CONTRACTOR'S APPLICATION FOR PAYMENT

PROJECT: **World Trade Bridge Building Improvements**
FY24-ENG-55

ESTIMATE NO.: **Retainage**
DATE: **6/15/2026**

ORIGINAL CONTRACT:	$	2,845,000.00	TOTAL WORK TO DATE:	$	2,726,597.02
CHANGE ORDERS:	$	(118,402.98)	MATERIALS ON HAND:		
			5% RETAINAGE:		
TOTAL TO DATE:	$	2,726,597.02	PREVIOUS PAYMENTS:	$	2,590,267.16
% COMPLETE:		100%	AMOUNT DUE:	$	136,329.86

CERTICATE OF CONTRACTOR:
I certifiy that all items and amounts shown on this request for partial payment are correct and that all work has been performed and/or materials supplied in full in accordance with the requirements on the contract documents.
(CONTRACTOR) By: 6/15/26
Signature Date
Patricia Contreras
Print Name: Patricia Contreras

CERTIFICATE OF FIELD REPRESENTATIVE:
I have checked this request for partial payment against the notes and reports of my inspections of the project and in my opinion the statement of work performed and/or material supplied is accurate and that the contractor is observing the requirements of the contract documents.
(INSPECTOR) By:
Signature Date
Print Name: Elvin Perez

CERTIFICATE OF ARCHITECT
I certify that I have checked and verified the above and foregoing request for partial payment and that it is a trueand correct statement of work performed and/or material supplied by the contractor and that same has been performed and/or supplied in full accordance with the requirements of the contract documents.
(CONSULTANT) By: 6-16-26
Signature Date
Roberto J. Sepulveda
Print Name: Robert J. Sepulveda, AIA

RECOMMENDED FOR PAYMENT:

Eliud De Los Santos, P.E, City Engineer
DATE: _____

VERIFIED FOR PAYMENT:

Engineering Project Manager: Gloria Saavedra
DATE:

RECOMMENDED FOR PAYMENT:

Elsa Hinojosa, Bridge Director
DATE: _____

AFFIDAVIT OF PAYMENT OF DEBT AND CLAIMS
AND RELEASE OF LIENS

TO: CITY OF LAREDO
WEBB COUNTY, TEXAS

PROJECT: **World Trade Bridge Building Improvements**

By this instrument the undersigned contractor engaged in the construction of the above project certifies that on this date, or anytime prior thereto, except listed below, contractor has paid in full or has otherwise satisfied all obligations for all materials and for all known indebtedness and claims against the project, its land, improvements and equipment of every kind.

The undersigned hereby certifies that he has received all payments currently due under his contract for work on the project above referred. Therefore, the undersigned does hereby waive and/or release any all liens against the property, project and as of the 15 day of June, 2026.

SIMA CONTRACTORS, LLC
Company Name

STATE OF TEXAS
COUNTY OF WEBB

Before me, the undersigned authority, on this day personally appeared PATRICIA CONTRERAS known to me to be the person whose name is subscribed to the foregoing instrument, and being first duly sworn, acknowledge to me that he executed the same for the purposes and consideration therein expressed and declared to me that the statements therein are true.

SWORN AND SUBSCRIBED TO before me this 15 day of June, 2026.

NOTARY PUBLIC

09-19-2028
MY COMMISION EXPIRES

EMILY HIGAREDA
Notary Public, State of Texas
Comm. Expires 09-19-2028
Notary ID 135087736

APPLICATION AND CERTIFICATE FOR PAYMENT

CONTRACTOR:
Sima Contractors, LLC
2710 Zacatecas St
Laredo, TX 78046
FROM SUBCONTRACTOR:

PROJECT:
City of Laredo
World Trade Bridge Building Improvements
11601 FM 1472, Laredo, TX 78045
VIA ARCHITECT/ENGINEER:
Sepulveda Associates Architects Inc.
1820 Houston St.
Laredo, TX 78040

APPLICATION #: Retainage
PERIOD TO: 06/15/26
PROJECT NOS: FY24-ENG-55
CONTRACT DATE:

Distribution to:
- [X] Owner
- [X] Const. Mgr
- [X] Architect
- [ ] Contractor
- [ ]

