent or agents or attorney or attorneys-in-fact to execute and deliver, in this Corporation's name and on its behalf, and under its seal or otherwise, surety bonds, surety undertakings or surety contracts made by this Corporation as surety thereon.

RESOLVED, that the signature of any authorized officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney and revocation of any power of attorney or certificate of either given for the execution of any surety bond, surety undertaking, or surety contract, such signature and seal, when so used being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed.

FURTHER RESOLVED, that any prior appointments by the Corporation of MGAs are, in all respects, hereby ratified, confirmed and approved.

FURTHER RESOLVED, that the Secretary or any Assistant Secretary of this Corporation is hereby authorized to certify and deliver to any person to whom such certification and delivery may be deemed necessary and desirable in the opinion of such Secretary or Assistant Secretary, a true copy of the foregoing resolution.

- 4. The undersigned has compared the foregoing copies of said original resolutions as so recorded, and they are the same true and correct copies of said original resolutions as so recorded and of the whole thereof.

Witness the hand of the undersigned and the seal of said Corporation this 5th day of July, 2023.



AMERICAN ALTERNATIVE INSURANCE CORPORATION

[Signature] Ignacio Rivera (Sep 24, 2021 16:06 EDT)

Ignacio Rivera Deputy General Counsel & Secretary



## **Bond Verification**

Should you wish to verify the authenticity of this bond, please send your request, including a copy of the bond, via email to:

[essuretyuwsupport@munichre.com](mailto:essuretyuwsupport@munichre.com)

## **Bond Claims or Notices**

Should you wish to file any notices to the Surety for this American Alternative Insurance Corporation bond(s) they should be sent via email, including all pertinent correspondence or information to:

[essuretyuwsupport@munichre.com](mailto:essuretyuwsupport@munichre.com)

or

Mail to: Munich Re Specialty Insurance  
437 Madison Avenue, 26th Floor  
New York, NY 10022  
Attn: Surety Bond Claims

**THIS FORM MUST BE INCLUDED WITH ITB PACKAGE; PLEASE CHECK OFF EACH ITEM INCLUDED WITH ITB PACKAGE AND SIGN BELOW TO CONFIRM SUBMITTAL OF EACH REQUIRED ITEM.**

*ITB 2023-008*

*“Self Help Center Housing Rehabilitation Program*

*Texas Department of Housing and Community Affairs – Office of Colonia Initiatives (TDHCA-OCI)*

*Contract No. 7220013”*

- Bid Form Signed & Dated
- Bidder Information Form
- SAMs Registration completed by Firm (See Section 13)
- TDHCA – Section 3 Business Certification Form
- Conflict of Interest form (Form CIQ)
- Certification regarding Debarment (Form H2048)
- Certification regarding Federal lobbying (Form 2049)
- Proof of No Delinquent Tax Owed to Webb County
- Purchasing Ethics Affidavit Form
- Workers’ Compensation Insurance Requirements – TAC 110.110 (c) (7)

  
\_\_\_\_\_  
Signature of Bidder/Date

7/06/23

**TxCDBG Housing Rehabilitation  
Work Write-up and Cost Estimate Worksheet**

Applicant/Homeowner:	Diana Campos	County:	Webb
Property Address:	7523 Kay Bailey Laredo, Texas 78043	CSHC Contract #:	7220013
Colonia:	San Carlos II	Date of Initial Inspection:	4/6/23
		Date of Work Write-Up:	5/2/23

