

AGENDA ITEM

37D

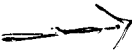
MEMORANDUM

TO: Judge Robert Hebert B14-043 (1)
County Judge

FROM: Debbie Kaminski
Assistant Purchasing Agent

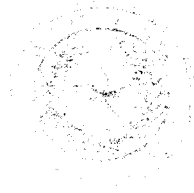
SUBJECT: Please sign and date the attached contract(s) approved in
Commissioners Court on April 22, 2014. Thank you.

DATE: May 1, 2014

 **RETURN TO:** Norma Weaver 5-5-14
Administrative Assistant
Purchasing Department
301 Jackson, Suite 201
Richmond, Texas 77469

Facilities Sources

Fort Bend County Specification Download Acknowledgment



***Invitation for Bid
Mustang Community Center Repairs
for Fort Bend County
BID 14-043***

VENDORS MUST IMMEDIATELY RETURN THIS FORM BY FAX TO 281-341-8645

Vendor Responsibilities:

- Vendors are responsible to download and complete any addendums.
(Addendums will be posted on the Fort Bend County Website no later than 48 hours prior to Bid Opening)
- Vendors will submit responses in accordance with requirements stated on cover of document.
- Vendors may not submit responses via email or fax.

Dura Pier Facilities Servics, Ltd. dba Facilities Sources
Legal Name of Contracting Company

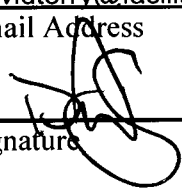
David Terry
Contact Person

P.O. Box 35008, Houston, TX 77235-5008
Complete Mailing Address

713-337-5700
Telephone Number

713-721-3788
Facsimile Number

davidterry@facilitiesources.com
Email Address


Signature

April 1, 2014
Date

***Fort Bend County, Texas
Invitation for Bid***



***Mustang Community Center Repairs
for Fort Bend County
BID 14-043***

SUBMIT BIDS TO:

Fort Bend County
Purchasing Department
Travis Annex
301 Jackson, Suite 201
Richmond, TX 77469

****NOTE:**
All correspondence must include the term
"Purchasing Department" in address to assist in
proper delivery

SUBMIT NO LATER THAN:

Thursday, April 3, 2014
1:30 PM (Central)

MARK ENVELOPE:

Bid 14-043
Mustang CC

***ALL BIDS MUST BE RECEIVED IN COUNTY PURCHASING OFFICE
BEFORE RECEIVING DATE AND TIME SPECIFIED.
BIDS RECEIVED WILL THEN BE OPENED AND PUBLICLY READ.
BIDS RECEIVED AFTER THE SPECIFIED TIME WILL BE RETURNED
UNOPENED.***

Results will not be given by phone.
Results will be provided to bidders in writing
after Commissioners Court award.

Fort Bend County is always conscious
and extremely appreciative of your effort
in the preparation of this bid. Requests for
information must be in writing and directed
to:
Debbie Kaminski, CPPB
Assistant County Purchasing Agent
Debbie.Kaminski@fortbendcountytexas.gov

Vendor Information

Dura Pier Facilities Services, Ltd. dba Facilities Sources
Legal Name of Contracting Company

Federal ID Number (Company or Corporation) or Social Security Number (Individual)

713-337-5700
Telephone Number

713-721-3788
Facsimile Number

P.O. Box 35008
Complete Mailing Address (for Correspondence)

Houston, TX 77235-5008
City, State and Zip Code

Complete Remittance Address (if different from above)

City, State and Zip Code

David Terry - Vice President
Authorized Representative and Title (printed)

davidterry@facilitiesources.com
Authorized Representative's Email Address



Signature of Authorized Representative

31.0 PRICING:

Total lump sum price necessary to complete Project, as described herein:

\$ 48,300.00

Forty-Eight Thousand Three Hundred and 00/100 **Dollars**
(Amount written in words (this governs))

For Administrative purposes, the above stated price is separated into the following components:

Materials: \$ 24,000.00

Labor: \$ 24,300.00

32.0 PROJECT DURATION:

Bidder agrees, if awarded the contract, to complete all work required by the contract documents **within 45 calendar days** after issuance of a purchase order by the County Purchasing Agent and notice to proceed by the Parks Department.