CONTRACT FOR:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM	$	2,845,000.00
2. Net change by Change Orders	$	-118,402.98
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	$	2,726,597.02
4. TOTAL COMPLETED & STORED TO DATE-$ (Column G on Continuation Sheet)		2,726,597.02
5. RETAINAGE:		
a. 5.0% of Completed Work (Columns D+E on Continuation Sheet)	$	136,329.85
b. 5.0% of Stored Material (Column F on Continuation Sheet)	$	
Total Retainage (Line 5a + 5b or Total in Column 1 of Continuation Sheet)	$	
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	2,726,597.02
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	2,590,267.16
8. CURRENT PAYMENT DUE	$	136,329.86
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$	

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		$118,402.98
Total approved this Month		
TOTALS		$118,402.98
NET CHANGES by Change Order	-$118,402.98 ✓	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown therein is now due.

CONTRACTOR
By: _____ Date: 6/15/26

State of: Texas
County of: Webb
Subscribed and sworn to before me this 15 day of June, 2025

EMILY HIGAREDA
Notary Public, State of Texas
Comm. Expires 09-19-2026
Notary ID 135097730

Notary Public: _____
My Commission expires: 09-19-2026

CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ---------- $136,329.86

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)

Architect: _____ Date: 6-16-26
Project Engineer: _____ Date: _____

Engineering Director: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

CONTINUATION SHEET

ATTACHMENT TO PAY APPLICATION

PROJECT:
City of Laredo
World Trade Bridge Building Improvements
11601 FM 1472, Laredo, TX 78045

APPLICATION NUMBER: Retainage $ -
APPLICATION DATE: 6/15/2026
PERIOD TO: 6/15/2026
ARCHITECT'S PROJECT NO: FY24-ENG-55

A	B	C	D	E	F	G		H	I
Item No.	Description of Work	Scheduled Value	Work Completed: From Previous Application (D + E)	Work Completed: This Period	Materials Presently Stored (Not In D or E)	Total Completed And Stored To Date (D + E + F)	% (G/C)	Balance To Finish (C - G)	Retainage
	GENERAL REQUIREMENTS								
1	Bond	$ 78,400.00	$ 78,400.00			$ 78,400.00	100%	$ -	$ 3,920.00
2	Insurance	$ 52,100.00	$ 52,100.00			$ 52,100.00	100%	$ -	$ 2,605.00
3	Mobilization	$ 8,000.00	$ 8,000.00			$ 8,000.00	100%	$ -	$ 400.00
4	Demobilization	$ 4,000.00	$ 4,000.00			$ 4,000.00	100%	$ -	$ 200.00
	SITE CONSTRUCTION								
5	1st Floor Selective Demolition	$ 48,500.00	$ 48,500.00			$ 48,500.00	100%	$ -	$ 2,425.00
6	2nd Floor Selective Demolition	$ 42,500.00	$ 42,500.00			$ 42,500.00	100%	$ -	$ 2,125.00
7	Exterior Walls Demolition	$ 45,800.00	$ 45,800.00			$ 45,800.00	100%	$ -	$ 2,290.00
8	Concrete Demolition	$ 10,000.00	$ 10,000.00			$ 10,000.00	100%	$ -	$ 500.00
9	Trench for Electrical Sleeves	$ 8,000.00	$ 8,000.00			$ 8,000.00	100%	$ -	$ 400.00
10	Trench Back Fill	$ 5,000.00	$ 5,000.00			$ 5,000.00	100%	$ -	$ 250.00
11	Asphalt Pavement Sealcoating	$ 36,800.00	$ 36,800.00			$ 36,800.00	100%	$ -	$ 1,840.00
12	Painted Pavement Markings	$ 4,000.00	$ 4,000.00			$ 4,000.00	100%	$ -	$ 200.00
13	Portland Cement Concrete Flatwork	$ 3,500.00	$ 3,500.00			$ 3,500.00	100%	$ -	$ 175.00
14	Landscaping & Irrigation System	$ 32,500.00	$ 32,500.00			$ 32,500.00	100%	$ -	$ 1,625.00
15	Building Permit	$ 5,000.00	$ 5,000.00			$ 5,000.00	100%	$ -	$ 250.00
16	Project Sign	$ 1,700.00	$ 1,700.00			$ 1,700.00	100%	$ -	$ 85.00
	CONCRETE								
17	Cast In Place Concrete (Piers)	$ 48,000.00	$ 48,000.00			$ 48,000.00	100%	$ -	$ 2,400.00
	MASONRY								
18	Stone Veneer	$ 25,800.00	$ 25,800.00			$ 25,800.00	100%	$ -	$ 1,290.00
	METALS								
19	Metal Canopy	$ 152,550.00	$ 152,550.00			$ 152,550.00	100%	$ -	$ 7,627.50
20	Gates	$ 25,000.00	$ 25,000.00			$ 25,000.00	100%	$ -	$ 1,250.00
21	Outdoor railing	$ 5,000.00	$ 5,000.00			$ 5,000.00	100%	$ -	$ 250.00
22	1st Floor Custom Aluminum Metal Wall System	$ 45,450.00	$ 45,450.00			$ 45,450.00	100%	$ -	$ 2,272.50
23	2nd Floor Custom Aluminum Metal Wall System	$ 51,300.00	$ 51,300.00			$ 51,300.00	100%	$ -	$ 2,565.00
	WOOD & PLASTICS								
24	Rough Carpentry	$ 9,400.00	$ 9,400.00			$ 9,400.00	100%	$ -	$ 470.00
25	Architectural Cabinets	$ 58,150.00	$ 58,150.00			$ 58,150.00	100%	$ -	$ 2,907.50
	THERMAL & MOISTURE PROTECTION								
26	Membrane Waterproofing	$ 12,800.00	$ 12,800.00			$ 12,800.00	100%	$ -	$ 640.00
27	Building Insulation	$ 39,500.00	$ 39,500.00			$ 39,500.00	100%	$ -	$ 1,975.00
28	Pre-fin shed Flashings and Sheetmetal	$ 8,000.00	$ 8,000.00			$ 8,000.00	100%	$ -	$ 400.00