**General Specifications and Requirements for all Housing Rehabilitation Contracts:**

1. All products and materials shall be new in unopened containers and/or packaging.
2. The contractor shall clean construction debris from the dwelling and site to a dumpster or legal landfill at least once each week, and leave the property in broom clean condition. In occupied dwellings, debris shall be removed from living quarters daily.
3. Installation of all products and materials shall be according to the manufacturer's instructions.
4. "Install" means to purchase, deliver, set up, test and warrant a new component.
5. "Replace" means to remove and dispose of original material, purchase new material, deliver, install, test and warrant.
6. "Repair" means to return a building component to like new condition through replacement of parts, adjustment and recoating of parts.
7. "Reinstall" means to remove, clean, store and install a component.
8. Items identified as required for locally adopted housing standards (Housing Quality Standards, code or other applicable standard as detailed in Program Guidelines) must be performed/installed prior to final payment.
9. A detailed list of work items identified by location (i.e. North, South, East, or West sides) or room shall be included.
10. Contractor shall remedy any defect due to faulty material or workmanship and pay for all damage to other work resulting therefrom, which appear within one year from final payment. Further, contractor shall furnish owner with all manufacturers' and suppliers' written warranties covering items furnished under this contract prior to release of the final payment.
11. New materials shall be matched with existing materials so that patching work is consistent with surrounding surfaces.
12. All Change Orders must be approved by TDHCA prior to changed or additional work is performed.
13. Any additional cost due to product or material upgrades is solely the contractor's expense unless authorized by the Contract Administrator and approved by TDHCA.
14. The contractor shall not enter into separate side agreements with the homeowner (or anyone else) to do additional work outside of the Work Write-up or in exchange for work on the Work Write-up.
15. Payment requests shall be based on satisfactory completion of individual or groups of spec items, verified by the Contract Administrator.
16. The contractor is responsible for, and shall verify all field dimensions, sizes, quantities, square footages, lineal footages, etc. before ordering materials, products or supplies. Quantities, square footages, linear footages, etc. listed on the Work Write-up are for the convenience of the contractor. THDCA and the Contract Administrator neither make nor imply any guarantee for the accuracy of these numbers.
17. All electrical work must meet the National Electrical Code adopted by the city or by the state for counties and be completed by a state licensed electrician.
18. All plumbing work must meet the International Plumbing Code adopted by the city or by the state for counties and be completed by a state licensed plumber.
19. On-site portable toilets and dumpsters (or other means of debris removal) shall be provided by the contractor.
20. If digging is required for building a ramp, the contractor is responsible for utilities located prior to breaking ground.
21. Contractor is responsible to comply with all applicable permitting requirements.
22. Contractor is responsible for ensuring that new work does not violate or encroach on property lines, setbacks or easements.

**TxCDBG Housing Rehabilitation  
Work Write-up and Cost Estimate Worksheet**

Inspection Item	Description and <u>exact</u> location of Item Type and action required and/or needed (expand fields if necessary)	Square feet, linear feet, or # of items	Estimated cost per sf, lf, or per item (including labor)	Total Hard Costs	Required for TMCS- Yes/No
<b>Site Work</b>					
Dumpster		1		\$1,000.00	
Site Toilet		1		\$400.00	
Other				\$0.00	
<b>Site Cost:</b>				<b>\$1,400.00</b>	

**I. Structural Systems**

Foundation				\$0.00	
Grading/drainage				\$0.00	
Roof	Add Gutters and Downspouts and Splash Blocks Replace and Paint all Soffit around the House: 184 Linar Feet.	184		\$3,300.00	
Insulation	Blow in Insulation for Attic Min R38 Value	1300		\$2,500.00	
Interior walls	Prime and Paint all Interior Walls. Home Owner approved color	1500		\$5,500.00	
Exterior Walls	Prime and Paint all Exterior Walls. Home Owner approved color	400		\$1,800.00	
Ceilings	Repair Protions of the Ceiling where damage in the House	1		\$1,000.00	
Floors	Fix transistions 1X5 area	1		\$200.00	
Interior doors	Primer and Paint and replace knobs to all Bed room Doors	6		\$1,400.00	
Bathroom Door	In kitchen, Seal wall where door is and place new Door in wall access to living room	1		\$950.00	
Exterior doors	Install 1 Pre Hung For Front of House	1		\$650.00	
Windows and screens	Replace 3 (3X4) to (3x5) Windows 2 (3X4) Windows Replace 1 (3X4) to (3X3)	6		\$4,500.00	
Windows and screens	Replace 1 (2x2) in the restroom	1		\$800.00	
Windows and screens	Replace 1 (2x4) in the Laundry room	1		\$800.00	
Porch/deck/carport				\$0.00	
Other	Repair and or replace closet doors as well as install hanging rod securely	3		\$900.00	
<b>Structural Systems Cost:</b>				<b>\$24,300.00</b>	