33.0 REQUIRED FORMS:

All vendors submitting are required to complete the attached and return with submission:

33.1 Vendor Form

33.2 W9 Form

33.3 Tax Form/Debt/Residence Certification

**Contract Sheet
Bid 14-043**

**THE STATE OF TEXAS
COUNTY OF FORT BEND**

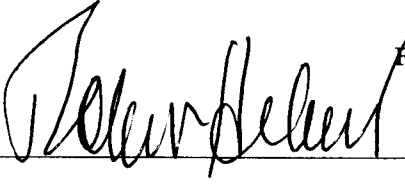
This memorandum of agreement made and entered into on the 22nd day of April, 2014, by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by County Judge Robert Hebert, by virtue of an order of Fort Bend County Commissioners Court, and Facilities Sources (hereinafter designated Contractor).


WITNESSETH:

The Contractor and the County agree that the bid and specifications for the **Mustang Community Center Repairs** which are hereto attached and made a part hereof, together with this instrument and the bond (when required) shall constitute the full agreement and contract between parties and for furnishing the items set out and described; the County agrees to pay the prices stipulated in the accepted bid.

It is further agreed that this contract shall not become binding or effective until signed by the parties hereto and a purchase order authorizing the items desired has been issued.

Executed at Richmond, Texas this 22nd day of May, 2014.

By:  Fort Bend County, Texas
County Judge

By: 
Signature of Contractor

By: David Terry, Vice President
Printed Name and Title



COUNTY PURCHASING AGENT

Fort Bend County, Texas

Gilbert D. Jalomo, Jr., CPPB
County Purchasing Agent

(281) 341-8640
Fax (281) 341-8645

March 20, 2014

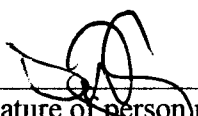
TO: All Prospective Bidders

RE: Addendum No. 1 – Fort Bend County Bid 14-043 – Mustang Community Center Repairs

Addendum 1: Attached is revised Bid, additions made to specifications.

Immediately upon your receipt of this addendum, please fill out the following information and fax this page to the Fort Bend County Purchasing Department at (281) 341-8645.

Dura Pier Facilities Services, Ltd. dba Facilities Sources
Company Name



Signature of person receiving addendum

April 1, 2014

Date

If you have any questions please contact this office.

Sincerely,



Debbie Kaminski, CPPB
Assistant Purchasing Agent



COUNTY PURCHASING AGENT
Fort Bend County, Texas

Gilbert D. Jalomo, Jr., CPPB
County Purchasing Agent

(281) 341-8640
Fax (281) 341-8642 or 341-8645

Vendor Information

Federal ID # or S.S #	Dun and Bradstreet # 15-211-8555	
Type of Business	<input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Sole Proprietor/Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Organization	
Legal Company Name	Dura Pier Facilities Services, Ltd. dba Facilities Sources Year Business was Established <u>1990</u>	
Remittance Address	P.O. Box 35008	
City/State/Zip	Houston, TX 77235-5008	
Physical Address	13124 Player St.	
City/State/Zip	Houston, TX 77045	
County	<input type="checkbox"/> Fort Bend County Other: <u>Harris County</u>	
Phone/Fax Number	Phone: <u>(713) 337-5700</u> Fax: <u>(713) 721-3788</u>	
Contact Person	David Terry, Vice President	
E-mail	davidterry@facilitiesources.com	
Special Notes		
The Company listed above is a (check all that apply and attached certificate).	<input type="checkbox"/> DBE-Disadvantaged Business Enterprise Certification # _____ <input type="checkbox"/> SBE-Small Business Enterprise Certification # _____ <input checked="" type="checkbox"/> HUB-Texas Historically Underutilized Business Certification # <u>1201012492800</u> <input type="checkbox"/> WBE-Women's Business Enterprise Certification # _____ <input type="checkbox"/> MBE-Minority Business Enterprise Certification # _____	
Company's gross annual receipts:	<input type="checkbox"/> < \$500,000 <input type="checkbox"/> \$500,000-\$4,999,999 <input checked="" type="checkbox"/> \$5,000,000-\$16,999,999 <input type="checkbox"/> \$17,000,000-\$22,399,999 <input type="checkbox"/> >\$22,400,000	
NAICs codes (Please enter all that apply).	236220	