29	Sealants and Caulking	$ 2,200.00	$ 2,200.00			$ 2,200.00	100%	$ -	$ 110.00
	DOORS & WINDOWS								
30	Door Metal Frames	$ 15,800.00	$ 15,800.00			$ 15,800.00	100%	$ -	$ 790.00
31	Aluminum-Framed Entrances and Storefronts	$ 90,470.00	$ 90,470.00			$ 90,470.00	100%	$ -	$ 4,523.50
32	Transaction Windows	$ 35,000.00	$ 35,000.00			$ 35,000.00	100%	$ -	$ 1,750.00
33	Glazing	$ 10,500.00	$ 10,500.00			$ 10,500.00	100%	$ -	$ 525.00
	FINISHES								
34	1st Floor Gypsum Board Walls	$ 37,500.00	$ 37,500.00			$ 37,500.00	100%	$ -	$ 1,875.00
35	2nd Floor Gypsum Board Walls	$ 34,800.00	$ 34,800.00			$ 34,800.00	100%	$ -	$ 1,740.00
36	Tile Work	$ 79,300.00	$ 79,300.00			$ 79,300.00	100%	$ -	$ 3,965.00
37	Suspended Metal Panel Ceiling System	$ 158,800.00	$ 158,800.00			$ 158,800.00	100%	$ -	$ 7,940.00
38	1st Floor Acoustical Panel Ceilings	$ 18,600.00	$ 18,600.00			$ 18,600.00	100%	$ -	$ 930.00
39	2nd Floor Acoustical Panel Ceilings	$ 21,300.00	$ 21,300.00			$ 21,300.00	100%	$ -	$ 1,065.00
40	Gypsum Board Ceilings	$ 23,000.00	$ 23,000.00			$ 23,000.00	100%	$ -	$ 1,150.00
41	1st Floor Painting	$ 25,800.00	$ 25,800.00			$ 25,800.00	100%	$ -	$ 1,290.00
42	2nd Floor Painting	$ 28,900.00	$ 28,900.00			$ 28,900.00	100%	$ -	$ 1,445.00
43	Stucco Work	$ 65,800.00	$ 65,800.00			$ 65,800.00	100%	$ -	$ 3,290.00
44	Final Cleaning	$ 10,000.00	$ 10,000.00			$ 10,000.00	100%	$ -	$ 500.00
	SPECIALTIES								
45	Armor Bullet Resistant Fiberglass Panels	$ 45,900.00	$ 45,900.00			$ 45,900.00	100%	$ -	$ 2,295.00
46	Signage	$ 8,300.00	$ 8,300.00			$ 8,300.00	100%	$ -	$ 415.00
47	Fire Extinguishers & Recessed Cabinet	$ 2,560.00	$ 2,560.00			$ 2,560.00	100%	$ -	$ 128.00
48	Aluminum Counter Support Brackets	$ 5,000.00	$ 5,000.00			$ 5,000.00	100%	$ -	$ 250.00
49	Toilet Room Accessories	$ 3,500.00	$ 3,500.00			$ 3,500.00	100%	$ -	$ 175.00
						$ -		$ -	$ -
	FURNISHINGS					$ -		$ -	$ -
50	Dual Roller Clutch-Operated Window Shades	$ 18,500.00	$ 18,500.00			$ 18,500.00	100%	$ -	$ 925.00
	MECHANICAL								
51	HVAC Demolition	$ 35,000.00	$ 35,000.00			$ 35,000.00	100%	$ -	$ 1,750.00
52	VRF-VRV System and Controls	$ 480,950.00	$ 480,950.00			$ 480,950.00	100%	$ -	$ 24,047.50
53	Air Distribution Devices and Filters	$ 25,300.00	$ 25,300.00			$ 25,300.00	100%	$ -	$ 1,265.00
54	Duct Work	$ 58,000.00	$ 58,000.00			$ 58,000.00	100%	$ -	$ 2,900.00
55	HVAC Fans	$ 122,670.00	$ 122,670.00			$ 122,670.00	100%	$ -	$ 6,133.50
56	Testing, Adjusting, And Balancing	$ 12,500.00	$ 12,500.00			$ 12,500.00	100%	$ -	$ 625.00
	ELECTRICAL								
57	Electrical Demolition	$ 24,500.00	$ 24,500.00			$ 24,500.00	100%	$ -	$ 1,225.00
58	Electrical Wire, Cable and Related Materials	$ 28,500.00	$ 28,500.00			$ 28,500.00	100%	$ -	$ 1,425.00
59	Wiring Devices	$ 18,000.00	$ 18,000.00			$ 18,000.00	100%	$ -	$ 900.00
60	Lighting Fixtures	$ 72,300.00	$ 72,300.00			$ 72,300.00	100%	$ -	$ 3,615.00
	PLUMBING								
61	Removal of Plumbing Fixtures	$ 1,200.00	$ 1,200.00			$ 1,200.00	100%	$ -	$ 60.00
62	Inside Utility Trench Excavation, Backfill and Compaction	$ 3,500.00	$ 3,500.00			$ 3,500.00	100%	$ -	$ 175.00
63	Plumbing Rough-In	$ 1,500.00	$ 1,500.00			$ 1,500.00	100%	$ -	$ 75.00
64	Existing Plumbing Fixture Installation	$ 2,300.00	$ 2,300.00			$ 2,300.00	100%	$ -	$ 115.00
	Fire Suppression System								
65	Fire Suppression System Demo	$ 18,000.00	$ 18,000.00			$ 18,000.00	100%	$ -	$ 900.00