**TxCDBG Housing Rehabilitation  
Work Write-up and Cost Estimate Worksheet**

**II. Electrical Systems**

Service entrance/panel	Bring Front Service Panel up to code and add an emergency Cut off Switch	1		\$8,800.00	
Branch circuits				\$0.00	
Light fixtures				\$0.00	
Ceiling fans				\$0.00	
Receptacles/cover plates	Install GFCI Recepticles in the restrooms and kitchen	6		\$600.00	
Other	Repair and Bring complete electrical up to code in all rooms of the home to insure that all light switches and Ceiling Fans and light fixtures operate	1		\$4,600.00	
<b>Electrical Systems Cost:</b>				<b>\$14,000.00</b>	

**III. Heating, Ventilation, and Air Conditioning Systems**

Heating system				\$0.00	
Cooling system	Install 3 Ton 16 seer AC Units in Main area of House using existing Ducting, Seal and repair where needed (ducts)	1		\$11,500.00	
Cooling system	Repair 1 unit in Kitchen and insure that it is proper working order and proper Ventilation for the Unit	1		\$500.00	
Relocate AC Closet	New AC Closet for Main house unit	1		\$0.00	
<b>HVAC Cost:</b>				<b>\$12,000.00</b>	

**IV. Plumbing System**

Kitchen sink	Replace kitchen Sink and install Single Lever Faucet, repair all water lines and plumbing. Faucet must be Water Sence Qualified	1		\$600.00	
Bathroom sink/vanity	Sink must be replaced with Vanity Cabinet and counter, install Single Lever Faucet, repair all water lines and plumbing. Faucet must be Water Sence Qualified	2		\$800.00	
Toilets	Toilet needs to replaced and sealed to the floor	2		\$600.00	
Master Tub/shower	Master tub replace with stand in shower new hardware plumb to code	1		\$2,500.00	
Master Tub/shower	Next to new Master shower a wood shevlving built in for the towels and storage	1		\$1,000.00	
Tub/shower	Shower need grout work on the floor to ensure there is no leaking through the base install New Water Sence Hardware	1		\$400.00	
Hose bib	The House bibs around the outside of the house must be repaired and installed by the exterior of the house as well as backflow preventer must be installed	1		\$1,500.00	
Water heater	Constructed exterior Closet. Ensure All plumbed and installed as per code	1		\$1,500.00	
Septic System				\$0.00	

**TxCDBG Housing Rehabilitation  
Work Write-up and Cost Estimate Worksheet**

Other	Run new water lines to side of house to for Kitchen work. Ensure entire house is plumbed to code and Test that there are no leaks in system	1		\$1,500.00	
<b>Plumbing System Cost:</b>				<b>\$10,400.00</b>	

**TxCDBG Housing Rehabilitation  
Work Write-up and Cost Estimate Worksheet**

**V. Appliances**

Range/oven/cook top	Replace Range Hood/ Oven and cook Top to Electric Stove and Oven Combo	1	\$1,500.00
Exhaust vents	Replace both Exhaust Vents in Restrooms	2	\$500.00
Bathroom heaters			
Refrigerator			\$0.00
Other	Convert 120 receptacles to 240	1	\$600.00
<b>Appliances Cost:</b>			<b>\$2,600.00</b>

**Cabinets**

Base cabinets	Stain and Install 11 Base Cabinet/ Hardware	1	\$2,500.00
Wall cabinets	Stain and Install 11 Wall Cabinet/ Hardware	1	\$2,000.00
Counter top	11 Foot Installed	1	\$1,300.00
Other			\$0.00
<b>Cabinets Cost:</b>			<b>\$5,800.00</b>

**Miscellaneous**

Smoke Alarms	Install in each bedroom, in the hallway immediately adjacent to Bedrooms, Photoelectric, interconnected, Hardwired with battery backup smoke alarms	4	\$400.00
Other	Install new Attic Door in the Laundry room of home. 2 X 3 With combo ladder	1	\$500.00
Other			\$0.00
<b>Miscellaneous Cost:</b>			<b>\$900.00</b>

**Work Write-Up and Cost Estimate: Summary**

Estimated Costs:                                 \$71,400.00                                

Nelso Molina  
Name of Person that prepared this estimate

 7/06/23  
Signature of Estimate Preparer Date

\_\_\_\_\_  
Signature of Applicant (Homeowner) Date

\_\_\_\_\_  
Signature of County Representative (or other person designated through a formal agreement) Date

County of Webb

ADDENDUM NUMBER 1 TO THE BID DOCUMENTS

Addendum Date: June 27, 2023

BID DOCUMENT NUMBER ITB 2023-008

“Self Help Center Housing Rehabilitation Program

Texas Department of Housing and Community Affairs – Office of Colonia Initiatives  
(TDHCA-OCI) Contract No. 7220013”

---

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.