PLEASE NOTE: W-9 needs to be attached in order to be entered into our system

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Dura Pier Facilities Services, Ltd.	
	Business name, if different from above	
	Facilities Sources	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ P..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) P.O. Bbox 35008	
	City, state, and ZIP code Houston, TX 77235-5008	
List account number(s) here (optional)		Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
: :
: :
: :

or

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

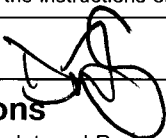
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶



Date ▶

4-1-14

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Job No.: _____

TAX FORM/DEBT/ RESIDENCE CERTIFICATION

(For use by bidders on projects)

Taxpayer Identification Number (T.I.N.) _____

Company Name submitting Bid/Proposal: Dura Pier Facilities Services, Ltd. dba Facilities Sources

Mailing Address: P.O. Box 35008, Houston, TX 77235-5008

Are you registered to do business in the State of Texas? ☒ Yes ☐ No

If you are an individual, list the names and addresses of any partnership of which you are a general partner or any assumed name(s) under which you operate your business

I. **Property:** List all taxable property in Fort Bend County owned by you or above partnerships as well as any d/b/a names. Include real and personal property as well as mineral interest accounts. (Use a second sheet of paper if necessary.)

Fort Bend County Tax Acct. No.*

Property address or location**

N/A

* This is the property account identification number assigned by the Fort Bend County Appraisal District.

** For real property, specify the property address or legal description. For business personal property, specify the address where the property is located. For example, office equipment will normally be at your office, but inventory may be stored at a warehouse or other location.

II. **Fort Bend County Debt** - Do you owe any debts to Fort Bend County (taxes on properties listed in I above, tickets, fines, tolls, court judgments, etc.)?

☐ Yes ☒ No

If yes, attach a separate page explaining the debt.

III. **Residence Certification** - Pursuant to Texas Government Code §2252.001 *et seq.*, as amended, Fort Bend County requests Residence Certification. §2252.001 *et seq.* of the Government Code provides some restrictions on the awarding of governmental contracts; pertinent provisions of §2252.001 are stated below:

(3) "Nonresident bidder" refers to a person who is not a resident.

(4) "Resident bidder" refers to a person whose principal place of business is in this state, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

☒ I certify that Facilities Sources is a Resident Bidder of Texas as defined in Government Code §2252.001.
[Company Name]

☐ I certify that _____ is a Nonresident Bidder as defined in Government Code §2252.001 and our principal place of business is _____.
[Company Name] [City and State]

Bid Date: 04/03/2014

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we

Dura Pier Facilities Services, Ltd DBA Facilities Sources

13124 Player Street, Houston, TX 77045

(Here insert full name and address or legal title of Contractor)

as Principal, hereinafter called the Principal, and RLI Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615

P.O. Box 3967 Peoria, IL 61612-3967

(Here insert full name and address or legal title of Surety)

a corporation duly organized under the laws of the State of Illinois

as Surety, hereinafter called the Surety, are held and firmly bound unto

County of Fort Bend, Texas

(Here insert full name and address or legal title of Owner)

Purchasing Department, 301 Jackson, Suite 201, Richmond, TX

as Obligee, hereinafter called the Obligee, in the sum of

Five Percent of the Total Bid Price

Dollars (5% T.B.P.), for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for

Fort Bend County BID 14-043

(Here insert full name and address and description of project)

Mustang Community Center Repairs, 4525 FM 521 North, Fresno, TX

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contact 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.