66	Fire Suppression System Modifications	$ 32,500.00	$ 32,500.00			$ 32,500.00	100%	$ -	$ 1,625.00
	ALLOWANCES								
	Owner Contigency Allowance - $150,000					$ -		$ -	$ -
	CAEA #1	$ 25,422.00	$ 25,422.00			$ 25,422.00	100%	$ -	$ 1,271.10
	CAEA #2	$ 49,240.00	$ 49,240.00			$ 49,240.00	100%	$ -	$ 2,462.00
	CAEA #3	$ 7,129.50	$ 7,129.50			$ 7,129.50	100%	$ -	$ 356.48
	CAEA #4	$ 2,150.50	$ 2,150.50			$ 2,150.50	100%	$ -	$ 107.53
	Furniture Allowance Used	$ 94,630.20	$ 94,630.20			$ 94,630.20	100%	$ -	$ 4,731.51
	Hardware for opening Allowance Used	$ 3,024.82	$ 3,024.82			$ 3,024.82	100%	$ -	$ 151.24
	Total Allowances Remaining	$ 118,402.98	$ 118,402.98			$ 118,402.98	100%	$ -	$ 5,920.15
	Change Order #1 Credit	$ (118,402.98)	$ (118,402.98)	✓		$ (118,402.98)		$ -	$ (5,920.15)
	SUBTOTALS PAGE 9	$ 2,726,597.02	$ 2,726,597.02	$ -	$ -	$ 2,726,597.02	100%	$ -	