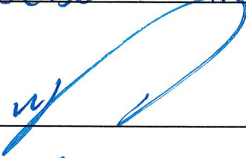
Except as described below, the original bid document remains unchanged. The bid documents are modified and/or clarified, as follows:

- **The Bid Price Sheet has been revised and placed under the “Attachments” tab under the following name “ITB 2023-008 Bid Price Sheet (Revised)”. Item 88 Cooling System has been updated.**
- **The Pre-Bid Meeting Sign In Sheet has been added under the “Attachments” tab.**

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

Company Name Midas Contractors, LLC

Contact Person Nelso Molina

Signature 

Date 7/06/23

**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@webbcountytx.gov](mailto:juguerrero@webbcountytx.gov).

County of Webb

ADDENDUM NUMBER 2 TO THE BID DOCUMENTS

Addendum Date: July 3, 2023

BID DOCUMENT NUMBER ITB 2023-008

“Self Help Center Housing Rehabilitation Program

Texas Department of Housing and Community Affairs – Office of Colonia Initiatives  
(TDHCA-OCI) Contract No. 7220013”

---

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.

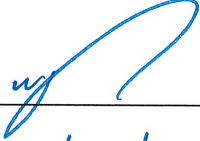
Except as described below, the original bid document remains unchanged. The bid documents are modified and/or clarified, as follows:

- **The Bid Price Sheet has been revised and placed under the “Attachments” tab under the following name “ITB 2023-008 Bid Price Sheet (Revised – Addendum 2)”. Items 88 & 89 Cooling System have been updated.**
- **The Bid due date has been extended from July 5, 2023 to Friday July 7, 2023 at 10 am.**

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

Company Name Midas Contractors, LLC

Contact Person Nelso Molina

Signature 

Date 7/6/23

**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@webbcountytx.gov](mailto:juguerrero@webbcountytx.gov).



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Expiration Date Ascending

**MIDAS CONTRACTORS, LLC**

Work In Progress Registration



Unique Entity ID:  
NSP8E6BUHMK8

Doing Business As:  
(blank)

Purpose of Registration:  
All Awards

*Expiration Date*

(blank)

CAGE/NCAGE:  
(blank)

Physical Address:  
203 VALLADOLID  
LAREDO, TX 78046-8517 USA

TIN...

CAGE...





OMB Approval Pending

## Section 3 Opportunity Portal

# Section 3 Business Self-Certification

### Disclaimer

HUD has not verified the information submitted by businesses listed in this registry and does not endorse the services that they provide. Users of this database are strongly encouraged to perform due diligence by verifying Section 3 eligibility before providing preference or awarding contracts to firms that have self-certified their Section 3 status with the Department.

## Midas Contractors, LLC

### Contact Information

Point of Contact	Telephone	Address
Nelso Molina < <a href="mailto:nelso@midascontractors.com">nelso@midascontractors.com</a> > (956) 231-9142	(956) 231-9142	203 Valladolid Laredo, TX 78046

### Business Details

Employer Identification Number	County	Year Business Established
83-2491550	Webb	2018
Number of Employees	Registration Date	
5	12/12/2022	

### Business Services

- Painting Dry Wall
- Roofing
- Brick Masonry
- Landscaping
- General Contractor
- Accounting
- HVAC
- Plumbing
- Asphalt/Paving
- Demolition
- Insulation

- Carpentry
- Electrical
- Steel Fabrication
- Maintenance
- General Contractor

## Business Designations

- Hiring
- Small Business

## Section 3 Business Criteria

- Fifty-one percent or more of the business is owned by low- or very low-income persons; or
- Seventy-five percent of the labor hours performed for the business over the prior three-month period were performed by Section 3 workers; or
- Fifty-one percent or more of the business is owned by current public housing residents or residents who currently live in Section 8-assisted housing.