Signed and sealed this 3rd day of April, 2014.

Dura Pier Facilities Services, Ltd DBA Facilities Sources

13124 Player Street, Houston, TX 77045

(Principal)

(Seal)

RLI Insurance Company

(Surety)

(Seal)

James M. Berry

Attorney in Fact



P.O. Box 3967 | Peoria, IL 61612-3967
Phone: (800)645-2402 | Fax: (309)689-2036

POWER OF ATTORNEY

RLI Insurance Company

Contractors Bonding and Insurance Company

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company** and **Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company**, a Illinois corporation, and/or **Contractors Bonding and Insurance Company**, a Washington corporation (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

James N. Berry

in the City of Houston, State of Texas, as Attorney in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds, undertakings, and recognizances in an amount not to exceed Ten Million Dollars (\$10,000,000.00) for any single obligation.

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon this Company as if such bond had been executed and acknowledged by the regularly elected officers of this Company.

RLI Insurance Company and **Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of the Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 29th day of January, 2014.

State of Illinois }
County of Peoria }

SS



RLI Insurance Company
Contractors Bonding and Insurance Company

Roy C. Die

Vice President

On this 29th day of January, 2014, before me, a Notary Public, personally appeared Roy C. Die, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, and acknowledged said instrument to be the voluntary act and deed of said corporation.

Jacqueline M. Bockler

Notary Public



CERTIFICATE

I, the undersigned officer of **RLI Insurance Company**, a stock corporation of the State of Illinois, and/or **Contractors Bonding and Insurance Company**, a Washington corporation, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 3RD day of April, 2014.

RLI Insurance Company
Contractors Bonding and Insurance Company

Roy C. Die

Vice President



RLI Insurance Company
P.O. Box 3967 Peoria, IL 61612-3967
Phone: 309-692-1000 Fax: 309-683-1610

Texas Policyholder Notice

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call **RLI Insurance Company's** toll free telephone number for information or to make a complaint at **800-645-2402**.

You may also write to **RLI Insurance Company** at:

9025 N. Lindbergh Drive
Peoria, IL 61615
FAX # 309-683-1610

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

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
FAX # (512) 475-1771
Web: <http://www.tdi.texas.gov>
E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact **RLI Insurance Company** first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

REFERENCES

- 1. Entity Name:** **Lone Star College System (LSCS)**

Contact Name and Title: Susan Gallup – Project Manager II
Facilities Planning & Construction
Address: 20515 State Highway 249
Mail Code UP1102
Houston, TX 77070

Email Address: Susan.J.Galup@lonestar.edu
Phone Number: (281) 290-2609
- 2. Entity Name:** **Columbia-Brazoria Independent School District**

Contact Name and Title: Steve Galloway - Superintendent
Address: P.O. Box 158
West Columbia, TX 77486

Email Address: steven.galloway@cbisd.com
Phone Number: (979) 345-5147 ext. 1107 or 1807
- 3. Entity Name:** **Harris County Department of Education**

Contact Name and Title: Jay Atkins, P.E. – Director of Construction
Address: 6300 Irvington Blvd.
Houston, TX 77022

Email Address: jatkins@hcde-texas.org
Phone Number: (713) 696-2107



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/28/2014

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 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 BERRY INSURANCE AGENCY P. O. BOX 130625 HOUSTON, TX 77019-0625	CONTACT NAME: Jim Berry, CPCU, CIC, ARM PHONE (A/C, No, Ext): (713) 266-5041 FAX (A/C, No): (713) 797-6778 E-MAIL ADDRESS: jberry0411@gmail.com														
INSURED DURA PIER FACILITIES SERVICES, LTD DBA FACILITIES SOURCES P. O. BOX 35008 HOUSTON, TX 77235-5008	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Admiral Insurance Company</td><td>24856</td></tr><tr><td>INSURER B: Progressive County Mutual Insurance Company</td><td>29203</td></tr><tr><td>INSURER C: Torus National Insurance Company</td><td>25496</td></tr><tr><td>INSURER D: Rochdale Insurance Company</td><td>12491</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Admiral Insurance Company	24856	INSURER B: Progressive County Mutual Insurance Company	29203	INSURER C: Torus National Insurance Company	25496	INSURER D: Rochdale Insurance Company	12491	INSURER E:		INSURER F:	
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INSURER D: Rochdale Insurance Company	12491														
INSURER E:															
INSURER F:															

