**CITY OF LAREDO**
**CONTRACTOR'S APPLICATION FOR PAYMENT**

PROJECT: **FY24-ENG72**
ESTIMATE NO.: FINAL
DATE FROM: 2/2/26
TO: 6/11/26

ORIGINAL CONTRACT: 417,000.00
CHANGE ORDERS: (5,850)

TOTAL TO DATE: 411,150.00
% COMPLETE: 100

| | |
|---|---|
| TOTAL WORK TO DATE: | $411,150.00 |
| MATERIALS ON HAND: | $0.00 |
| 10% RETAINAGE: | $0.00 |
| PREVIOUS PAYMENTS: | $370,035.00 |
| AMOUNT DUE: | $41.115.00 |

CERTIFICATE OF CONTRACTOR:

I certify 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: _____ 6/11/26
Signature Date

Jacob C. Flores
Print Name

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: _____ 6-26-26
Signature Date

Juan Medina III
Print Name

CERTIFICATE OF ENGINEER:

I certify that I have checked and verified the above and foregoing request for partial payment and that it is a true and 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: _____
Signature Date

_____
Print Name

RECOMMENDED FOR PAYMENT:

_____
Eliud De Los Santos, City Engineer
DATE: _____

VERIFIED FOR PAYMENT:

_____
Engineering Project Manager
DATE: 06/26/26

APPROVED FOR PAYMENT: DATE:

_____
Finance Department

**AFFIDAVIT OF PAYMENT OF DEBTS AND CLAIMS**
**AND RELEASE OF LIENS**

**TO: CITY OF LAREDO**
**WEBB COUNTY, TEXAS**

**PROJECT: FY24-ENG72 REBID INNER CITY PARK POOL FABRIC**

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 and all liens against the property, project and as of the 11 day of June, 2026.

ABBA CONSTRUCTION, LLC

STATE OF TEXAS:

COUNTY OF Webb:

Before me, the undersigned authority, on this day personally appeared Jacob C. Flores, 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 11 day of June, 2026.

NOTARY PUBLIC
MY COMMISSION EXPIRES:

CARMEN FLORES
My Notary ID # 130208336
Expires April 28, 2027

## MATERIALS ON HAND INVENTORY

Project: FY24-ENG72

Contractor: ABBA CONSTRUCTION, LLC

Estimate No. FINAL Dates: From 2/2/26 to 6/11/26

| No. | Invoice No. | Vendor | Balance Last Period | Received Current | Placed Current | Balance |
|---|---|---|---|---|---|---|
| | | | | | | |

ABBA

**SCHEDULE OF VALUES**

PROJEC FY24-ENG72 REBID INNER CITY PARK POOL FABRIC
ABBA CONSTRUCTION, LLC

Date 6/11/2026

| ITEM # | Description of work | Scheduled Value | | | | Work Completed | | Materials on Hand | 10% RETAINAGE | TOTAL DUE MINUS RETAINAGE | PERCENT COMPLETED | Balance to Finish |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Quantaties | Unit | Unit Price | Total | Previous Application | This Period | | | | | |
| 1 | Pool Park Fabric Shade Structure | 1.00 | LS | $407,000.00 | $407,000.00 | $407,000.00 | $ - | $ - | $(40,700.00) | $ 366,300.00 | 100% | $ - |
| 2 | CEA #1: Column Support | 1.00 | EA | $ 4,150.00 | $ 4,150.00 | $ - | $ 4,150.00 | $ - | $ (415.00) | $ 3,735.00 | 100% | $ - |
| 3 | Contingency Allowance | 1.00 | JOB | $ 5,850.00 | $ 5,850.00 | $ - | $ - | $ - | $ - | $ - | 0% | $ (5,850.00) |
| **PROJEC** | **Total** | | | | **$417,000.00** | **$407,000.00** | **$ 4,150.00** | **$ -** | **$(41,115.00)** | **$ 370,035.00** | **8%** | **$ (5,850.00)** |
| **Previous Payments:** | | | | | | | | | | | | **$ 366,300.00** |
| **Application Amount Due:** | | | | | | | | | | | | **$ 3,735.00** |

CONTACT: CARLOS A. FLORES P.M. | 956-267-9899 (701) | projects@abbaconstructionusa.com