## How Do I Notify HUD if I Suspect that a Business in this Registry Does Not Meet Section 3 Eligibility Criteria?

If you believe that a firm has misrepresented itself as a Section 3 Business, please [email the U.S. Department of Housing and Urban Development](mailto:Sec3Biz@hud.gov) at [Sec3Biz@hud.gov](mailto:Sec3Biz@hud.gov).

Your email should contain the following information:

- Your name, telephone number, and email address (this information will not be shared outside of HUD)
- Name, city, and state of firm that has allegedly misrepresented their status as a Section 3 business.
- Any narrative explanations describing why you believe that this firm does not meet the Section 3 Business eligibility criteria.

---

U.S. Department of Housing and Urban Development  
451 7th Street S.W., Washington, DC 20410  
Telephone: (202) 708-1112 TTY: (202) 708-1455

---

**CONFLICT OF INTEREST QUESTIONNAIRE**  
For vendor doing business with local governmental entity

**FORM CIQ**

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

**OFFICE USE ONLY**

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

Midas Contractors, LLC

2  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

N/A

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes  No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes  No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

N/A

6  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1). N/A

7 [Signature]  
Signature of vendor doing business with the governmental entity

7/07/23  
Date

**CERTIFICATION**  
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY  
EXCLUSION FOR COVERED CONTRACTS

**PART A.**

Federal Executive Orders 12549 and 12689 require the Texas Department of Agriculture (TDA) to screen each covered potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors.

In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification the potential contractor accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the potential contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the TDA may pursue available remedies, including suspension and/or debarment.
2. The potential contractor will provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract", "debarred", "suspended", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded", as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor agrees by submitting this certification that, should the proposed covered contract be entered into, it will not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the TDA, as applicable.

Do you have or do you anticipate having subcontractors under this proposed contract?

Yes

No

5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor may rely upon a certification of a potential subcontractor that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. A contractor must, at a minimum, obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if a contractor in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, and/or the TDA may pursue available remedies, including suspension and/or debarment.

**PART B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS**

Indicate in the appropriate box which statement applies to the covered potential contractor:

- The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Texas.
- The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Name of Contractor	Vendor ID No. or Social Security No.	Program No.
Midas Contract	83-2491550	

  
\_\_\_\_\_  
Signature of Authorized Representative

7/16/23  
\_\_\_\_\_  
Date

Nelson Moline  
\_\_\_\_\_  
Printed/Typed Name and Title of  
Authorized Representative

**CERTIFICATION REGARDING FEDERAL LOBBYING**  
**(Certification for Contracts, Grants, Loans, and Cooperative Agreements)**

**PART A. PREAMBLE**

Federal legislation, Section 319 of Public Law 101-121 generally prohibits entities from using federally appropriated funds to lobby the executive or legislative branches of the federal government. Section 319 specifically requires disclosure of certain lobbying activities. A federal government-wide rule, "New Restrictions on Lobbying", published in the Federal Register, February 26, 1990, requires certification and disclosure in specific instances.

**PART B. CERTIFICATION**

This certification applies only to the instant federal action for which the certification is being obtained and is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with these federally funded contract, subcontract, subgrant, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. (If needed, contact the Texas Department of Agriculture to obtain a copy of Standard Form-LLL.)

3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose accordingly.

Do you have or do you anticipate having covered subawards under this transaction?

- Yes
- No

Name of Contractor/Potential Contractor	Vendor ID No. or Social Security No.	Program No.
Midas Contractors	03-2491550	

Name of Authorized Representative	Title
Nelson Mollie	Managing member

Nelson Mollie  
Signature – Authorized Representative

7/6/23  
Date

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name Nelso Molina owes no delinquent property taxes to Webb County.

Midas Contractors owes no property taxes as a business in Webb County.  
(Business Name)

Nelso Molina owes no property taxes as a resident of Webb County.  
(Business Owner)

Ana Cadenas  
Person who can attest to the above information

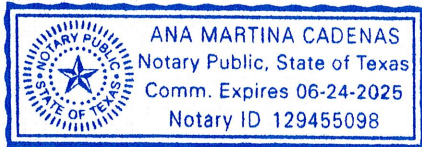
**\* SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

The State of Texas  
County of Webb

Before me, a Notary Public, on this day personally appeared Nelso Molina, know to me (or proved to me on the oath of \_\_\_\_\_ to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 6 day of July 2023.