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	CA00001815301	08/29/2013	08/29/2014	EACH OCCURRENCE	\$ 1,000,000
	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	
	PRODUCTS - COMP/OP AGG						\$ 2,000,000	
							\$	
							\$	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	02365232-0	08/22/2013	08/22/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)						\$	
	BODILY INJURY (Per accident)						\$	
	PROPERTY DAMAGE (Per accident)						\$	
							\$	
							\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	72662G131ALI	08/29/2013	08/29/2014	EACH OCCURRENCE	\$ 1,000,000
	AGGREGATE						\$ 1,000,000	
	Products Aggregate						\$ 1,000,000	
							\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	RWC3305232	08/29/2013	08/29/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	E.I. EACH ACCIDENT						\$ 1,000,000	
	E.I. DISEASE - EA EMPLOYEE						\$ 1,000,000	
	E.I. DISEASE - POLICY LIMIT						\$ 1,000,000	

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

REF: FORT BEND COUNTY BID 14-043

CERTIFICATE HOLDER

CANCELLATION

FORT BEND COUNTY
PURCHASING DEPARTMENT
301 JACKSON, SUITE 201
RICHMOND, TX 77469

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

Texas Historically Underutilized Business (HUB) Certificate



Certificate/VID Number:	1201012492800
File/Vendor Number:	038103
Approval Date:	04-DEC-2012
Scheduled Expiration Date:	04-DEC-2016

The Texas Comptroller of Public Accounts (CPA), hereby certifies that

DURA PIER FACILITIES SERVICES, LTD

has successfully met the established requirements of the State of Texas Historically Underutilized Business (HUB) Program to be recognized as a HUB. This certificate printed 07-DEC-2012, supersedes any registration and certificate previously issued by the HUB Program. If there are any changes regarding the information (i.e., business structure, ownership, day-to-day management, operational control, business location) provided in the submission of the business' application for registration/certification as a HUB, you must immediately (within 30 days of such changes) notify the HUB Program in writing. The CPA reserves the right to conduct a compliance review at any time to confirm HUB eligibility. HUB certification may be suspended or revoked upon findings of ineligibility.

*Paul Gibson, Statewide HUB Program Manager
Texas Procurement and Support Services*

Note: In order for State agencies and institutions of higher education (universities) to be credited for utilizing this business as a HUB, they must award payment under the Certificate/VID Number identified above. Agencies and universities are encouraged to validate HUB certification prior to issuing a notice of award by accessing the Internet (<http://www.window.state.tx.us/procurement/cmb/cmbhub.html>) or by contacting the HUB Program at 1-888-863-5881 or 512- 463-5872.

Rev. 09/12

31.0 PRICING:

Total lump sum price necessary to complete Project, as described herein:

\$ 48,300.00

Forty-Eight Thousand Three Hundred and 00/100 **Dollars**
(Amount written in words (this governs))

For Administrative purposes, the above stated price is separated into the following components:

Materials: \$ 24,000.00

Labor: \$ 24,300.00

32.0 PROJECT DURATION:

Bidder agrees, if awarded the contract, to complete all work required by the contract documents **within 45 calendar days** after issuance of a purchase order by the County Purchasing Agent and notice to proceed by the Parks Department.

33.0 REQUIRED FORMS:

All vendors submitting are required to complete the attached and return with submission:

33.1 Vendor Form

33.2 W9 Form

33.3 Tax Form/Debt/Residence Certification