SIMACON-01 STEPHANIERUBIO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/14/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Stephanie Rubio	
IBC Insurance Agency, LTD 5800 San Dario Avenue 2nd Floor Laredo, TX 78041	PHONE (A/C, No, Ext): (956) 722-6500 28757	FAX (A/C, No): (956) 728-7570
	E-MAIL ADDRESS: stephanierubio02@ibc.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Scottsdale Insurance Company	41297
INSURED	INSURER B : Texas Mutual Insurance Company	22945
Sima Contractors, L.L.C. 203 Valladolid Laredo, TX 78046	INSURER C :	
	INSURER D :	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X	X	CPS8416553	4/4/2026	4/4/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Owner?s & Contractor						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y	N / A	X	0002114254	7/30/2025	7/30/2026	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Commercial General Construction

Certificate Holder is named as Additional Insured per form CG2033(12-19) with a Waiver of Subrogation per form CG 2453(12-19).

Waiver of Subrogation applies to Worker's Compensation

CERTIFICATE HOLDER

City of Laredo
1102 Bob Bullock
Laredo, TX 78043

CANCELLATION

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

TexasMutual®

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY

WC 42 03 04 B
Insured copy

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
   (X) 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 7/30/25 **at 12:01 a.m.** standard time, forms a part of:

Policy no. 0002114254 of Texas Mutual Insurance Company effective on 7/30/25

Issued to: Sima Contractors, L.L.C.

Jeanette Ward

This is not a bill

Authorized representative

NCCI Carrier Code: 29939

7/21/25

PO Box 12058, Austin, TX 78711-2058
texasmutual.com | (800) 859-5995 | Fax (800) 359-0650

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/14/2026

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.

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PRODUCER	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
IBC Insurance Agency, Ltd P.O. BOX 39790, SAN ANTONIO, TX 78218	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):
	E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : Progressive County Mutual Insurance Company	29203
INSURED	INSURER B :	
Sima Contractors, L.L.C. 416 Cienega Ln Laredo, TX 78046	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 433072252850634884D041426T105944 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
A	**AUTOMOBILE LIABILITY**						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	☐ ANY AUTO							
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS	Y	Y	985331117	08/14/2025	08/14/2026	BODILY INJURY (Per person)	$
	☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? ☐	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	See ACORD 101 for additional coverage details.	Y	Y	985331117	08/14/2025	08/14/2026	$	

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

CERTIFICATE HOLDER

City of Laredo
1102 Bob Bullock
Laredo, TX 78043

CANCELLATION

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

Mark Pace

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
IBC Insurance Agency, Ltd		Sima Contractors, L.L.C. 416 Cienega Ln Laredo, TX 78046
POLICY NUMBER		
985331117		
CARRIER	NAIC CODE	
Progressive County Mutual Insurance Company	29203	EFFECTIVE DATE: 08/14/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Uninsured/Underinsured Motorist	$1,000,000 Combined Single Limit
Uninsured Motorist Property Damage	(included in combined single limit w/$250 Ded)

Description of Location/Vehicles/Special Items

Scheduled autos only

2025 JEEP WRANGLER 1C4PJXENXSW603210

Stated Amount $50,000

Comprehensive	$1,000 Ded
Collision	$1,000 Ded
Personal Injury Protection	$2,500 each person

Additional Information

Certificate holder is listed as an Additional Insured and Waiver of Subrogation Holder.