Notary Public, State of Texas



Ana Cadenas

(Print name of Notary Public here)

My commission expires the 24 day of June 2025



**WEBB COUNTY PURCHASING DEPT.  
QUALIFIED PARTICIPATING VENDOR CODE OF ETHICS  
AFFIDAVIT FORM**

STATE OF TEXAS \*

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF WEBB \*

BEFORE ME the undersigned Notary Public, appeared Nelso Molina, the herein-named "Affiant", who is a resident of Webb County, State of TX, and upon his/her respective oath, either individually and/or behalf of their respective company/entity, do hereby state that I have personal knowledge of the following facts, statements, matters, and/or other matters set forth herein are true and correct to the best of my knowledge.

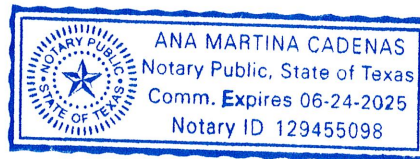
*I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby confirm that I have reviewed and agree to fully comply with all the terms, duties, ethical policy obligations and/or conditions as required to be a qualified participating vendor with Webb County, Texas as set forth in the Webb County Purchasing Code of Ethics Policy posted at the following address: <http://www.webbcountytexas.gov/PurchasingAgent/PurchasingEthicsPolicy.pdf>*

*I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby further acknowledge, agree and understand that as a participating vendor with Webb County, Texas on any active solicitation/proposal/qualification that I and/or my company/entity failure to comply with the Code of Ethics policy may result in my and/or my company/entity disqualification, debarment or make void my contract awarded to me, my company/entity by Webb County. I agree to communicate with the Purchasing Agent or his designees should I have questions or concerns regarding this policy to ensure full compliance by contacting the Webb County Purchasing Dept. via telephone at (956) 523-4125 or e-mail to the Webb County Purchasing Agent to [joel@webbcountytexas.gov](mailto:joel@webbcountytexas.gov).*

Executed and dated this 6<sup>th</sup> day of July, 2023.

Signature of Affiant

Nelso Molina  
Printed Name of Affiant/Company/Entity



SWORN to and subscribed before me, this 6<sup>th</sup> day July, 2023

Ana Cadenas  
NOTARY PUBLIC, STATE OF TEXAS

Additional information

### References Form

Please list at minimum five (5) local governmental entities where similar scope of services were provided.

**THIS FORM MUST BE RETURNED WITH YOUR OFFER.**

**REFERENCE ONE**

Government/Company Name: City of Laredo Engineering Department

Address: \_\_\_\_\_

Contact Person and Title: Tom J Continu, Robot Engineer

Phone: 954-791-7344 Fax: \_\_\_\_\_

Email Address: kcontinu@ci-laredo.tx.us Contract Period: 2018-Current

Description of Construction Services Provided: Construction Services  
Site work: Remodelling

**REFERENCE TWO**

Government/Company Name: Laredo College

Address: \_\_\_\_\_

Contact Person and Title: Aurora Zapata, Purchasing Director

Phone: (956) 721-5153 Fax: \_\_\_\_\_

Email Address: azapata@laredo.edu Contract Period: 2019-Current

Description of Construction Services Provided: Construction & Remodelling

REFERENCE THREE

Government/Company Name: Careador Housing Authority  
Address: \_\_\_\_\_  
Contact Person and Title: Bolmaro Cruz, Project Manager  
Phone: (956) 230-6883 Fax: \_\_\_\_\_  
Email Address: bolmaro@carha.org Contract Period: 2018 - Current

Description of Construction Services Provided: \_\_\_\_\_  
Constructing and asphalt Services  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCE FOUR

Government/Company Name: Neighborworks Carado  
Address: \_\_\_\_\_  
Contact Person and Title: Elizabeth Alonzo, Program Director  
Phone: (956) 712-9100 Fax: \_\_\_\_\_  
Email Address: calonzo@nwcarado.org Contract Period: 2020 - Current