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/11/2026

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 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**

Benavides Insurance Agency
8610 McPherson Road, Suite 130
Laredo, TX 78045

CONTACT NAME: Manuel Benavides
PHONE (A/C, No, Ext): 956-712-4564 FAX (A/C, No): 956-791-6363
E-MAIL ADDRESS: benavidesinsurance@gmail.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Northfield Insurance Company | |
| INSURER B : Progressive County Mutual Insurance Co. | |
| INSURER C : StarStone Specialty Insurance Company | |
| INSURER D : Texas Mutual Insurance | |
| INSURER E : | |
| INSURER F : | |

**INSURED**

Abba Construction LLC
2820 San Bernardo Suite #10
Laredo TX 78040

**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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY<br>[X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[ ] POLICY [ ] PRO-JECT [ ] LOC | Y | Y | WH011811 | 05/22/2025 | 05/22/2026 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 100,000<br>$ 5,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| B | AUTOMOBILE LIABILITY<br>[X] ANY AUTO<br>[ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS<br>[X] HIRED AUTOS [X] NON-OWNED AUTOS | Y | Y | 03650052 | 05/06/2026 | 05/06/2027 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 1,000,000<br>$<br>$<br>$ |
| C | [ ] UMBRELLA LIAB [X] OCCUR<br>[X] EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [ ] RETENTION $ | | | CSX00515257P00 | 05/22/2025 | 05/22/2026 | EACH OCCURRENCE<br>AGGREGATE | $ 4,000,000<br>$ 4,000,000 |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N]<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | Y | 0001237089 | 05/01/2026 | 05/01/2027 | [X] WC STATU-TORY LIMITS [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |

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

City of Laredo is named as an additional insured on a primary and non-contributory basis with respect to Auto,General Liability and Excess Policy coverages
All insurance companies will notify City of Laredo (30) days' notice prior to cancellation of policy.

Project Name & Number: FY24-ENG-72 REBID INNER CITY PARK POOL FABRIC SHADE STRUCTURE REPLACEMENT PROJECT.

**CERTIFICATE HOLDER**

City of Laredo
1110 Houston St.
Laredo TX 78040

**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

## E. BLANKET WAIVER OF SUBROGATION

The following is added to Paragraph **8., Transfer Of Rights Of Recovery Against Others To Us**, of **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS:**

If the insured has agreed in a written contact or agreement to waive that insured's right of recovery against any person or organization, we waive our right of recovery against such person or organization, but only for payments we make because of:

**a.** "Bodily injury" or "property damage" caused by an "occurrence" that takes place; or

**b.** "Personal and advertising injury" caused by an offense that is committed;

subsequent to the execution of the written contract or agreement.

This waiver is in favor of:
City of Laredo
1110 Houston Street
Laredo TX 78040

PROGRESSIVE COMMERCIAL

## WAIVER OF SUBROGATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

Commercial Auto Policy
Motor Truck Cargo Legal Liability Coverage Endorsement
Commercial General Liability Coverage Endorsement

We agree to waive any and all subrogation claims against the person or organization designated below except for losses that are due in whole or part to the negligence or errors and omissions of the designated person or organization.

CITY OF LAREDO
1110 HOUSTON STREET
LAREDO, TX 78041

This endorsement applies to Policy Number: 03650052

Issued to: ABBA CONSTRUCTION LLC

Endorsement Effective: 5/6/2025 Expiration: 5/6/2026

**All other terms, limits and provisions of this policy remain unchanged.**

TexasMutual®

**Workers' Compensation and Employer's Liability Policy**

# Schedule of Operations

## Item 4: Premium Calculation

Agent copy

| Policy number | Issue date | Policy period |
|---|---|---|
| 0001237089 | 6/13/25 | 5/1/25 to 5/1/26 |