Description of Construction Services Provided: \_\_\_\_\_  
Construction Services  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCE FIVE

Government/Company Name: Unitd Independ School district

Address: \_\_\_\_\_

Contact Person and Title: Paul Gomez Facilitie Supervisor

Phone: 950-645-6826 Fax: \_\_\_\_\_

Email Address: PaulGomez@usd.net Contract Period: 2001 Present

Description of Construction Services Provided: \_\_\_\_\_

Construction remodeling & Asphalt

- \*\*Additional pages are permitted if more space is required\*\*

Space intentionally left Blank

**Offeror: Complete & Return this Form with Response Submission.**

**House Bill 89 Verification**

I, Nelso Molina, the undersigned representative of (company or business name) Midas Contractors, LLC (heretofore referred to as company) being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the company named above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract.

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made ordinary business purposes; and

2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or an limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business association that exist to make a profit.

Nelso Molina  
Signature of Company Representative

7/06/23  
Date

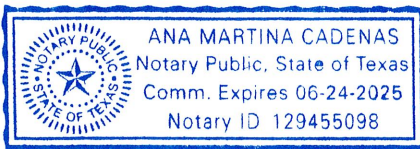
On this 6<sup>th</sup> day of July, 2023, personally appeared

Nelso Molina, the above named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

Notary Seal

Ana Cadenas  
Notary Signature

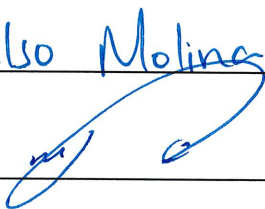
7-06-2023  
Date



**Offeror: Complete & Return this Form with Response Submission.**  
**Senate Bill 252 Certification**

SB 252 CHAPTER 2252 CERTIFICATION I, Nelso Molina, the undersigned representative of Midas Contractors, LLC (Company or business name) being an adult over the age of eighteen (18) years of age, pursuant to Texas Government Code, Chapter 2252, Section 2252.152 and Section 2252.153, certify that the company named above is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153. I further certify that should the above-named company enter into a contract that is on said listing of companies on the website of the Comptroller of the State of Texas which do business with Iran, Sudan or any Foreign Terrorist Organization, I will immediately notify Mr. Jose Angel Lopez III, Webb County Purchasing Agent at (956) 523-4125 or via email at [joel@webbcountytx.gov](mailto:joel@webbcountytx.gov)

Nelso Molina Name of Company Representative (Print)

 Signature of Company Representative

7/06/23 Date



MIDACON-01

STEPHANIERUBIO

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/15/2023

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> IBC Insurance Agency, LTD 5800 San Dario Avenue 2nd Floor Laredo, TX 78041	<b>CONTACT NAME:</b> Stephanie Rubio <b>PHONE (A/C, No, Ext):</b> (956) 722-6500 28757 <b>FAX (A/C, No):</b> (956) 728-7570 <b>E-MAIL ADDRESS:</b> stephanierubio02@ibc.com
<b>INSURED</b>  Midas Contractors, L.L.C. 203 Valladolid Ave Laredo, TX 78046	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Evanston Insurance Company <b>NAIC #</b> 35378 <b>INSURER B:</b> Texas Mutual Insurance Company <b>22945</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 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	X X	3AA625785	12/11/2022	12/11/2023	EACH OCCURRENCE \$ 1,000,000	
						CLAIMS-MADE X OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000	
	X POLICY	PRO-JECT	LOC			GENERAL AGGREGATE \$ 2,000,000	
	OTHER:					PRODUCTS - COMP/OP AGG \$ 2,000,000	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO OWNED AUTOS ONLY	SCHEDULED AUTOS				BODILY INJURY (Per person) \$	
	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$	
						PROPERTY DAMAGE (Per accident) \$	
						\$	
A	X UMBRELLA LIAB	X OCCUR				EACH OCCURRENCE \$ 4,000,000	
	EXCESS LIAB	CLAIMS-MADE	EZXS3106846	2/27/2023	12/11/2023	AGGREGATE \$	
						\$ 4,000,000	
	DED	RETENTION \$				\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	X 0002028200	3/2/2023	3/2/2024	E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			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)  
 Certificate Holder is named as Additional Insured per form MEGL 0009-01 (09/18) with a Waiver of Subrogation per form MEGL 0241-01(05/16).

Waiver of Subrogation applies to Worker's Compensation

Certificate Holder is named as Additional Insured per form MEGL 0009-01 (09/18) with a Waiver of Subrogation per form MEGL 0241-01 (05/16).

<b>CERTIFICATE HOLDER</b>  City of Laredo 1102 Bob Bullock Loop Laredo, TX 78043	<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 
--	--



**EVANSTON INSURANCE COMPANY**  
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
LIQUOR LIABILITY COVERAGE FORM  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

**SCHEDULE**

Additional Premium: \$Included (Check box if fully earned <input type="checkbox"/> )
--

Please refer to each Coverage Form to determine which terms are defined. Words shown in quotations on this endorsement may or may not be defined in all Coverage Forms.

**A.** Who Is An Insured is amended to include as an additional insured any person or entity to whom you are required by valid written contract or agreement to provide such coverage, but only with respect to "bodily injury", "property damage" (including "bodily injury" and "property damage" included in the "products-completed operations hazard"), and "personal and advertising injury" caused, in whole or in part, by the negligent acts or omissions of the Named Insured and only with respect to any coverage not otherwise excluded in the policy.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. The insurance afforded to such additional insured will not be broader than that which you are required by the valid written contract or agreement to provide for such additional insured.

Our agreement to accept an additional insured provision in a valid written contract or agreement is not an acceptance of any other provisions of such contract or agreement or the contract or agreement in total.

When coverage does not apply for the Named Insured, no coverage or defense will apply for the additional insured.

No coverage applies to such additional insured for injury or damage of any type to any "employee" of the Named Insured or to any obligation of the additional insured to indemnify another because of damages arising out of such injury or damage.

**B.** With respect to the insurance afforded to these additional insured, the following is added to limits of insurance:

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the valid written contract or agreement; or
  2. Available under the applicable limits of insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance shown in the Declarations.

All other terms and conditions remain unchanged.



**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 3/2/23 at 12:01 a.m. standard time, forms a part of:

Policy no. 0002028200 of Texas Mutual Insurance Company effective on 3/2/23

Issued to: Midas Contractors LLC

This is not a bill



Authorized representative

NCCI Carrier Code: 29939

2/28/23



## EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### BLANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

#### SCHEDULE

**Name Of Person Or Organization:**

Any person(s) or organization(s) with whom the Named Insured agrees, in a written contract executed prior to the "occurrence", to waive rights of recovery

**Additional Premium:** \$ Included

The following is added to Condition **8**, Transfer Of Rights Of Recovery Against Others To Us under Section **IV** – Commercial General Liability Conditions:

We waive any right of recovery we may have against any person or organization shown in the Schedule of this endorsement. This waiver applies only to the person or organization shown in the Schedule of this endorsement.

All other terms and conditions remain unchanged.

IBC INS AGCY LTD  
P.O. BOX 39790  
SAN ANTONIO, TX 78218  
1-210-646-9870



**Policy number: 02820420**

Underwritten by:  
Progressive County Mutual Ins Co  
NAIC Number: 29203  
March 15, 2023  
Page 1 of 1

## Certificate of Insurance

### Certificate Holder

Additional Insured  
CITY OF LAREDO  
1102 BOB BULLOC  
LAREDO, TX 78043

### Insured

MIDAS CONTRACTORS, L.L.C  
203 VALLADOLID  
LAREDO, TX 78046

### Agent

IBC INS AGCY LTD  
P.O. BOX 39790  
SAN ANTONIO, TX 78218

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies. Liability coverage may not apply to all scheduled vehicles.

Policy Effective Date: Dec 15, 2022

Policy Expiration Date: Dec 15, 2023

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Hired Auto Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Employer's Non-Owned Auto BIPD	\$1,000,000 Combined Single Limit
Uninsured/Underinsured Motorist	\$100,000/\$300,000
Uninsured Motorist Property Damage	\$50,000 w/\$250 Ded

### Description of Location/Vehicles/Special Items

#### Scheduled autos only

2017 RAM RAM 3500 3C63RRGL2HG545736  
Personal Injury Protection \$5,000

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.