## Class codes for primary named insured

| State | Location | Code | Classification | Premium basis total estimated annual remuneration | Rate per $100 of remuneration | Estimated annual premium |
|---|---|---|---|---|---|---|
| 5/1/25 to 5/1/26 | | | | | | |
| 42 | 00001 | 5183 | Sprinkler Installation & Drivers | If any | 4.530 | 0.00 |
| 42 | 00001 | 5213 | Concrete Construction NOC & Drivers | If any | 6.810 | 0.00 |
| 42 | 00001 | 5474 | Painting-NOC & Drivers | If any | 4.680 | 0.00 |
| 42 | 00001 | 5551 | Roofing-All Kinds-& Drivers | If any | 12.390 | 0.00 |
| 42 | 00001 | 5606 | Contractor-Executive Supervisor or Construction Superintendent | 88,000.00 | 1.080 | 950.00 |
| 42 | 00001 | 6219 | Excavation NOC & Drivers | If any | 6.450 | 0.00 |
| 42 | 00001 | 6319 | Water Main or Connection Construction & Drivers | If any | 6.000 | 0.00 |
| 42 | 00001 | 8810 | Clerical Office Employees NOC | 20,000.00 | 0.090 | 18.00 |
| 42 | 00001 | 9014 | Buildings-Operation By Contractors | If any | 3.210 | 0.00 |
| | | | **Estimated manual premium** | | | $968.00 |
| | | 0930 | Blanket Waiver: ALL TEXAS OPERATIONS 05/01/2025 - 05/01/2026 | | 0.020 | 19.00 |
| | | 0930 | Specific Waiver Job: City of Laredo 06/14/2025 - 05/01/2026 | | 0.050 | 0.00 |
| | | 0930 | Specific Waiver Job: DN Tanks, LLC. 05/30/2025 - 05/01/2026 | | 0.050 | 0.00 |
| | | 9812 | Increased Limits Factor 1,000,000/1,000,000/1,000,000 | | 0.014 | 14.00 |
| | | 9848 | Increased Limits Balance to Minimum Premium ($150) | | 1.000 | 136.00 |
| | | 9885 | Premium Incentive For Small Employer Modifier | | 0.850 | (171.00) |
| | | 9887 | Schedule Modifier | | 0.950 | (48.00) |
| | | 9874 | Healthcare Network Option | | 0.120 | (110.00) |
| | | 0900 | Expense Constant | | 1.000 | 150.00 |
| | | | **Total payroll and Texas total premium** | $108,000.00 | | $958.00 |

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 6/14/25 **at 12:01 a.m.** standard time, forms a part of:

Policy no. 0001237089 of Texas Mutual Insurance Company effective on 5/1/25

Endorsement no. 2

Issued to: ABBA CONSTRUCTION LLC

Jeanette Ward

Premium change: $0.00

This is not a bill

**Authorized representative**

NCCI Carrier Code: 29939

6/13/25



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

TexasMutual®

**Workers' Compensation and Employer's Liability Policy**

# Extension of Information Page
## Item 3: Endorsement Schedule

Agent copy

| Policy number | Issue date | Policy period |
|---|---|---|
| 0001237089 | 6/13/25 | 5/1/25 to 5/1/26 |

| State | Endorsement | Description |
|---|---|---|
| 42 | TM LRC 2008 | Limited Reimbursement for Texas Employees Injured in Other Jurisdictions |
| 42 | TM MV 2011 | Mutuals - Membership and Voting Notice |
| 42 | TM PC 2003 | Policy Conditions Endorsement |
| 42 | WC 00 00 00 C | Policy Conditions Form |
| 42 | WC 00 00 01 B | Policy Coverage Document (Declarations Page) |
| 42 | WC 00 03 01 | Alternate Employer Endorsement |
| 42 | WC 00 04 06 | Premium Discount Endorsement |
| 42 | WC 00 04 14 A | Notification of Change in Ownership Endorsement |
| 42 | WC 00 04 22 C | Terrorism Risk Insurance Act Coverage Endorsement |
| 42 | WC 42 03 01 L | Texas Amendatory Endorsement |
| 42 | WC 42 03 04 B | Blanket Texas Waiver of Our Right To Recover from Others Endorsement |
| 42 | WC 42 03 04 B | Specific Texas Waiver of Our Right To Recover from Others Endorsement |
| 42 | WC 42 04 08 A | Network Discount Endorsement |
| 42 | WC 42 06 01 | Specific Texas Notice of Material Change Endorsement |

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 6/14/25 **at 12:01 a.m.** standard time, forms a part of:

Policy no. 0001237089 of Texas Mutual Insurance Company effective on 5/1/25

Endorsement no. 2

Issued to: ABBA CONSTRUCTION LLC

Premium change: $0.00

This is not a bill

NCCI Carrier Code: 29939

Jeanette Ward

**Authorized representative**

6/13/25



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TexasMutual®

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY**

**WC 42 03 04 B**
Agent 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. (X) Specific Waiver
   Name of person or organization
   City of Laredo
   ( ) Blanket Waiver
   Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: All Operations for which this waiver is required by written contract.
3. Premium:
   The premium charge for this endorsement shall be **5.00** 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: Subject to Final Audit

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 6/14/25 **at 12:01 a.m.** standard time, forms a part of:

Policy no. 0001237089 of Texas Mutual Insurance Company effective on 5/1/25

Endorsement no. 2

Issued to: ABBA CONSTRUCTION LLC

Premium change: $0.00

This is not a bill

NCCI Carrier Code: 29939

Jeanette Ward

**Authorized representative**

6/13/25



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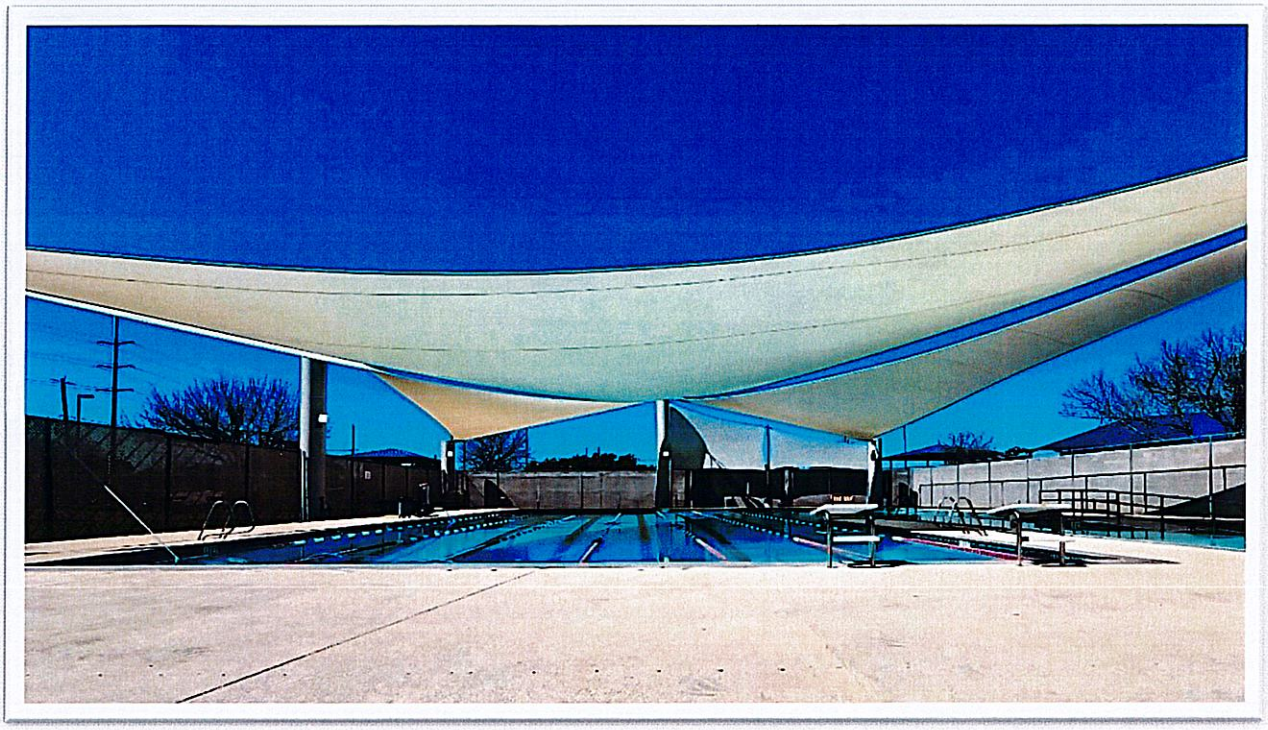
# INNER CITY PARK POOL SHADE STRUCTURE



# INNER CITY PARK POOL SHADE STRUCTURE